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THE

# BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

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EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JANUARY 3, 1863.

## General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

THE HEART AND ITS AFFECTIONS, NOT ORGANIC.

### I.—General View of the Subject. *The Pulse.*

It is always desirable to trace out the just limit of a subject, and to note the right places within it for all known facts; and also where kindred facts, hereafter to be known, may take up their places beside them. This I some years ago sought to do, as far as my observation then enabled me, for the subject of diseases of the Heart (*Lectures on Clinical Medicine, comprising Diseases of the Heart*). It was a sketch only that I attempted. But the facts there considered, numerous as they are, and facts of the like nature hereafter to be known, numerous as they may be, would go to make up a part only of the entire subject. My concern was with structural diseases and disorganisations of the heart; and the facts brought under consideration went to denote them in their kind and in their seat, whether beginning or progressive, stationary or receding, curable or incurable; also their causes, consequences, and events.

But there are numerous facts, unquestionably belonging to the pathology of the Heart, which are of another kind, and which cannot be made to fall within the assigned limit. Therefore we must enlarge its boundaries, that nothing may be excluded which is found legitimately to belong to the subject.

In every organ of the body, and preeminently in the Heart, the living actions and sufferings of disease have a compass and a reach far beyond its material framework; and not only beyond it, but independent of it. Excess and defect in the force of the Heart's impulse, excess and defect in the number of its beats; also derangements of their natural order and sequence, and the same made perceptible in the arteries; also varieties of morbid sensation immediately referrible to its seat, from a mere sense of weight and oppression to acute and agonising pain: any of these may exist alone, or a few or many of them in combination, and yet the Heart be perfectly healthy and sound of structure.

But the Heart must act thus and suffer thus from some vital necessity, although that necessity be not demonstrably inherent in its own structure. And not being in the Heart, where is it and what is it? These truly are the very objects of inquiry. Such affections have been denominated nervous and sympathetic. But to call them nervous would seem to

imply that they all belonged to one pathological category: and this is certainly not the case. To call them sympathetic, if the term be not taken in any strict sense, would be less objectionable. But if we so designate them, we must be allowed to embrace more than is usually included under that title.

The Heart passes for the most sympathising organ in the body. And it may be really so; or it may be that it does not in fact sympathise more than other organs, only more apparently. For who shall say that every part of the body does not sympathise with every other part, and that its functions are not put out of sorts by every other's detriment or disease? But the functions of many parts are hidden functions, and we know not how it may be with them. Yet the functions of others are apparent enough; of those, for instance, which secrete; and we know that their secretions are ever apt to be altered and vitiated, not merely by diseases of their own, but by diseases, small and great, beginning and ending in other parts, and altogether restricted to them. And so, too, of the heart: it cannot beat a beat too many, or too few, or too strong, or too weak, without its being straightway perceived; and thus we become convinced that it has as many modes of abnormal action derived from diseases without as from diseases within itself.

But it is not enough that sympathies and sympathetic disorders should be admitted as bare realities. They must become objects of familiar knowledge, if the physician is to make any safe use of them for practical purposes.

There are sympathetic affections of the Heart so constantly found in company with certain conditions of disease in the constitution at large and in particular organs, that they have seemed to be naturally annexed to them, and have come to be ranked among their symptoms, and taken for proofs of their existence, and for guides of their treatment. Such are the greater force and frequency of the Heart's action in fevers and inflammations. A fever is hardly thought to be a fever, or an inflammation to be an inflammation, without them. Nor are these sympathetic affections of the Heart barely *annexed* to such conditions of disease. They are often found to keep exact measure with them. Degrees of frequency and force in the action of the Heart and arteries, and their variations from time to time, follow degrees and variations of febrile and inflammatory movements, as they increase and decrease and rise and fall, and so give notice of their incidents and tendencies and events; moreover, of what they need and what they will bear, for cure or palliation or safe conduct.

Again, there are sympathetic affections of the Heart found in company with certain conditions elsewhere, yet neither constantly so nor in all persons, but occasionally and seldom, and in a few. They look like mere casualties, if such things can be.

Or if they come from a real physical necessity (as indeed they may), that necessity does not grow out of the nature of the disease, but out of the constitution of the individual man who suffers it. Such are the palpitations of the Heart and the irregular and intermittent pulse, which sometimes go along with disorders of the digestive and assimilative functions; which attend states of plenitude and emptiness of the blood-vessels and morbid qualities of the blood itself; also which are found in nervous and mental maladies. Of all these I will not say that no orderly account can be given, only that they can hardly be made out to follow exact rules. Nevertheless, they demand careful consideration; for when they come to be viewed in their instances and examples, then will appear their great importance. They will not, indeed, be found to claim the rank and value of symptoms, because their alliance with the diseases which they accompany is occasional only and extraordinary. Nevertheless, what is occasional only and extraordinary is sometimes as a light let in from a new quarter, and bringing into view what would otherwise have lain hid. And thus these unwonted sympathies of the Heart denote a possible reach of diseases beyond their common range. Pointing to things which come to pass beyond our thought and reckoning, they serve to abate our wonder at the strange turns and issues of even common diseases, which have taken the wisest and most experienced by surprise.

But sympathetic affections of the heart, in their wide range and in their multitudinous forms and instances, have a very unequal interest. As there are some which cannot be made too much of, so there are others which cannot be made too little. What can be said of palpitations of the heart, and intermissions, and irregularities of its beats, which come and go during a man's whole existence, neither originating in any known disease, nor terminating in any, nor abridging in any measure the duration of life. They must come from something, but we know not what. We may call them sympathetic, but it must be in a very lax sense.

There are diurnal variations in the state of the circulation which belong naturally to all men. In the great majority, they concern only the force and frequency of the heart's action, raising it a little and quickening it a little at different times of the same day. They must be owing to something, yet they are consistent with perfect health. But in some these diurnal variations go beyond the mere force and frequency of the heart's action. They go even so far as to disturb the rhythm and succession of its beats, making them intermit and flutter at different times of the same day. And these too must be owing to something, and yet they are consistent with perfect health.

The observations which have been made may at least serve to notify the extent of the subject in hand. They do not pretend to have done anything towards setting it in order. If inquiry into the sympathetic affections of the heart is to be fairly and fully carried out, it must begin with those which are the most common and the most constant, and so pass from them to those which are more rare. It must start from the well observed varieties of modes and degrees of action in the heart and arteries, which experience takes and uses as its every day index of diseases and its every day guides to practice. The

elements of the whole subject are to be found in the Doctrine of the Pulse.

Before we proceed, let us just consider the stand-points from which we must needs make our survey. There is no organ of the body which during life submits its structural condition so freely to our knowledge as the Heart. Of the changes it is capable of undergoing, from age, from accident, or from disease, it is remarkable how many may be fairly reckoned within reach of our diagnosis; its bulk, whether great or small; its consistence, whether hard or soft; its cavities, whether dilated or contracted, and even which is dilated and which contracted; its orifices, whether free or straitened, and even which is free and which is straitened. All this knowledge is put within our reach by auscultation and the stethoscope. Without them it would be unattainable, and with them it is only attained after a world of patience and industry and infinite trials and experiments. Difficult, however, as it is to get, it is pretty safe and sure when we once have got it. Another circumstance, which greatly helps to make our knowledge of the heart's structural diseases among the surest knowledge we possess, is that their immediate effects upon the organ itself, as well as their distant effects throughout the body, result in a great measure from mechanical necessity. Hence there is a good deal in every case which can be reckoned with much exactness. But it is far otherwise when the Heart being sound of structure is functionally deranged. All that then arises must come from vital necessity. All our reckonings are then made from other points of view, and by other means and instruments, and with less certainty.

Well, but the elements of the subject are then, it has been said, in the Doctrine of the Pulse.

There is not any disease, great or small, in any part of the body, vital or not vital, which the physician does not think to know better than he would otherwise know it, and treat it better than he would otherwise treat it, by interrogating the pulse. The information he thus gains is sometimes much and is sometimes little; but very seldom indeed is it none at all. To be fully aware when it amounts to much, or little, or nothing—that is, to appreciate the pulse at its true worth—is among the chief concerns of medical practice. Very seldom, indeed, I repeat, does the pulse convey no information at all. Even when amid a complex of symptoms, it remains just as it is in health; yet, negative sign as it then is, does it often become, under the circumstances, more pregnant of meaning, and give surer notice of what is going on, and of what should and what should not be done, than the most positive fact among them all. The pulse remaining steady to the force and frequency of health is often the very thing that is wanted to interpret a crowd of urgent and doubtful symptoms; to stamp them all with their true value, and make them pass just for what they are worth. Thus, an appeal to the pulse is indispensable in every case. There is no getting on safely without it.

But the Heart is the prime mover all the while; and the heart is so far the *pulse*. By its all-permeating sympathy, it feels all that is hurtful throughout the body; and by its own peculiar mode of action it tells all that it feels, and telegraphs intelligence of it through every artery that can be felt.

The Heart using its proper language of sounds and impulses, how clearly and emphatically does it speak of its own diseases to the ear and touch of experience. Then the complete information which we desire comes almost always directly from itself, and further appeal to the arteries is superfluous. On some rare occasions, perhaps, the heart's direct language concerning its own diseases may not be so absolutely indubitable, but that it may gain clearness and explanation by what is further spoken through the arteries. But the converse of this comes to pass when the Heart is perfectly sound, and when it has nothing to tell of itself, but a great deal to tell of every organ and system of organs in the body beside itself, and of all diseases everywhere beyond itself and out of itself. Then its most frequent, precise, and trustworthy intimations are conveyed through the arteries, its own direct sounds and impulses being but of rare and occasional use and significance.

It requires some courage to talk gravely and with a purpose of instruction about common things. For either people do not listen at all, expecting to hear nothing new; or they listen reluctantly, not liking to be schooled about what they understand perfectly (they think) already. And if there be any one thing which medical men may be thought to understand better than another, and to have, literally and in every sense, at their fingers' ends, it is the pulse. And yet I am about to take upon myself to speak even to medical men about the pulse. It lies, indeed, at the very root of my subject to do so. But apart from this formal consideration, I am persuaded that I should be rendering an useful service to my profession if I could speak of it as I desire. I conceive that this same lamp, which we all familiarly use and trust to guide our daily path, may still be placed in a better position, and thence be made to throw a more certain light upon the great objects of practical medicine.

All that can be known concerning the pulse, we learn either by attending to each separate beat, or to several beats in succession. By attending to a single beat we learn whether the pulse be hard or soft, large or small, that is, its qualities. By attending to many in succession we learn whether it be frequent or infrequent, regular or irregular, or intermitting, that is, its number and its rhythm. And it must be obvious that its number and rhythm alone can be submitted to actual measurement, and that all the rest, the qualities namely of each particular beat, is to be determined by the perceptions of the person who feels it. But men's watches agree better together than their perceptions. Looking to our several watches, we have an index as nearly uniform as possible, and so we are always of one mind about the number of the pulse and its rhythm. Consulting our several perceptions, we use a variable index; and no wonder that about the *qualities* of the pulse we are apt to differ. Yet, after all, practical men are found to agree pretty well about the quality of the pulse in particular instances. And it is because they consult it with no purpose of refining, but with the single aim of finding in it something to help them in their knowledge and treatment of disease. This single aim is mine. Therefore, in every part of the subject, and above all in this, which is naturally open to refinement, I shall avoid new names and new distinctions; for I

know full well that if I cannot handle the subject with simplicity I shall make a puzzle of it. Let us, then, first consider the number of the pulse, whether it be frequent or infrequent, and the succession of its beats, whether it be regular or irregular, and afterwards the qualities of the pulse, whether it be hard or soft, large or small—in fact, these are all the distinctions which I wish to insist upon.

Let me add a single remark, lest I should seem to affect an over-simplicity. It is one thing for a man to understand a matter for himself and for his own use, and another thing to understand it and explain it for the use of others. Therefore, I would not exclude a regard to other modifications of the pulse (whatever they may be), which any man's own observation may have taught him, and which he may have used for guidance and direction in the management of disease. There may be many such with which I have no acquaintance. Still, since there are things which practical men often know assuredly, and employ successfully, yet of which they cannot convey to others either the knowledge or the use; and since this is especially true of our present subject, I would willingly avoid those parts of it which, whatever I may fancy myself to know, I am still incompetent to explain.

THE SUMMER OF 1862. The registrars for England and Scotland report that the highest temperature recorded last summer at any of the stations from which returns are made to them was 84.5° in England, and 80.5° in Scotland. In such returns the difference of temperature in places at no great distance from each other is very remarkable. In May last the thermometer was at 81.5° at the Royal Observatory and only 74.6° at Guildhall; 75° at Bournemouth, and only 66° at Ventnor. In July also, when the wave of heat again passed over England, the reading was 80° at Cardington, and only 70.5° at Aspley, in the same county of Bedford; 84° at Downside College, near Bath, and but 74.2° at Clifton. At the Royal Observatory the mean amount of cloud was 7.8 (of 9) in the three months April to June, and 7.3 in the three months July to September. The mean of 55 stations in different parts of Scotland shows that in the six months April to September the sun shone for only 1,052 hours, which is less by 128 than the average of the preceding six years. The amount of sunshine in the summer was almost the least ever known, says the Registrar-General of Scotland, and the amount of cloud the greatest; and these two things have held so remarkably as the rule for the last three years as to be confirmatory apparently of Sir J. Herschell's suggestion, that our seasons experienced a disturbance from a cosmical influence in 1859 from which they have not yet recovered. The amount of ozone varies greatly. It is very small in the metropolis: the mean of each quarter of this year has ranged from 0.2 at Camden Town in the first quarter to 2.1 at the Royal Observatory in the same quarter. At the coast and at some inland stations the mean has been as high as 5, 6, and 7. There are varieties such as these in the mean of the very last quarter; 0.7 at Downside College, Bath, and 5.7 at Clifton; 0.3 at Cokermonth, and 7.9 near Silloth. At Bournemouth, again, above 5 in the first and second quarters of the year, and not much above 4 in the third: at Worthing, on the same coast, 4.6 in the first quarter, and above six in the second and third. A few instances will show the variation in daily range of temperature; the mean in the last quarter was only 8.9° at Scarborough, 9.1° at Ventnor, 9.3° at Aspley, and at Bournemouth it was 17.7°; at Aldershot, 18.8°; at the Royal Observatory, 19°; at Leyton, 20.1°.

## Original Communications.

### DYSCHROMATODERMA; OR, DISCOLOURATION OF THE SKIN.

By ERASMUS WILSON, F.R.S.

CHROMATOGENESIS, or the production of colour, is an animal function enjoyed by the skin, in common with certain other of the organs of the body; for example, the eyeball, the liver, the lungs, etc. It is the source of the varieties of tint which are met with in the human race; which distinguish the Ethiopian, the American Indian, the Mongolian, the Caucasian, and the Albino; and, like other functions, it is subject, besides its physiological variations, to changes which are of a pathological nature, and which constitute the so-called "disorders of the chromatogenous function."

The disorders of the chromatogenous or pigmentary function of the skin, giving rise to dyschromatoderma, are all represented by the four colours—black, white, yellow, and blue, and the combinations of black and yellow constituting the various tints of brown.

Black is the archæus of melanopathia, melasma or nigredo cutis, ephelis, and stearrhœa nigricans; while the absence of black constitutes leucopathia, leucosma or aliphosis, and albinismus. Yellow is represented by lentigo, flavedo cutis, and stearrhœa flavescens; and the blending of black and yellow gives rise to the various hues of chloasma and fuscedo cutis; the yellow and the black together sometimes producing a greenish tint, as in certain varieties of chloasma and lentigo. The presence of blue pigment in the skin, constitutes the cyanopathia cutanea of Billard d'Angers.

Melasma or nigredo cutis (nigrities) has of late attracted some notice in consequence of the researches of Addison and others; it has received the additional synonym of "bronze skin"; and, possibly, some further observations on this morbid state may not prove uninteresting to those who have given their attention to the subject or are seeking information with regard to a very curious but not very rare pathological phenomenon.

The main points that I propose to illustrate in this essay, are: Firstly, the existence of a peculiar form of anæmia, which may be termed melanæmia, in association with melasma; secondly, the origin of melanæmia and melasma in debility and exhaustion of parts of the nervous system; and, thirdly, to deduce from these premises a principle of medical treatment.

Anæmia is practically a deficiency of the red element of the blood; but, besides the red element, the blood is known to possess a yellow colouring principle, and, probably, a black colouring principle. Under the influence of certain physiological or pathological operations, these three principles may undergo changes—changes of quantity and intensity; and accompanying these changes the anæmia may assume a diversity of complexion. The anæmia may have a colourless character, leucanæmia; it may have a yellow and greenish tint, chloranæmia; or, as I shall endeavour to show, it may have a blackish hue, and so give rise to a form of anæmia which I have commonly observed in relation with melasma and the melasmic diathesis; and which is accurately described by the term melanæmia.

The diagnosis of anæmia is generally determined by the appearance of the skin, of the mucous membrane of the mouth, of the gums, and especially of the conjunctiva; and according to the extent of deficiency of the red principle of the blood, will be the degree of blanch-

exist every shade of variety of degree of anæmia, from the merest indication of that state to the most confirmed bloodlessness.

So in melanæmia, the anæmia may be slight or strongly marked; and the peculiar darkness of hue which the eyeball acquires, may be scarcely apparent, or so striking as to attract the attention of the most cursory observer. In melanæmia, the mucous membrane of the mouth generally presents no differences from the ordinary appearance of anæmia, nor in many instances does the conjunctiva; but the especial sign of melanæmia is, a vivid brightness, a brilliancy, and sparkling lustre of the eyeball, a liquid depth of colour of the humours of the eye, and a strongly contrasting whiteness of the scleroticæ, the effect being often increased by a more or less deep tint of a dull blackness of the integument of the eyelids, more especially of the fold of skin of the upper eyelid which immediately borders the eyelashes. It is difficult to convey in words an appearance which is only recognisable to the observer as the result of close attention, and which can only be distinguished by careful comparison with the normal standard. But, in a well-marked example, there is no fact in medicine more demonstrable than the melanæmic or melasmic eye, not only in association with melasma of the skin; but, also, independently of the latter affection.

The melanæmic or melasmic eye is sometimes the only sign of anæmia which can be discovered in the individual, who, possibly, regards himself as in perfect health; but where it exists, it may be looked upon as indicating a predominance in the blood of the melanic principle, and a predisposition to melanæmia and melasma; in a word, it manifests a melasmic diathesis. On the other hand, melasma may exist without this symptom of melanæmia being present; apparently, because, in the latter instance, the colouring principle finds a natural outlet through the skin, and the melanopathia its special field of development in the cutaneous tissue; or, perchance, the abnormal pigment may at the same time be eliminated from the blood through some other emunctory organ.

It will be seen by these observations that I look upon melasma and melanopathia, not as a substantive disease, but as depending upon an altered state of the blood, a cacochymatous or dyscrasic condition of the blood, in which there exists a deficiency of the red principle and an excess of the black pigmentary principle; not, possibly, in the precise form which it afterwards assumes in the cells of the rete mucosum, but in that more elementary and diffusible shape in which it is first generated and held in solution or suspension in the vital fluid.

The term melanæmia is one of recent origin and was intended by its first author to signify the actual presence of pigment in the blood, as demonstrable by the microscope. To determine the diagnosis of melanæmia, therefore, according to this view, it becomes necessary to be provided with the appurtenances of science, and moreover with leisure. A portion of blood must be taken; it must be properly diluted; it must be disposed on a suitable slide; it must be attentively examined; and then, the important fact is demonstrated of the presence of pigment, it may be in the form of granules or perhaps in that of cells or scales. But it is clear that this process so valuable in our schools of pathology—namely, our hospitals and infirmaries—is inapplicable to the daily routine of medical life, and that melanæmia as a demonstrable fact must be regarded as a scientific curiosity, comparatively unapproachable by the physician or the surgeon engaged in active practice.

But the term melanæmia, as used by me, has a different signification from that described above, and is intended to point out a clinical sign which may be tested by every one, and by which the presence of pigment in the blood may, as I believe, be as certainly determined as by the actual physical examination of that fluid. This clinical



sign is the melanæmic or melasmic eye already mentioned, and which I regard as an unfailing indication of a melasmic diathesis.

For a comprehension of what is included by the term melasmic diathesis, we are indebted to the researches of Frerichs of Berlin. Dr. Frerichs has shown that the blood of the spleen, as a consequence of retardation or torpor of its venous circulation, passes into a state of partial coagulation, and that the red corpuscles, at the same time, by a process of morbid chemical metamorphosis, are converted into pigmentary matter. The pigmentary matter is discoverable, with the aid of the microscope, in the form of free granules, and of cells and scales containing pigment-granules, and bearing in themselves the evidence of being altered blood-corpuscles. It is found in the blood of the splenic and portal vein, and may be traced thence through the pulmonary vessels into the general circulation. It is not improbable that any cause capable of producing torpor of portal circulation may give rise to similar results, and that the melanæmic or melasmic eye may in this way become an important sign by which the diagnosis of disorder of the abdominal organs may be determined when no other apparent symptom exists.

Dr. Frerichs has also shown that the pigment-matter may be detected in the lobules of the liver, and that its presence there occasions certain morbid phenomena. And that, next to the liver, it makes its way to the brain, and there gives rise to certain peculiar appearances and, doubtless, to altered function of that organ. And, furthermore, that it may, through the arterial current, reach every part of the body. The arrest of the pigment in the liver may, no doubt, in part, be mechanical; but its detention by the cerebral substance would seem to indicate an affinity between the nervous-matter and the pigmentary-matter, and suggest an explanation of the curious nervous and cerebral symptoms which are not unfrequently associated with melasma.

Another phenomenon will follow upon this; pigment-matter being proved to be actually present in the blood; the emunctory organs by which it is naturally eliminated will be excited to a more active secretion; the rete mucosum will receive a larger share of the pigment-pabulum; and the colour of the skin will be consequently deepened, either generally or partially, in obedience to other physiological and pathological laws. The tendency of the pigment-matter to seek the brain is a curious fact, and suggests the idea that this election may explain the early suffusion of the eyeball with the pigment, and the occurrence of the melanæmic or melasmic eye, when no other outward symptom of melasma is present. In observing this peculiar eye with attention, it has seemed to me that the choroid coat of the eyeball was more deeply pigmented than usual; that this extremely deep tint threw a stronger shade of blackness on the humours, and was the origin of part of the vivid brilliancy of the eye; and that, moreover, the extreme depth of black of the pigmentum nigrum was perceptible through the tunica albuginea.

But the melanæmic or melasmic eyeball looks as if it were suffused with a transparent pigmental fluid; or I might compare its appearance to a pure white seen through a black tinted glass; suggesting the idea of the black pigment being in the state of solution in the blood and in the fluids derived from the blood, as well as being corporeally visible in the shape of granules, as already described. Indeed, it is evident that the pigment, to be secreted by the skin, must be in a state of solution. This solution may be, and no doubt is, in part, supplied by the pigment-granules; but there are, besides, other soluble pigments, no doubt formed during the metamorphosis of the red corpuscles of the blood.

The origin of pigment by the metamorphosis of the red corpuscles of the blood explains the association of *anæmia* and *melasma*; and the presence of the melasmic

or of the melanæmic eye becomes the proof that the change which has taken place in the blood is not, as in leucæmia, the reduction of the normal proportion of hæmatine and the development of white corpuscles, but the destructive metamorphosis of the red corpuscles (*hæmic dyscrasis*) and the conversion of the hæmatine into a melanic pigment. What the true explanation of this curious change in the economy may be, whether it depend upon physiological conditions or a more or less intense pathological action, is not at present easy to decide; but of two facts I have satisfied myself—namely, the frequent association of morbid nervous phenomena with melanæmia, and a greater difficulty in restoring the normal condition of the blood than in ordinary leucæmia.

As may be inferred from these observations, the melanæmic eye is far from being uncommon; I have seen it three or four times in the course of a morning's duty. But *melasma* is comparatively rare. The melanæmic eye indicates a melasmic diathesis; that is to say, that state of the constitution in which there exists a tendency to torpid or obstructed circulation of the portal vessels, with a disposition to the metamorphosis of the red element of the blood-corpuscles into pigment. It is always associated with the common signs of *anæmia* to a greater or lesser degree, with more or less debility, and commonly with symptoms of dyspepsia, often with nausea and weight or oppression at the epigastrium, and sometimes with slight cutaneous disorder or other affection of the economy.

Let me cite a few instances, taken as they occur in my daily practice, as a further illustration of this phenomenon.

A young physician was introduced to me by his friend to ask my opinion as to the best course to pursue in reference to practice. Our conversation ended, I demonstrated to him the melasmic eye, of which he was, unknown to himself, the subject. Like all aspirants for medical honours, he had been working too hard; he had lowered his nervous tone. His digestive powers had suffered in consequence. There was, doubtless, torpor of circulation in the portal system, and the consequent development of pigment in the blood, or *melhæmic dyscrasis*. His conjunctiva and tongue were slightly pale, and he had the characteristic black transparency of the eyeball. Both he and his friend recognised the melasmic eye; and I suggested to him, as a medicine appropriate for the removal of its cause, the nitromuriatic acid with tincture of gentian.

My friend F. brought to me his daughter, a little lady of nine years old, for a slight pityriasis of the scalp. I was glad of the opportunity of demonstrating to my friend the melasmic eye, which in this young lady was well marked; there was, besides, a slight but general sombre or ashy hue of the complexion which seemed due to a blending of black, yellow and blue, and a certain metallic polish of the skin. When she was seated by her sister, who was also out of health, the contrast was very apparent. There were no symptoms of ailment about the young lady that would have attracted attention but for the pityriasis; and for this alone she was brought to me. Her appetite was not quite so good as usual; but her father had not observed anything else.

A surgeon of eminence brought to me his son, suffering under a slight attack of leprosy *psoriasis*. The boy possessed a large cerebral development, was pale and thin and had the melanæmic eye of moderate intensity. His father told me that he had been to the sea-coast; but that since his return he had suddenly and unaccountably fallen off in strength, and that under the influence of this state of debility, the squamous eruption had appeared on his skin. My reading of the case was: Abnormal activity of an excitable brain induced by study, partial exhaustion of the nervous system by growth, and consequent debility of the organic functions; then, as

an ulterior consequence of lowered nervous tone and retarded circulation of the chylipoietic organs; hæmic-dyscrasis, assuming the melanic type.

The melanæmic or melasmic eye as a sign of aberration of health is a purely medical symptom; it is rarely or never so marked as to attract the attention of the patient; and it is therefore of the more importance that the medical man should be acquainted with it; inasmuch as it serves to denote the presence of a *causa morbi* in the economy; and, moreover, a cause which if not removed, may run on silently and insidiously and be productive of serious ultimate consequences.

In the preceding three cases I have alluded to three common causes of melanæmia; namely, exhausted nervous power from over study; altered nutrition accompanying the growth of the body; and weakened nutritive powers originating in the exercise of a morbidly excitable nervous system. I have also seen it associated with other temporary disorders of the economy, as in the following example. A veterinary surgeon consulted me for exfoliating maculæ on the palms of the hands, caused, as he believed, and no doubt excited by the use of a blistering fluid to a horse's legs. The eruption appeared immediately after rubbing in a quantity of this fluid and leaving it on his hands for some time afterwards. As I knew at the first glance that the eruption was syphilitic, I beat over the usual ground of symptoms, skin, throat, nerves, etc., but found no trace of a corroborating secondary symptom. I then pushed my inquiry home to the hair of the evil, and discovered a small red patch in the sinus præputii, and a little induration. He informed me that the chancre had been so slight that he had given it very little attention, and, not suspecting its nature, he had adopted no treatment whatever. It commenced nine weeks back, and the eruption on his hands two weeks ago. He had taken arsenic for the latter; and but for my diagnosis and inquiry, would never have connected the two disorders. This patient had a melasmic eye; but, as it had not attracted his notice, he was unable to tell me if it had shown itself before or subsequently to the chancre.

I could multiply these cases of melanæmic or melasmic eye, for they are very common, to an indefinite extent, but the enumeration would be little more than a repetition of the four cases already detailed. But I am not at present dealing with the question of the physiological origin and distribution of the pigment element of composition of the animal organism, but simply with its pathological origin. It seems to me not unlikely that the normal origin of the black pigment of the organism may be a metamorphosis of the hæmatine of the blood; but the abnormal source of the pigmentary element appears decidedly, as Dr. Frerichs states, to have this origin; to be in fact, a hæmic or melhæmic dyscrasis. The pigment principle is no doubt diffused throughout the entire circulation; and under the influence of the special conditions of the skin is developed in the rete mucosum as a pigmentary substance, and is regulated and controlled by physiological laws. But, when it is developed pathologically, its control by physiological laws is no longer possible.

To a process similar to that described by Dr. Frerichs as occurring in the spleen, but in a different locality, namely, the uterine veins, is probably to be ascribed the deep discolourations of the integument of the eyelids in menstruation. In a case of hysteria which once came under my notice, the black pigmentary secretion was eliminated by the skin of the eyelids in such abundance as to appear on the surface as a moist secretion that could be wiped away with a sponge. And the blood of this patient was so loaded with the pigmentary matter, that it was observed in the fluids which were thrown from the stomach by vomiting, in the egesta from the bowels, and in the urine. It is needless to repeat that, together with this destructive metamorphosis of the red

corpuscles of the blood, there was a deficiency of hæmatine to an extreme degree.

Recurring to the phenomena described by Dr. Frerichs, namely, the partial coagulation of the torpid stream of venous blood in the sinuses of the spleen; the decomposition and metamorphosis of the red corpuscles of these coagulated agglomerations into pigment matter, and the detention of the particles of the pigment by the liver, where they excite a variety of morbid processes; the question arises: Do not these changes take place even more frequently than Dr. Frerichs imagines? Do they not take a prominent share in the production of many of the disorders of daily observation? Are they not continually before us without attracting our attention? I think they do, and are; and I am led to this conclusion by the great frequency of the melasmic eye and its associated symptoms. Let me cite an example of everyday experience. A lady, of fifty, leucanæmic, complained to me of constant nausea, vomiting after every meal, frequent diarrhœa; a feeling of extreme uneasiness with weight at the epigastrium, and extreme languor and lassitude, with great weariness. I prescribed for her, quinine. A fortnight later I saw her again, and she gave me the following account of herself: "I felt," she said, "that there was something that required moving from here," placing her hand over the epigastrium, and including in its stretch a part of the stomach, the duodenum, and the central portion of the liver; "I therefore took four grains of blue pill at night, and the following morning a senna draught. The quantity of black offensive stuff that came away was quite wonderful, and my nausea, my sickness, and the uneasiness and weight at the pit of my stomach were immediately removed." Was not this a case of melasmic excretion from the liver? I must confess I thought so, and think so still. But, it may be suggested, this patient was leucanæmic: yes, she was so, as far as the eye and skin were concerned; but only because the melanic matter was all collected in the liver, where it had been detained by a process of filtration, and whence it was subsequently eliminated.

In further corroboration of this, the practical bearing of the subject, I may call to mind the constant accompaniment of nausea and an uneasy epigastric sensation with melasma; and the unshaken conviction of the patient that the liver is the source of the evils complained of. A lady whose case is reported (Case 1) remarks that a dose of calomel immediately dissipates her unpleasant feelings; that her complexion immediately becomes clear, and the melasmic blotches on her face less evident; and that, when she has failed to take the remedy, she has more than once suffered an attack of jaundice. And in truth, theoretically as well as practically, we must admit the capability of a dose of blue pill or calomel of disgorging the liver of its "atra bilis"—of its melanic accumulation—and of rendering more active and free the abdominal venous circulation.

Passing onwards to my second proposition—that melanæmia takes its primary origin in debility or exhaustion of the nutritive or trophic filaments of the nervous system, I must appeal for my illustration to the cases which I am about to report. I may observe that I have been led to this conclusion by the history of the patient, and by tracing the origin of the malady to its apparent source. It is remarkable that the subjects of melasma are, for the most part, of the female sex—of a sex in whom the nervous system plays a more conspicuous part than it does in man; that they range in age between twenty-five and fifty—a period during which the harsher realities of life are most pungent in their operation on the nervous system; and that, in almost every instance, an exciting cause may be found in injury done to the nervous system, either indirectly as an effect of some exhausting disease or organic lesion, or directly in the form of a sudden or violent shock.

The operation of the injury to the nervous system

would seem to be expended on the nutritive organs, with a consequent deterioration of their functions. The innervation and circulation of the chylipoietic apparatus is disturbed and impeded; nutrition is weakened; assimilation is imperfect; and cacoehymia follows; and with cacoehymia a want of the natural harmony of proportion of the different pigmentary principles of the blood. It may be that the red principle—the hæmatine of the blood—is chemically converted into the melanic pigment; or it may be that the melanic principle is simply a carbonaceous product resulting from the waste of the organic tissues.

In melasma, we find an illustration of a principle not uncommon in pathology; namely, the persistence of the local abnormal action of the part after the general economy is restored to health. It would seem to be the natural habit of the blotches of melasma to remain for years or for life, when a constitutional debility or a morbid cause capable of keeping them up can no longer be traced. And, in one of the cases reported in this paper, after the restoration of the patient to a better state of health, after the establishment of a healthier hæmatosis, and after the removal of the stains by local means, the general tint of the complexion acquired a deeper, but, at the same time, a distinctly healthier tone than before. My patient exchanged a complexion of a faded, patchy, muddy hue, for that of a handsome brunette, the tint of brown being richer and brighter than before, and suggestive of the idea of a more copious oily secretion being blended with the pigmentary secretion.

In another case, one of melano-leucopathia, which I published several years back (portraits), I drew attention to the curious results to the economy of a variation of the standard of colour of the skin. In this case, there were four shades of colour present at the same time, the natural tint, the leucosma, the general melasma, and the partial melasma. Nature had, so to speak, physiologically adopted these four tints, and the question arose: Which would she decree to be the proper standard when a process of restoration of the pigment in the leucosmic patches was established? I solved this question experimentally by inducing a restoration of the pigment secretion on the white patches, through the agency of a stimulant application; the colour returned on these patches. I had set the melanic machinery in motion; but how was I to control it? It passed the original normal standard; it went on, and it passed the deep tint of general melasma; it still went on, until it reached and almost exceeded the deepest tint of all, the partial melasma. Here, then, was an example, not of a natural standard, but of an acquired or morbid standard.

[To be continued.]

## COMPOUND COMMINUTED FRACTURE OF BOTH LEGS: DOUBLE AMPUTATION: RECOVERY.

By ANTHONY MARTIN, Esq., Evesham.

WILLIAM ROBBINS, aged 11, a spare, thin looking lad, came under my care on April 6th last, with the above accident. It appears that he was in the act of crossing the line of the West Midland Railway, to speak to his father, who was at the time engaged in loading a cart, when a luggage train, which was shunting goods, came on the line he was crossing, and knocked him down in the middle of the space between the rails, whence he tried to extricate himself; and, in so doing, got both his legs across the rail, and the wheels of six or seven trucks passed over them.

Upon examination, it was found that the right leg from the middle third to the ankle-joint was completely crushed, the large vessels and nerves ruptured, and the muscles in front and back of the leg totally destroyed;

the foot was wholly denuded of its integuments. The left limb was not injured so much as regards external appearance. The foot was completely crushed, but the integuments of the limb were whole, with the exception of an aperture high up close to the junction of the posterior tibial with the popliteal artery, from which considerable hæmorrhage was taking place, the artery being found to be ruptured. The soft parts of this limb were evidently much bruised as high as the middle third of the thigh. I adopted the circular incision in both instances, removing the right leg below the knee-joint in the upper third. There was considerable difficulty in tying the posterior tibial artery, from the unusual amount of retraction. The left limb I removed immediately above the knee-joint, on account of the division of the posterior tibial artery. No difficulty occurred in this operation; but the muscles were very dark, from the bruising before mentioned, presenting almost an ecchymosed appearance. The patient was put under the influence of chloroform.

Immediately on the completion of the operation, he was removed to the workhouse; the stumps were dressed with strapping and wet lint, a few points of suture being first introduced, and an opiate was administered.

April 7th, 10.30 A.M. He had passed a good night, and looked cheerful and composed. Pulse 110, and fluttering. He complained of no pain.

April 8th. The dressings were removed this morning. The general appearance of the stumps was good, though the soft parts of the left stump were much contused. Pulse 120, and very compressible. The opiate was repeated.

April 9th, 7.30 A.M. He slept well after the opiate; but the tongue was inclined to dryness. The bowels were freely relieved, and there was some discharge from the wounds.

April 11th. There was no apparent change, except that the left stump did not seem to be healing as well as the right.

April 13th. Some considerable bleeding took place in the night from the left stump, which looked gaping and sloughy. The last of the sutures was removed this morning. The pulse was much quicker, 135, and feebler. His appetite was good. Beef-tea and wine were given freely, and the opiates were continued.

April 19th. The left stump was still sloughy, discharging freely. Most of the ligatures on the arteries came away this day. The pulse was still very quick; it had not unfrequently been up to 150 since the last report.

April 22nd. There was slight improvement in the left stump. The sloughs had separated to a considerable extent. The pulse had diminished in frequency, though still very weak. The ligature from the femoral artery had come away this day. The wine and beef-tea were continued, with a mixture of cinchona and mineral acid.

April 30th. The general condition of the lad had greatly improved since the last note. The sloughs the left stump had been very considerable, and the bone was protruding, but the right stump had gone on remarkably well.

May 15th. The right stump was healed; from the left, about an inch of the femur was removed.

The lad is now perfectly recovered; but, from the severity of the case, it seemed desirable to publish a report of it. The only untoward circumstance was the extensive sloughing in the left limb; this was occasioned by the nature of the injury, which could not be accurately diagnosed before the operation. But, had it been foreseen, I should rather have risked the irritation of the gangrenous inflammation than have amputated the limb high enough to remove all the injured portion of the muscles.

## ON THE DEATH-RATES IN THE COTTON DISTRICTS.

By JOHN BEDDOE, B.A., M.D., Physician to the Bristol Royal Infirmary.

At page 6 of the last Quarterly Report of the Registrar-General occur the following observations, which may serve as a text for the present paper.

"It is right at the present time to guard against deductions from the returns of mortality which they do not justify. . . . The allowances may or may not have been sufficient in amount, but the returns of mortality furnish no evidence of the fact; they only show that extreme consequences of famine have not yet been manifested in Lancashire. . . . Recreation in the open air, moderation in meat and drink, and the due administration of domestic offices, are beneficial to health; but, if they have been compensation for the loss of wages, the tables above quoted are silent on the point. These tables prove that, under circumstances favourable to human life, the mortality in England was reduced last quarter, and that the districts of the cotton manufacture were not prevented by the distress from participating in the benefit; they cannot show that, if Lancashire had been prosperous, the health of its people would not have been still better, and a further reduction of mortality obtained."

Doubtless these remarks are made by the Registrar-General with the praiseworthy object of preventing the current of public and private charity from being checked by a partial consideration of the facts relative to the mortality in the cotton districts which appear in his own tables. While thoroughly sympathising with this object, I think that the Registrar has failed to seize the full meaning of the facts in question, and that it may tend most to the general good and the interests of sanitary science if their import be clearly pointed out.

For the purposes of this investigation, I have divided the unions of Lancashire into two, and subdivided them into five groups, taking as the leading principle in the arrangement the more or less intimate dependence of each on the cotton manufacture.

In the first class I have placed those unions in which more than one-fourth of the adult population, male and female, were, according to the census of 1851, engaged in the spinning, weaving, printing, and dyeing of cotton. These are, Ashton, Blackburn, Haslingden, Chorley, Bury, Burnley, Oldham, Preston, and Bolton.

In the second appear only Manchester and Rochdale, places in which the number of operatives employed as above is considerably less than one-fourth, but where the distress is great, and the rates are stated by Mr. Farnall to be heavier than in some of the preceding class—doubtless in part, at all events in the case of Manchester, from the fact that there are immense numbers of persons who appear in the census under various heads, but who depend more or less directly on the cotton manufacture for their means of living.

In the third are six districts, where less than one-fourth of the adult population are employed as above, and in none of which, so far as we can learn, are the rates heavy. Even in Wigan, the only one of the six in which we hear of much distress, they have not reached the proportion of five shillings. These are, Wigan, Chorlton, Salford, Clitheroe, Leigh, and Barton-upon-Irwell. I will call this, for convenience sake, the half-cotton group.

In the fourth are seven districts, which have little or no direct connexion with the manufacture; viz., Ormskirk, Preseat, Warrington, Fyde, Garstang, Lancaster, and Ulverstone.

The fifth group might have been classed with the fourth, but is sufficiently important and peculiar to form

a separate subdivision, including only Liverpool and West Derby, or the town and suburbs of Liverpool.

More clearly to exhibit the facts, I have constructed, from the data supplied by the Registrar-General, two tables, which are appended to this paper. In the one, I have calculated, for each district or group of districts, the rates of mortality in the summer quarters of 1861 and 1862; in the other, the summer of 1860 is also taken into account.

The summer quarter of 1862, as may be gathered from the words above quoted of the Registrar-General, was unusually healthy throughout the greater part of England. Cold summers almost always are so in this country; and September was the only month of the three constituting the quarter whose temperature reached the average. Accordingly, all the eleven registration provinces, except the metropolis, and most of the counties, exhibited a decline of the rate of mortality, as compared with that of 1861. If the whole county of Lancashire had merely participated in this general improvement, there would have been nothing very remarkable in the fact; and, at the first blush, the figures show little more; while they also show that, in the extraordinarily healthy summer of 1860, the death-rate in Lancashire, as over all England, was lower still. It is only when we come to divide Lancashire into two sections, on the plan above stated, that we arrive at the mark-worthy result, *that the whole of the decline in the county has taken place in the cotton districts*; while there has been a positive increase in the other or more prosperous group of unions. We find, moreover, that while in the latter the increase of mortality over the healthy summer 1860 is prodigious, amounting to 27 per cent., in the former the decline remains even on that comparison.

Proceeding further to subdivide these two groups into five, we find the facts continuing to tell in the same direction. In the summer of 1861, while all Lancashire was still prosperous, the death-rates increased pretty uniformly in the several sub-groups of districts, the increase varying only between 20 and 27 per cent., and being exactly equal in the cotton and no-cotton groups. This increase, then, might fairly be attributed to meteorological and other analogous causes operating on all alike. But in the summer of 1862 a great change has taken place. The meteorological causes of disease remain, as before, common to the county; but the previous concern in the fluctuation of the death-rates is altogether broken, and, instead of 120 and 127, the extremes are as wide apart as 92 and 132. What can be the disturbing elements? Are they connected with the consequences of the scarcity of cotton? The figures yield an unequivocal affirmative. The much-cotton groups give in 92 and 98; the no-cotton ones, 117 and 132; while the half-cotton group occupies, as, *ex hypothesi*, it should do, an intermediate position (109).

To test yet further the accuracy of the results arrived at, we may now examine the returns from those districts in other counties than Lancashire where the cotton manufacture is extensively carried on. Tested by the census reports of 1851, these appear to be Stockport in Cheshire, Todmorden and Saddleworth in the West Riding, Hayfield and Bakewell in Derbyshire, and Carlisle. In every one of these six districts there is a decline, and in most of them a considerable one. In Hayfield and Bakewell, indeed, the decline falls much short of that in the remainder of the county; but in Todmorden and Saddleworth it far exceeds the average of the West Riding; while the remainders of the counties of Cumberland and Cheshire yield a positive increase of mortality. On the whole, there are, in the five counties above mentioned, twenty-three which may be considered as cotton districts, and sixty-three which are otherwise. Of the former, only two—viz., Chorley and Clitheroe—or 8 per cent., present an increased death-rate; while, of the

latter, no less than twenty-four, or 38 per cent., are found to do so.

It may be worth while to point out that the distress which prevailed in Coventry, and the neighbouring unions of Nuneaton and Foleshill, two years ago, was observed at the time to be accompanied by a decline in the mortality. In the present year, Coventry, never fully recovered, has again relapsed into deep distress; and again the same coincidence appears.

All these facts are more clearly set forth in the sub-joined tables. On careful consideration, I can perceive no objection to their validity worthy of mention. It may perhaps be said that emigration may have diminished the population of many of the distressed towns, and thus lessened their death-rates. It is, however, highly improbable that such emigration can have taken place to any noteworthy extent: Haslingden is the only district where the local registrar takes any notice of it. The class most prone to migrate—viz., the young adults—is precisely that which always furnishes fewest deaths. Moreover, the rather high birth-rate tells strongly against such a supposition. The decline in the usually high marriage-rate, which in Blackburn, Ashton, Preston, and Hayfield is great, but elsewhere moderate, is, of course, due to the pressure of poverty and the gloom and uncertainty of the future.

It seems to me that from these data we are entitled to conclude that the partial stoppage of trade in the cotton districts was, during last summer, attended by a great diminution in the death-rate; and that of this diminution it was a remote or indirect cause.

The proximate causes could be better set forth, and their relative importance more accurately estimated, by one better acquainted with the country and people than the present writer. Some of them, however, I have no doubt, are those indicated in the notes appended to their reports by some of the district registrars. Such are the greater amount of fresh air and out-door exercise obtained by the factory operatives, the cutting off from drunkards and opium-eaters of the means of indulging in their vicious habits, and the greater attention and care bestowed on young children by their mothers, who, from the shortness of work, are kept at home, instead of deserting their houses for the mills. Possibly we may add to these the greater purity of the air, no longer sullied by the fumes which, in a manufacturing town, are thought to furnish the most palpable evidence of prosperity.

It is a subject of grave consideration how to mitigate, henceforward, the virulence of those physical and social evils which seem to be so interwoven with our manufacturing system that its sudden collapse wears in the Registrar-General's reports the aspect of a positive blessing. Happily, the days are long past when, in the interest of greed against health and life, the disgraceful opposition to the Ten Hours Bill was carried on. Much has been done by enlightened and benevolent manufacturers, in the way of improving the ventilation and arrangements of factories and schools, diminishing or counteracting the production of noxious dust, etc.; but much yet remains to be done in improving the physical conditions under which the cotton and other manufactures are carried on. Of the social evils connected with the system, those resulting from the employment of married women in factories are still more difficult to deal with, and more intimately connected with the prosperity of the trade; for so long as it flourishes and affords high wages to female labour, so long will the temptations of the factory attract mothers from their proper sphere—the home.

In conclusion, I must again caution the reader against drawing too hasty or too extensive corollaries from the facts which have been substantiated above. They show, it is true, that hitherto the effects of famine have not been experienced, except, perhaps, in isolated cases;

and that the comparison of the condition of the Lancashire folk, as it has been hitherto, with that of the peasantry of Munster and Connaught in the terrible years of the potato blight, is a gross exaggeration. But they do not prove that the bare subsistence, secured by the public bounty and the systematic and unwearied exertions of the relief committees to the great majority of the poor, which sufficed to preserve them from sickness during the summer, will carry them equally well through the damp, inclement Lancashire winter, when also the deficiency of warm clothing, unfelt in summer, may tell with deadly effect. Nor can we say whether the scanty subsistence, which is the habitual lot of large numbers of people in other and hitherto less prosperous districts, and serves to maintain in them a certain standard of health, may not in the course of time tell very unfavourably, and produce low forms of chronic disease, among the hitherto well-fed and comfortable operatives, overlookers, and shopkeepers of Lancashire.

TABLE I, exhibiting the Rates of Annual Mortality in the Summer Quarters of 1861 and 1862.

Districts, etc.	1861.	1862.	In-crease.	De-crease.
England .....	2,012	1,836		176
Lancashire .....	2,436	2,116		320
First group: Ashton, Blackburn, etc. ....	2,387	1,892		495
Second group: Manchester and Rochdale .....	2,920	2,176		744
Third or half-cotton group .....	2,266	1,960		306
Cotton Division .....	2,533	1,967		566
Fourth group: Prescott, etc. ....	1,932	1,820		112
Fifth group: Liverpool .....	2,624	2,768	144	
No-cotton Division .....	2,384	2,436	552	
Stockport .....	2,368	2,043		325
Rest of Cheshire .....	1,856	1,883	27	
Hayfield and Bakewell .....	1,956	1,768		188
Rest of Derbyshire .....	2,062	1,600		462
Tolmorden and Saddleworth .....	2,136	1,768		368
Rest of West Riding .....	2,138	2,056		82
Carlisle .....	2,070	1,865		205
Rest of Cumberland .....	1,762	1,782	20	
Coventry, Nuneaton, Foleshill .....	1,904	1,600		304
Rest of Warwickshire .....	2,010	1,912		98

TABLE II, exhibiting the Relative Proportions of the Mortality in Three Summer Quarters, that of 1860 being taken as the standard.

Districts, etc.	1860.	1861.	1862.
England .....	100	117	107
Lancashire .....	100	125	109
Cotton Division .....	100	125	99
No-cotton Division .....	100	125	127
Ashton, Blackburn, etc. ....	100	127	98
Manchester and Rochdale .....	100	123	92
Half-cotton group .....	100	120	109
Prescott, Ulverston, Fylde, etc. ....	100	124	117
Liverpool .....	100	125	132

EXTRAORDINARY SELF-MUTILATION. The woman, the subject of self-mutilation, the wife of a barman, named Jane Brickland, aged 38, for some time past had given way to drinking habits, and while intoxicated she deliberately chopped off her left hand and wrist. She then wrapped up her arm, and in proceeding to the University College Hospital she called in at the Lord Wellington, and, having taken some brandy, she walked into the hospital, and told the porter she had cut herself. Unwrapping her arm, she said she had left her hand at home; it was a beautiful hand, and she was sorry she had not brought it, as they might have put it on again. During the exhibition of the limb she maintained a remarkable degree of coolness. Mr. Gee, house surgeon, immediately attended, but he found it necessary to send for Mr. Quain, and shortly afterwards the arm was operated on. It is believed that the woman will recover. (*Express*.)

## Reviews and Notices.

**THE RENEWAL OF LIFE:** Clinical Lectures illustrative of a Restorative System of Medicine, given at St. Mary's Hospital. By T. K. CHAMBERS, M.D., F.R.C.P., Physician to St. Mary's Hospital, etc. Second edition. Pp. 420. London: 1863.

WE are told that "a rose by any other name would smell as sweet"; and, for the sake of the man who said it, will admit the proposition, though not convinced of its truth. There are, however, certain things which undoubtedly require distinct and particular designations; and we think we may fairly say that Dr. CHAMBERS has laid himself open to criticism in putting the title of "Renewal of Life" on the back of the book now before us. It is only fair to the buyer and reader of a volume, that its name should present some idea—more or less distinct—of the nature of its contents. A book is, in one sense, a commercial article, and should, therefore, be properly ticketed when exposed for sale; but who would ever guess the quality of this book from reading the title on its back? A spiritual minded person would, we suppose, seek in it an account of man's probable state in the next world. Poets might regard it as a poem on the return of spring:

"But oh! my country's wintry state,  
What second spring can renovate?"

Patriots would turn to it as to a treatise on the regeneration of the human race or on the rights of the sovereign peoples. Male and female octogenarians, inordinately fond of life, would snatch at it as for a recipe of an elixir of life. Botanists and agriculturists would smell in it a treatise on manures—the decay of animal and vegetable matters, and their conversion into new living structures. These, and a score more such fanciful ideas, would different people attach to the book with this title. But we venture to say that no living soul would ever guess that the volume in reality contained a series of capital clinical lectures delivered by Dr. Chambers to the students of St. Mary's Hospital.

Twenty-nine lectures, in fact, a *l'envoi*, and an appendix, make up the volume, of which we will say at once that the perusal cannot fail to be a source of instruction and pleasure to the medical student and the practitioner of medicine. Dr. Chambers's mode of instruction is happy; and his practical method of treating disease founded on common sense and science. If, therefore, we followed him along, through these lectures, in his descriptions of the practical applications of our art to the cure of diseases, we should have little more to do than to praise and to agree with him. His practice is, we believe, *au fond*, very much the practice, more or less pronounced, of all enlightened medical men of this time of day; and this practice he lays down before the student in a manner suggestive, happy, and philosophic. We accede this to his practical teachings—in fact, to twenty-eight twenty-ninths of his book—but, unfortunately, we must take strong exceptions to the remainder, the one twenty-ninth part of the same—to his opening chapter.

In this chapter, Dr. Chambers explodes theories and expounds a theory. He, properly enough, does not go so far as to trouble himself with the theories

of the ancients; they have been too often slain. But what he does is to tilt at what he calls "five principles very widely prevalent at the present day," which principles he "holds to be essentially erroneous and blind;\* viz., allopathy, homœopathy, evacuation, counterirritation, and stimulation." We need hardly add that a reformer who lays prostrate all the effete principles of his day, of course has a new system of therapeutics to substitute for them; and, in the present instance, it is one which Dr. Chambers "makes bold to call the 'Restorative.'"

Now, if we wished for a better proof of the evil results of seizing hold upon any one particular theory in medicine as a guide to the treatment of diseases, we should find it here; and we are surprised that so acute a reasoner as Dr. Chambers did not see the pitfall which he was digging for himself in starting such a narrow theory as the basis of his practice. The fate of the innumerable theories of the past which he himself tells of, as having died the death, should have taught him caution in fixing his faith upon a new one. Happily, however, as we have already said, Dr. Chambers is too good a practical physician to allow his theory to interfere with his practice. Thus, though he derides what he calls *allopathy*, he, nevertheless, does not despise the use of sudorifics, under certain circumstances, when the skin is dry; nor a purgative when the bowels are confined. Theoretically, he holds *evacuation* to be erroneous and blind; but when the "typh-poison" (as he calls it, and as he believes) is disturbing the stomach, he does not hesitate to evacuate it by an honest emetic; nor does he hesitate to practise evacuation by evacuating blood at the mouth of a vein, when occasion requires. *Counterirritation*, again, is a false and blind principle; but the practical thing implied in the term, we are happy to see, Dr. Chambers makes use of just like the rest of the world. He uses a blister; but gives a different account of its action. What is called *stimulation*, also, is right in practice, but wrong in its theory. Alcohol, people have wrongly thought, is in itself a giver of vital force; not so; it is an agent which helps us to get the vital force out of other articles. Stimulants, then, are rightly given; only the givers are theoretically wrong in the application. *Chemical systems*, too, are all wrong. But yet, like a practical man, Dr. Chambers does not hesitate to ascribe the use of hydrochloric acid (which he highly extols in low fevers) to its neutralising agency upon the "superalkalinity" or "sub-acidity" of the blood in that disease. Nor, *vice versa*, does he fail to connect the good effects of alkalis in rheumatic fever with a superabundance of acids, or a deficiency of alkalis, in the secretions.

Hence, then, as far as we can see, the terms allopathist, counterirritator, Brunonian, evacuator, iatrochemist, and so on, apply just as fairly to Dr. Chambers as they do to any other medical man. He uses the same remedies and treats diseases as all the rest of us do; only he gives a new name to his practice. We, of course, omit one of his false principles, homœopathy; upon which we shall have a word to say further on.

Let us glance at his theory. The five false principles referred to by Dr. Chambers are, he says, based

\* These are the words of the first edition. In this edition, instead of "erroneous and blind", we read "misleading".



upon a false foundation. They are based on the idea of disease being an entity, a positive existence, a *materies morbi*.

"Disease," says Dr. Chambers, "is in all cases, not a positive existence, but a negation; not a new excess of action, but partial death; and, therefore, the business of the physician is not to take away material, but to add; not to weaken, but to renew life."

Really we think we must misapprehend the meaning of Dr. Chambers, or we could hardly have believed his worship of a theory could have led him to dogmatise in such a fashion as to make his practice distinctly contrary to his theory. Surely it is mere confounding of terms to say that disease has no positive existence. Why, what is the typh-poison but a *materies morbi* of which Dr. Chambers tells us? It goes down, he believes, with the saliva into the stomach; there, perhaps, grows and multiplies, and enters the system through the digestive canal.

"At an early stage, even after the poison has begun to act upon the system, the fever may be arrested by emptying the stomach, and thus, apparently, preventing the whole dose being taken up."

Dr. Chambers may, perhaps, say the typh-poison is not the disease; that the disease is the morbid action which the typh-poison sets up; but this is not the way (as we see) that he deals with the matter practically. He attacks the typh-poison in the stomach as a veritable entity; and so also would he attack the poison, which, when it has entered the blood, is producing the phenomena of fever, if he could. Of course, we all fully understand that there are here two distinct elements of treatment to be considered: First, the neutralisation or elimination of the poison, if so it may be; and secondly, the restoration to health—to their natural condition—of the parts injured by the presence of the poison.

This typh-poison is surely here practically just as much a positive existence as is the thorn in a man's flesh. The thorn excites inflammation; the typh excites fever. You remove the thorn, and then that diseased condition which has been excited by it gradually disappears. Dr. Chambers evacuates the stomach of its typh-contents, and cuts short the fever. Of what avail is it here to say that the disease has no positive existence?

Dr. Chambers has in all this evidently confounded the exciting agent of disease with the effects which it produces in the body. No one, of course, pretends that he can eliminate the *effects* produced by the poisoning typh—i.e., the alteration of fluids and structures resulting from its action.

The pathological teaching of the last thirty years at least has taught us that, when the fever has got possession of the body, we have but one duty to perform; viz., to guide the weakened organs and assist the injured body through the struggle of disease back to health. We have certainly understood for many a long year past that all diseases were signs of weakness, and that the duty of medicine was, by its aids, to restore (if so it might be) the body back to health. Surely, therefore, Dr. Chambers need not have claimed, at this time of day, the title of restorative for medicine.

Hence, the term Restorative Medicine is a contradiction, or rather a violent pleonasm; the practice of medicine being actually and truly the practice of the restoration of the sick body to health. We dis-

tinctly object, moreover, to being called allopath, or evacuator, or iatrochemist, or any other such one-sided name; and we equally object to taking the new title which Dr. Chambers offers us; viz., that of restaurateurs, restoratorists, or revivalists. To all such titles we enter a decided protest; boasting and claiming to be simply medical practitioners, as Hippocrates was before us, tied by the leg by no one therapeutical theory whatever; because medicine, being yet but an experimental art, is incapable of yielding any one rational theory which shall fit all our wants. In fact, we evacuate, we stimulate, we purge, we bleed, we blister, we counterirritate, because we learn from experience that these agencies incidentally assist in restoring to health the diseased body. We do all this just as Dr. Chambers does; and we affirm that this is neither allopathy, nor homœopathy, nor stimulation, nor any other of those "blind and erroneous" modern principles of action which he repudiates; neither is it restorative medicine, which he would call it. It is simply the practice of a reasonable medicine.

Dr. Chambers will not be surprised that we have a word to say to him on his mode of dealing with homœopathy. He is aware that we hold very distinct opinions on that subject. He objects to the "denouncing and deriding the practice of homœopathy." Denunciation is not argument; and the subject of human life is too serious for ridicule." And he maintains that "the promulgator of such a doctrine could logically demand that the experiments on which it be based should be tried." But surely Dr. Chambers has satisfied himself of the absurdity of this doctrine. Surely he must know that the experiments he asks for have been tried and tested fifty times, over and over again; and their utter fallacy demonstrated.

Dr. Chambers, again, must know that of the persons calling themselves homœopaths in the present day—most of them, at least—practice medicine just as he does, use the same remedies, and give the same doses. And yet he recommends the students he addresses to try these homœopathic recommendations for themselves, and watch their results. See, he says, if quinine will stop ague. Try if arsenic will beget psoriasis, or iron anæmia. "The action, also, of infinitesimal doses may be tried upon malingerers and 'hospital birds' who occasionally sneak into our wards." "Minute quantities of digitalis or saltpetre ought to diminish the daily secretion of urine," etc.

Now, we enter a distinct protest against his recommendation. We say that there are things concerning which he has a right to ask the student "*juvare in verba magistri*." We say, that there are so-called systems or systematised farces, which it is not only idle but wrong to recommend to the serious consideration of students. But why, above all, on his own principles, recommend the ingenious minds of the students to occupy time in experimenting on this particular one of the five modern principles which he denounces as "blind and erroneous"? Surely this is illogical.

Homœopathy, universally condemned, and practised by no member of the profession who is known as a man of science beyond the street in which he lives, a senseless and baseless delusion, has no kind of claim to the student's attention. If the medical student is to be told to try for himself the empty

ness of homœopathy, why not recommend him to try in the same way clairvoyance, spirit-rapping, Hollo-way's ointment cures, and the rest of these things? The promulgators of these trickeries could demand it on Dr. Chambers's principles; they all refer to their experimental proofs. But is there never to be an end of the trial accorded to each new quackery? Are we bound to waste all our days in experimenting the new remedy of every new or old quack that swears in its efficacy?

In the present state of science, are we not justified in believing all specific curers of cancers to be downright quacks: and that any one, for example, who boasts the possession of a specific for consumption, stands in a like position? Because these men impudently go into the market-places and shout out the wonderful powers of their wares in the ears of the populace, surely we men of medicine are not bound to listen to them, even though they back their promises and assertions with what Dr. Chambers calls a "Bible oath." Because a man, for example, can so delude himself as to swear that he believes serpent's excrement is something like a specific in consumption, are we bound to condescend to the repeating his experiments, or even to listen patiently to his barefaced nonsense? No; there must be some show of reason in the proposed remedy when medicine proceeds to its investigation; there is a degree of condescension to which medicine is not called upon to suffer, even to satisfy the cravings of an ignorant public.

But we have outrun our limits; and must conclude by again repeating that in our opinion Dr. Chambers has published a very good course of clinical lectures; that the instruction conveyed in them is good, practical, and scientific; and that we much wish his book had a better title, and that his introductory chapter had been omitted. We should then have had nothing to do but utter words of praise of it.

We are glad to find that, in this edition, Dr. Chambers has altered some phrases which we considered too popularly jocose in his first edition. We trust that his pruning-pen will not yet rest contented. We could still point to passages in which the metaphor is sadly overstrained and out of place. We also trust Dr. Chambers will, in his next edition, discard the word "allopath." To whom does he refer in using such a term? We know a vast number of medical men, but certainly, of the species *medici*, we know not a single one who can be included in his subspecies, "allopaths." Dr. Chambers even goes so far as to speak of "wise and foolish" allopaths. As homœopaths are not allopaths, we suppose allopaths must be, in Dr. Chambers's sense, medical men not homœopaths; and such medical men are by him bundled up with homœopaths, and treated as of equal worth. Thus, the allopathist (medical man) and homœopathist are made to run in couples. This is not right; for medicine is not homœopathy, however many its errors may be.

**PROFESSIONAL TESTIMONIAL.** A silver tea-service, a binocular microscope of one hundred guineas value, and a silver inkstand, have been presented by his friends and patients to Mr. Robinson, F.R.C.S., on the occasion of his leaving Edgware, where he has been engaged in practice during the past twenty years.

## DR. RADCLIFFE'S LECTURES

AT

### THE ROYAL COLLEGE OF PHYSICIANS.

In his eighth and last lecture, Dr. Radcliffe spoke of pain and paralysis, prefacing what he had to say with some remarks on "The State of Irritation." On this point, a physical explanation was offered, which was in accordance with the physiological view of muscular action and sensation propounded in the first four lectures. The "state of irritation" was seen to have nothing to do with an inflammatory or congestive condition, except that it may, in some instances, give rise to such a condition as a secondary result.

Speaking of pain, and sensations analogous to pain, Dr. Radcliffe adduced evidence to show that their physiological and pathological conditions were, in every particular, analogous to the physiological and pathological conditions of the various forms of convulsion, spasm, or tremor. The physiological evidence adduced was very curious; the facts themselves being at once novel and striking. The pathological evidence amounted to this: that pain, and the sensation analogous to pain, were, as a rule, associated with a state of deficient vigour in the circulation, respiration, and innervation, and not with the contrary state. It was argued, for example, that pain, as a rule, is the precursor of inflammation, and not the attendant; that pain gives place to tenderness where inflammation is developed, except in those cases in which the inflammation is in a place where the due amount of swelling cannot take place, and where, consequently, this resisted swelling becomes a very intelligible cause of pain.

The treatment suggested by these considerations is analogous to that recommended in the different forms of tremor, convulsion, and spasm; and with respect to this matter, the lecturer said that his own experience left him no room to doubt that this mode of treatment led to more satisfactory results than that which is dictated by the notion that pain, and the sensation analogous to pain are the signs of exalted vital activity in nerve-tissue.

With respect to paralysis, the lecturer said much upon the current views which regard cramps and other disorders of muscular motion, and pain and the analogous disorders of sensation, as conclusive evidence that the paralyzing lesion is of an inflammatory or congestive character. Dr. Radcliffe held that the very opposite view is much nearer the truth; and he supported his opinions with a great amount of evidence. As to the use of strychnine and belladonna in the treatment of paralysis, the conclusion came to was that the cases in which these drugs are likely to be useful or harmful are not those in which they are spoken of on high authority as useful or harmful, but rather the reverse.

The lecturer maintained that symptoms of irritation are in no sense a reason for the adoption of remedies which will diminish a hyperemic condition of some part of some nervous centre, and in that way lower functional activity, but rather the reverse; and he asserted broadly that he had good reason for believing that this view would bear the test of actual practice.



# British Medical Journal.

SATURDAY, JANUARY 3RD, 1863.

## RETROSPECT AND PROSPECT.

THE author of the Pythagorean *Aurea Carmina* enjoined his disciples to question themselves individually each night, as to their transgressions, their actions, and their omissions.

“Μήδ' ὕπνον μαλακοῖσιν ἐπ' ὕμμασι προσδέσασθε,  
Πρὶν τῶν ἡμερῶν ἔργων τρὶς ἑκάστον ἐπελθεῖν·  
Πῇ παρέβην; τί δ' ἔρεξα; τί μοι δέον οὐκ ἐτελέσθη;”

The duty here insisted on is incumbent on bodies of men acting in common no less than on individuals; and therefore we, writing at the close of the year one thousand eight hundred and sixty-two, purpose to glance back at some of the events and topics of the past year, in which the medical profession is specially interested.

Various events which have from time to time occurred, and practices which are upheld, within the profession, or in its relations to the public, have during the year been recorded and commented on in this JOURNAL. Let us recal to attention the principal of these.

The faulty state of our system of giving and taking medical evidence in courts of law has been several times brought under notice. It is felt strongly by ourselves, as well as by many at least of our fellow-associates, that the present plan, by which the medical witnesses are made to assume the position of advocates on each side, is neither conducive to the ends of justice nor creditable to our profession. The remedy for this, as has been several times pointed out, is the appointment of experts on the part of the Crown to examine into the medical points of any case brought forward—whether of poisoning or of lunacy—so as to avoid that discreditable display of conflicting evidence which only confirms the public in their notions of the fallacy and uncertainty of medical science.

Another matter connected with the position of the medical profession in law courts, on which we have found it necessary sometimes to comment strongly, is the apparent readiness with which some members of the profession throw in the weight of their testimony towards passing a harsh judgment on the errors or omissions of a professional brother, who may, by an unfortunate event in his practice, have subjected himself to legal process on the part of those who—naturally enough, it may be admitted—imagine that his conduct requires investigation and perhaps punishment. The remarks which we have made on this subject have, we have been glad to find, already produced good effect; and we trust

that what has been said will lead to a more extensive and practical recognition of the obligations which the great principle of charity to our neighbour and brother imposes on us all.

While we have been obliged to lament the frequent manifestations of a want of true charity, and to stimulate the exercise of this virtue among ourselves, it has no less been our duty to animadvert on the evils arising from the misplaced or pseudo-charity which prevails in our public institutions for the relief of sickness; and to show how unjust is the custom under which the medical attendants on our hospitals, infirmaries, and dispensaries, generally receive no remuneration for their labours—bestowed often on persons who have no claim for gratuitous relief. The subject has engaged the attention of several active members of our Association; and it is to be hoped that means will be found to arrest the spread and diminish the prevalence of a so-called system of charity, which, being compulsory, is in fact no charity at all.

Closely connected with the subject just mentioned, is that of the medical relief of the sick poor. To remedy the evils and inconsistencies of the system under which this relief is at present afforded, our excellent and zealous associate Mr. Griffin is, we believe, still labouring. The matter has also been brought under the notice of our Committee of Council, who, in April last, addressed to the Poor-law Board a memorial, setting forth the amendments which they considered advisable. We wish we could congratulate the Poor-law surgeons on the prospect of a speedy and satisfactory settlement of this difficult question; but we would urge on them, and on our associates generally, to study the matter in an aspect which shall be at once just and liberal, and not to despair of gaining by perseverance that redress for which the faults and anomalies of their position call.

Another matter, having a bearing on the public position of the medical profession, is the conduct of its members towards the practitioners of the so-called homœopathic system. On two or three occasions during the past year, attention has been called to alleged consultations of medical men with globulists. We believe, however, that the previous condemnation of the practice in this JOURNAL, supported as it was by the general professional sentiment, has had the effect of showing that the deliberate contact and consultation of truth with error and falsehood cannot be tolerated among us. A remarkable instance of the recognition of this principle was shown some months ago in a case, in which a leading physician in one of our large manufacturing towns actually threatened legal proceedings against a fellow-practitioner for reporting that he—the said physician—had met a homœopath in consultation.

Another matter at once of professional and public

interest, which has come under notice during the past year, is the qualification of coroners. The death of Mr. Wakley having left a vacancy in the coronership of West Middlesex, and the district having been thereon divided into two parts, our associate Dr. Lankester offered himself as a candidate for the central division. Feeling—independently of the high qualifications of Dr. Lankester for the duties of the office—how specially the medical man rather than the lawyer was fitted for the office of coroner, we did not hesitate to support Dr. Lankester's claims to the best of our ability. The result of the combined and energetic action of the profession in London on his behalf was his election to the office—an encouraging instance of the carrying out of an important principle as to the qualifications of the coroner, and of the success which may be expected from a display of well-organised energy.

From these matters, in which the relations of the medical profession to the public are most prominent, let us turn to a few of these in which this double aspect is less distinct, and which are, at first sight, more strictly professional.

The Medical Council met in May last; and, among the principal matters which it took into consideration, were the Medical Act and the new *Pharmacopœia*. The Medical Act, while it has not been without some good result, has not been so effective to fulfil all its objects as is desirable; and the Council have, therefore, taken in hand the preparation of a draft bill, which will probably be brought forward for consideration at their meeting next year. The great ultimate causes of difficulty and delay in the preparation of a national *Pharmacopœia* have been the question of the abrogation of the existing rights of the three Colleges of Physicians to publish their own *Pharmacopœias*, and that of the adjustment of weights and measures. The former question has, we believe, been settled easily; the latter has been more difficult to manage. After much discussion of the subject, both in the Council and without, the matter has been for the present arranged by the retention of the old grain (an alteration of which was at first proposed) together with the avoirdupois ounce; and the abolition of the apothecaries' scruple and drachm. The proposed alteration in our medicinal weights has caused attention to be directed to the decimal or metrical system in use in most continental countries; and the advantages of this system, and the importance of at least introducing it collaterally with our ordinary system, have been ably insisted on by several correspondents who have carefully studied the subject.

The regulations of our licensing bodies have undergone considerable modifications since the Medical Council commenced action. These regulations, thus altered, were given in full in the JOURNAL of Sept.

27th and Oct. 4th; and the principal changes which they had undergone were pointed out. At the close of the year, the ancient University of St. Andrew's has been holding the last of its examinations under the old *régime*; the ordinance of the Scottish University Commissioners demanding residence from future candidates. We learn that above two hundred and fifty practitioners have sought to avail themselves of the opportunity now for the last time offered them, without restraint as to numbers, of being admitted to examination for their degree on the mere production of a diploma or license from some other board.

While most of the examining boards have fallen in with the desires of the Medical Council, the College of Surgeons of England has called on itself considerable obloquy by not strictly complying with the wish of the Medical Council that the testing of general education should always precede the commencement of professional education. In the matter of its self-government, the College, on the occasion of election of members of its Council, departed from its ordinary course so far as to elect a provincial surgeon—Mr. Paget of Leicester. It has, however, still adhered to certain objectionable customs in regard to the election of the president and of the examiners, which we pointed out and commented on at the proper time.

The Royal College of Physicians of London has fully organised its scheme of giving a general license to practise medicine, completing that organisation a few weeks ago, by the appointment of an examiner in surgery in the person of Mr. Erichsen.

Among those interested in our great London hospitals, the leading topic of discussion has been that arising out of the removal of St. Thomas's Hospital, necessitated by the purchase of its site for railway purposes. Arguments for and against the rebuilding of the hospital in a rural locality have been brought forward; and, as the affair at present stands, the hospital is temporarily located in what was once known as the Surrey Gardens, with the prospect of being rebuilt in a more suburban situation than that which it formerly occupied, but nevertheless very accessible to patients.

In the medical staffs of hospitals, changes have, as usual, occurred. Among them we may refer to the retirement of Dr. George Budd from King's College Hospital, and of Dr. Bence Jones from St. George's, as illustrations of the recognition of a principle which we have advocated. We could wish, however, that the principle of retirement after holding office during a certain number of years were more generally acted on.

Among the deaths which have occurred in the medical profession during the past year, that of Sir Benjamin Brodie has called forth the most widely spread and unanimous expressions of regret both

within and without the profession. A sketch of the professional life, character, and writings of this distinguished surgeon was published in the *JOURNAL* for November 15th. During the year, also, there has departed a man noted in the annals of medical politics—Mr. Wakley. His death gave occasion to a contest for the succession to his office of coroner, to which we have already alluded as resulting in a manner highly satisfactory to the medical profession.

In scientific matters, there has been a display of energy in the direction of inquiring into some of the unsettled points of medical science. The Royal Medical and Chirurgical Society has adopted the plan of appointing committees to inquire into certain subjects. A report on Suspended Animation was presented during the last session, and was published in abstract in this *JOURNAL* for July 5; and a committee has been formed by the same society for the purpose of investigating the action and uses of chloroform. Our Association also, at its annual meeting last August, instituted a series of inquiries into the action of remedies, which, it is trusted, will bring forth results of great practical benefit.

The progress of several special subjects of scientific interest has also been noticed in our pages. The investigations of M. Marcy on the pulse, the splendid discovery of the spectrum analysis by Bunsen and Kirchhoff, and the researches of M. Pasteur on the question of spontaneous generation, are among the matters which have been laid before our readers. The modern doctrines regarding syphilis, also, have been ably expounded by Mr. Henry Lee, as well as by Mr. Berkeley Hill, who has furnished an epitome of the views of the leading continental syphilographers.

In the surgical world, ovariotomy is in the ascendant. This operation, once regarded as formidable and hence rare, has been performed many times, with such results as appear to justify a position for it among recognised surgical proceedings. On two recent occasions, it has formed the subject of debate in the Royal Medical and Chirurgical Society; and during the year, the success with which it has been performed here has caused our French *confrères* to direct their attention to it, and to perform it in several instances, with various results.

Having thus taken a rapid review of some of the leading medical topics of the past year, we would now say a few words on the position of the Association and of its *JOURNAL*.

The Association, we believe, was never in a more healthy state than at present. We learn that the number of resignations, which ordinarily take place at the end of each year, is on this occasion much more than compensated by the accession of new members. Our financial position, too, is very satisfactory. The London meeting continues to be

remembered with the highest satisfaction; and the proceedings on that occasion, in regard to an inquiry into the action of medicines, have, it is believed, done much to uphold the reputation of the Association as a means of promoting medical science. The Association also, at the same meeting, adopted a series of resolutions respecting an improved system of registration of births and deaths in Ireland; and negotiations on this subject are still proceeding with the Secretary and Council of the Social Science Association.

The various Branches have also manifested their usual activity, and in some cases have shown a desire to increase their utility. The Lancashire and Cheshire Branch, especially, has instituted meetings for the reading of papers, and has organised a scheme for the yearly delivery of short courses of lectures on topics of medical science.

In the *JOURNAL* we have, as heretofore, endeavoured to collect the most important professional information current. Our own share in this, and of the manner in which we have striven to uphold just and right principles, we must leave to the judgment of others. But we must express our hearty and sincere thanks to those who have so liberally aided us by their contributions. It would be impossible to particularise all to whom we are thus indebted; but the scientific reputation of a medical periodical cannot be small when it numbers among its contributors such men as Dr. Acland, Dr. Beale, Dr. Hughes Bennett, Mr. W. Bowman, Dr. Burrows, Dr. T. K. Chambers, Mr. Clendon, Dr. Copeman of Norwich, Dr. R. P. Cotton, Mr. De Morgan, Mr. R. Dunn, Dr. Fleming of Birmingham, Dr. Goodwin of Bury St. Edmunds, Mr. Greaves of Manchester, Dr. Headlam Greenhow, Mr. E. Hart, Dr. Harley, Mr. P. Hewett, Dr. Graily Hewitt, Mr. T. Hunt, Mr. J. Hutchinson, Dr. Handfield Jones, Dr. Latham, Mr. J. Z. Laurence, Mr. Henry Lee, Mr. Paget of London, Mr. Paget of Leicester, Mr. Prichard of Bristol, Dr. Ranking of Norwich, Mr. Rigden of Canterbury, Dr. Roberts of Manchester, Dr. Routh, Dr. Russell of Birmingham, Dr. Hyde Salter, Dr. Shann of York, Dr. Sharpey, Dr. Skinner of Liverpool, Mr. Square of Plymouth, Mr. Steele of Liverpool, Dr. Swayne of Bristol, Mr. Syme of Edinburgh, Mr. Toynbee, Mr. Haynes Walton, Dr. Waters of Liverpool, Mr. Thos. Windsor of Manchester, Mr. J. C. Wordsworth, etc. All of these, with many others whose names the limits of our space alone prevent us from mentioning, have contributed from the stores of their experience and study to the enrichment of the *JOURNAL*.

For the future year, our prospects are equally encouraging. Among those on whom we can already depend for contributions in the form of clinical lectures, etc., are Dr. L. Beale, Mr. Brodhurst, Dr. W. Budd, Dr. Burrows, Mr. Curling, Mr. Prescott Hewett, Dr. George Johnson, Dr. Latham, Mr. Henry

Lee, Mr. James Paget, Mr. Solomon of Birmingham, Mr. Syme of Edinburgh, Mr. Haynes Walton, Mr. Spencer Wells, and Mr. Erasmus Wilson. In addition to the valuable communications which there is every reason to expect from these gentlemen, supplies will no doubt, as heretofore, come in abundance, with little or no solicitation from us.

Altogether, there is every reason to expect that, when the time for our annual gathering shall again come round, the Association will be found to have become more stable, more vigorous, and more useful, than even it has already been. *Floureat semper.*

### A VILLAGE HOSPITAL.

We are glad to find that the modest village hospital at Cranley flourishes. The object of this hospital is stated in the report before us—its third annual report.

“The institution of the village hospital resulted from the absolute necessity of providing better accommodation for the poor, in cases of sickness or accident, than that afforded by their own homes. The distance of the London hospitals prevents them from being of much use to the poor in country districts; and the change also to the atmosphere of London is oftentimes in itself prejudicial to the health of country patients.”

The hospital contains six beds; and, during the past year, thirty cases have been treated in it. The advantages gained to the labouring poor by such establishments—placed at his very door—are manifest enough. Patients suffering from accidents and acute diseases receive instant relief. There is another incidental good which also arises out of them; and that is, that they afford the village surgeon an opportunity of performing operations and studying diseases, such as he could not otherwise possess. They appear also to be capable of very economical management.

One or two points in the Report are worthy of especial attention. The patients seem all of them to have been of the labouring class; and yet we find that about one-fourth of the expenditure of the little hospital was paid for by them, through a system of weekly payments. Of £175 expended, £45 were paid by patients. Could any more striking proof be given of the abuses practised in our metropolitan hospitals, after the manner to which we have so often called attention?

One other remarkable fact we see in the balance-sheet: £6 are charged for surgical instruments, but not a single penny for drugs!

We cannot, however, help asking one question of Mr. Napper, the medical superintendent. Why should he be called upon to give his gratuitous services to this village hospital? We have no doubt that he has subscribed his money to it. On what principle of equity or ethics, then, is he to be called upon to give his time, talents, and services into the bargain? Surely it is for the benefit of the commu-

nity in which he dwells, and not for his own, that this labour of his is given. Why, then, should not the community pay for the benefit? Who will say that, in such case, the community at large is not infinitely better able to bear the burthen of the charge than the individual doctor?

### THE WEEK.

THE *Tartuffe* of the medical press closes its journalistic year with a reiteration of the shameless calumny which, for purely commercial purposes, he was pleased to invent and bring against the British Medical Association in August last. He now again, with the unction of his unflinching tribe, takes credit to himself for having made public property of the proceedings of the Association. We are not going again to relate *Tartuffe's* tricks on the occasion referred to; they stand recorded on our pages. But as we then told that gentleman, we tell him again, he may rest assured his mouthpiece shall not repeat the invention without receiving the denial to it. He shall not, so far as we are concerned, have the benefit of the credit which his assertions might otherwise obtain simply through unblushing repetition of them, after their utter want of foundation has been again and again demonstrated. Let it then be known that the *Lancet*, whose reporters had the freest admissions to all the meetings of the Association, and who actually reported and printed the proceedings of the Association, and who was offered by this JOURNAL slips of all the papers read at the meeting, has the courage again, after the cool reflection of many months, to print the following lines, when pluming himself on what he has done for the profession.

“The British Medical Association has held its annual meeting. We had occasion to give a practical rebuke to the ridiculous arrogance of a party which assumed an exclusive right of property in the mental labours of those eminent men who contributed addresses and papers to the Society. The British Medical Association, like every other body professing scientific and public objects, will henceforth recognise the necessity of acting under the eye of the press. It will not again commit the absurd mistake of supposing that these objects can be attained by confining a knowledge of its labours to that section of its own members who alone read the record of their own doings in the little publication devoted to that purpose.” If this be the best feather *Tartuffe* can find to adorn himself with, our readers may take their measure of his plumage.

THE *American Medical Times* gives the following doleful account of the state of the drug market in New York.

“The effect of the rise of prices is very sensibly felt by druggists. In many instances, the prices of the most common drugs have increased fifty per cent. The druggist, however, can scarcely add to his charges in the retail of drugs without receiving censure. The retail drug business must, therefore, suffer severely. But the retail druggist who does a large business in prescrip-

tions has a remedy in the enormous profit on prescriptions. Physicians should be informed of this increase in the price of drugs; and as far as possible, when prescribing for the poor, select those articles least expensive, and yet capable of accomplishing the desired result."

WE understand that an action has been brought against Dr. Philbrick by the man Bull, to recover damages for the loss of his wife. We have already freely expressed our opinion concerning the evidence of the medical men who gave evidence at the coroner's inquest into the cause of the woman's death. We have shown that the main part of that evidence which was brought to bear against Dr. Philbrick was mere matter of opinion, and that the conclusions formed thereon were not fairly warranted either by practical experience or pathological considerations. The result of all this is, that Dr. Philbrick is now, and we need hardly add, in our opinion most unjustly, exposed to the serious injury of a law-suit, of a heads-I-win-tails-you-lose character. It is perfectly clear that, in a case of this kind, Dr. Philbrick must be a loser even if he win the day. We feel bound to say that we think Dr. Philbrick in this matter deserves the sympathy and support of his professional brethren; for, had his professional brethren stood by instead of condemning him, this action never could have been brought against him. We are satisfied that every one who, unbiased, investigates the history of the coroner's inquest out of which the action arises, will agree with the view we have here given of it.

FROM the following paragraph in the *American Medical Times*, we must conclude that the abominable trade of abortion-procuring is not uncommon in New York.

"Another case of induced abortion has come to light in this city by the death of the victim. Such an occurrence is suggestive of the thought that this is but an accidental exposure of a large and lucrative business. How many similar operations are performed, of which we know nothing, can only be surmised. There is no doubt, however, that the abortionists form a distinct craft among us, and are never in want of engagements. But they are rarely detected in their black art, and, when arrested, easily escape from the grasp of justice."

THE announcement made in the following paragraph will rather startle some of our readers, and, in fact, contains matter worthy of serious consideration.

"The Royal Dublin Society met on Saturday evening, to hear a lecture from Professor Gamgee on disease and mortality among cattle. When he had concluded, Mr. Ganley, salesmaster, made an extraordinary statement. He said that, unless some means were devised to give some compensation to the farmer for diseased cattle, it was impossible to prevent him from selling them, or the butcher from killing and selling them. Unless some society were formed to have diseased meat paid for, it would be killed and eaten. There was no use in mincing the matter, he said; every one of the salesmen sold diseased cattle. The farmer could not otherwise pay his rent. The disease is so prevalent, that he could not

live were he to submit his cattle to destruction. Professor Gamgee said he would have gone 1,500 miles to hear this confession; and he agreed with Mr. Ganley that some plan should be adopted for paying the farmer for diseased cattle."

We suppose that we are to conclude from the statement of Mr. Ganley, if it be true, that disease is so rife in cattle that the salesman cannot live unless he gets a price for the diseased meat which falls into his hands. The enormous quantity of what is called diseased meat which (notwithstanding the attempts made to suppress the illegal traffic) is daily thrust upon our markets, indicates that an immense number of our meat-supplying kine must be in a state of disease. The subject, in all its bearings, is one which requires a thorough investigation; it is still under a cloud. We should like to know, in the first place, what "diseased meat" is; to have, in fact, a fair and practical definition of the term. Then, again, it would be well to know whether there are any diseases which, killing or tending to destroy the animal, do *not* render its flesh improper food for man; and what those diseases are, which, killing the animal, render the meat absolutely unfit for human food. Some food, we must suppose, is condemned as unfit food, not because it is the meat of diseased animals, but because it is far advanced in the stage of putrefaction. Again, above all, it would be highly satisfactory to have proofs, tangible and distinct, of the injury inflicted on humanity by the effects of this "unfit" food. At present, the whole subject seems to us to be in a highly unsatisfactory state. No doubt authorities do well, in the meantime, to err on the right side, and destroy all meat which may fairly be, *a priori*, considered as unfit for consumption. We cannot, however, help asking the question: Is the whole of the meat coming under the head of what we read of as "condemned" really and truly incapable of affording healthy nutriment, when properly operated upon by cooking and the digestive organs? Regular markets of horse-flesh are now established in Berlin; and it is hardly to be supposed that all the horses killed there can be without disease; yet, under the direction of the sanitary police of that city, the flesh is sold and eaten, and produces no ill effects, as far as we know, among the Prussian hippophagi.

WE much regret to note, from the following paragraph in the *American Medical Times*, that political animosities touching the American war are too readily excited even amongst our professional brethren.

"A London medical contemporary sneeringly remarks that American army surgeons who attempt to gain a livelihood by practice, after peace is restored, will quickly be reduced to the condition of the Lancashire operatives. This remark has significance only to an English mind, which cannot conceive of a country where the honest, frugal, and industrious citizen never knows want. And yet it ought to be apparent, even to Englishmen, that a country capable of carrying on the most gigantic war of

modern times, and at the same time of charitably relieving their starving countrymen by shiploads of food, cannot have a class of necessary paupers."

M. BURGGRÆVE has put into practice the theory of M. Polli—the employment of the sulphites in supposed cases of morbid ferments in the blood. The iatro-chemists, therefore, are still alive, notwithstanding Dr. Chambers's objections to them. M. Burggræve has communicated to the Belgian Academy of Medicine his experience in the use of these agents in cases of wounds, abscesses, and burns. The sulphite of magnesia is administered internally—one *gramme* (fifteen grains), in a glass of sugared water, four or six times a day. The sulphite of soda is employed externally, in lotions, etc. It produces, we are told, immediate local anæsthesia, which is particularly appreciated in burns, and allows of their being dressed and cauterised without pain. In sixty-five cases of wounds thus treated, the effects produced were immediate; the wounds improved, and became of a healthy colour; active granulation took place; the pus was scanty, inodorous, and tough as gluten. The application thus also acted as a disinfectant.

Hospitals of a certain class are, it would seem, leaving Paris for the country. L'Hospice des Incurables for men is shortly to be transferred to Ivry. L'Hospice des Ménages is also to be installed without the walls of Paris, at Issy, two *kilomètres* from the fortifications.

The Chair of Midwifery at Milan is at the present time being disputed (by *concours*) by Professors Grillenzoni of Ferrara (a deputy), Col-Bene of Modena, Paccianti of Naples, Madruzzo of Bologna, etc.!

*L'Union Médicale* takes the following French view the St. Thomas's Hospital question:—"A commission has been sent abroad to study hospital constructions; and the model adopted for its reconstruction is that of the Hospital of Vincennes. But the '*medical officers*' object: 'We must have a central hospital, or our school will lose its importance.' Thus two rival interests are called into play, and the general one is forgotten—viz., that of the patients and of humanity. Happily, however, the local press is there to defend the right, and will defend it."

On the 17th ult., the Nestor of German physiology, Professor Purkinje, kept his seventy-fifth birthday. A series of ovations were made to him, finished up by an evening torchlight procession.

At the French Academy of Medicine have been nominated for the ensuing year—as President, M. Larrey; as Vice-President, M. Grisolle; and as Secretary, M. Bécлар.

A pamphlet by Dr. Palasciano has been forwarded to us. Dr. Palasciano wrote it in consequence of finding that "the President had commu-

nicated to the Chamber of Deputies at Turin that the glory of having discovered the presence of a projectile in Garibaldi's foot belonged to an Italian—to the Deputy Cipriani, who, long before the advent of any foreign surgeons, had communicated the fact to him (the President) in a letter. [*Applause.*]" Dr. Palasciano now, by documents, shows this statement to be an error; and that the credit of the true diagnosis belongs to himself.

Dr. Heller, in *Wien. Med. Wochenschrift*, gives the following analysis of the urine of a lad six years old, who died of hydrophobia. The quantity operated on was about one pound. Its specific gravity was 1036, and very acid. The sediment consisted of uric acid, and was in greater abundance than Dr. Heller had ever met with. No urate of ammonia was found in the sediment. Of albumen, and of carbonate of ammonia, there was only a trace. It contained no sugar. The uropheine and uroxanthine were slightly increased. In the clear urine was also contained much uric acid. The urea was greatly increased, and was equal in quantity to what is met with in meningitis. The chlorides were very slightly diminished; the sulphates greatly increased. The earthy phosphates were much, and the alkaline phosphates slightly, increased.

M. Sédillot was made a Commander of the Order of St. Gregory the Great by the Pope, on the occasion of his medical inspection of the army of occupation at Rome.

A Berlin journal says:—"There are at this moment on our capital seven markets of horse-flesh. In the course of the first ten months of the present year 750 horses have been killed. No horse can be killed in these markets without a certificate from the veterinary surgeon of the police."

M. Dubois, in his eloge of Thénard, made the following comparison between chemistry and medicine before the Academy of Medicine:—"Chemistry had presented a marvellous spectacle to the world; very different from medicine, whose annals date from 3000 years ago, and which is yet still seeking a path in the midst of the uncertainties of its theories and the efforts of its experience." The Perpetual Secretary of an Academy of Medicine, writes a critic, speaking in the name of the Academy, before the Academy of Medicine, should have suppressed a parallel so unfavourable to medicine, particularly as it is not entirely true.

M. Delbrück has attempted to show that during sleep only a small amount of oxygenated air is required. His experiments, writes *L'Union Médicale*, are, however, valueless as demonstrative of the fact. They merely show that man and animals endeavour to preserve themselves from the effects of cold during the night—nothing more.

At Vienna, on the 13th ult., the fiftieth doctor-jubilee of Dr. F. Jäger was celebrated. He received



the good wishes of all the medical corporations; a new doctor's diploma was handed to him by the Doctorial College. Dr. Jüger's merits and works as an oculist are well known. He was, we read, the most faithful disciple of his master, Beer—the founder of the Austrian school of ophthalmology. His fame has spread through all Europe; and numerous orders adorn his breast.

### THE LATE DAVID EVANS, Esq., OF BELPER.

THE death of Mr. Evans of Belper, which took place on the 20th of November last, requires more than a passing notice.

For the last eight or ten years, owing to the infirmities of advanced age, he had retired from the active duties of his profession; but for many years previous to that time he was widely known as a most eminent operative and ophthalmic surgeon. His operations, in many cases, were marked by great ingenuity and boldness, almost always justified by success. He tied the carotid artery three times; twice successfully. As a lithotomist, and operator for hernia and cataract, he was particularly successful.

One striking excellence in Mr. Evans' professional character was the tenacious perseverance he displayed in applying the resources which great natural ability and careful observation constantly suggested; and he was thus, under Providence, the means of saving life in circumstances often considered hopeless, as illustrated by the following cases.

In a case of poisoning by laudanum, where the patient had taken an ounce and a half of laudanum and half a pint of gin, he successfully emptied the stomach, on December 6th, 1817, by means of a large syringe attached to an œsophageal tube on the principle of the stomach-pump, two years before that instrument was invented. The case was published in 1823 in the *Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales*.

But the operation which caused a great sensation at that time, and extended his reputation even to foreign countries, was a case of aneurism of the arteria innominata, treated successfully by ligature of the common carotid on the distal side of the tumour. The case is recorded in the *Lancet* of November 1828, and in Wardrop's work on *Aneurism*. It may be interesting to the profession to know that the patient on whom this operation was performed is still living at Belper, in the enjoyment of good health, after a lapse of thirty-four years.

About the year 1833, Mr. Evans extirpated a cancerous uterus, in the case of Mrs. H., who survived the operation thirteen months. The uterus is at present in the museum of Queen's College, Birmingham.

The unwearied attention and kindness which Mr. Evans exercised in the discharge of his professional duties, his readiness at all times to lend his aid, and the confidence he inspired in those who sought it, will be testified to by all who knew him, in every station of life. Of his general character, it is more difficult to speak. Unobtrusive and retiring, and possessing an almost childlike simplicity, he was distinguished in an eminent degree by that charity which "thinketh no evil," while, at the same time, he was ever active in suggesting and promoting every good work. He is gone, full of years, to his rest, having entered his eighty-third year; but his memory will be long cherished, not only by the numerous family which he has left behind him, but by the many friends far and near who have long appreciated his worth.

### THE LATE ROBERT KNOX, M.D.

DR. ROBERT KNOX, well known to Edinburgh medical students of thirty or forty years ago, as a highly successful teacher of anatomy in that city, died of apoplexy at his residence in Hackney, on December 20, 1862. He was the son of Robert Knox, teacher of mathematics in the University of Edinburgh, and was born in that city on September 4, 1793. He claimed descent from that ancient and reputable Scottish family of Knox, of which John Knox, the energetic and turbulent Puritan reformer and iconoclast, was a member; and, we believe, was lineally descended from William, a brother of John. He was educated at the High School of Edinburgh, where he obtained the gold medal in 1810, and where his name still shines from a tablet on the wall, on which the names of the medallists are recorded. On leaving school, he studied medicine in the then illustrious Medical School of the University of Edinburgh, and, on taking his degree, entered the Army, and was appointed Staff-Assistant Surgeon, and attached to the 72nd Regiment. He soon after went to the Cape, and saw active service during the first Kaffir war in the years 1819-22. On his return he quitted the army on half-pay, and began to teach anatomy in Surgeon's Square, Edinburgh, as successor to Dr. Barclay. This was the meridian period of Dr. Knox's life. As an anatomist and teacher he was unrivalled: his lecture-rooms were crowded; and he is said to have taught between five and six thousand pupils during the time of his professorship, amongst whom the names of William Fergusson, John Hughes Bennett, Richard Owen, John Goodsir, the late Professor Reid, and the late Director-General Alexander, shine conspicuously. In 1845, he left Edinburgh and came to London, where his intellectual activity found vent in a variety of occupations. He gave lectures on Ethnology at the principal scientific institutes in the kingdom; he attached himself to the Royal Free Hospital in Gray's Inn Lane, and was pathologist to the Cancer Hospital. He also employed himself extensively in literature: and, in addition to a translation of Cloquet, which he had brought out some years before, and of Tiedemann on the Arteries, he translated Milne-Edwards' *Manual of Zoology* (of which a second edition was on the eve of publication at the time of his death); he wrote a new *Manual of Anatomy*, a particularly valuable book for the glimpses which it gave, short though they were, at something in anatomy above and beyond the dry empirical enumeration of surfaces and processes: a *Manual of Artistic Anatomy for the Use of Painters, Sculptors, and Amateurs*; a work entitled *Great Artists and Great Anatomists*; and, lastly, his immortal book on *Ethnology, or the Races of Men*. But besides these greater works, were many lesser memoirs scattered throughout the transactions of various natural history societies, of which a paper on the *Affinities of the Trout and Salmon* attracted much attention. Dr. Knox was early married, and had six children, of whom one only survives him. So far as outward person is concerned, nature was niggard in her gifts. He had lost an eye from small-pox in early childhood, and his features otherwise were not prepossessing; but no man can expect to be armed at all points; and if Dr. Knox was as ugly as Jack Wilkes, he was as great a favourite with the women. In gifts of speech he was unequalled. His voice bland and harmonious; his manner earnest and persuasive; his *fucundia*, or by whatever other name we may call that seemingly inexhaustible flow of the choicest and most apposite language, his clearness, his logical precision in speaking, and the enormous amount of information on all subjects connected with natural history and fine art, which flowed without effort from his lips—all conspired to make him justly a favourite with all who formed his acquaintance. (*Medical Times and Gazette*.)

## REGISTRATION OF BIRTHS AND DEATHS IN IRELAND.

*Extract from the Minutes of Council of the Social Science Association, November 20, 1862.*

In pursuance of notice, Mr. HASTINGS called attention to the following resolutions of the Council, passed on the 7th of December, 1861:—

"That a deputation be appointed to confer with the Irish Government, in promotion of an Act for the Registration of Births and Deaths in Ireland; and especially to press upon the Irish Government the expediency of proceeding in this matter on the principles adopted by the Council in their resolutions of June 7th, 1860."

"That the deputation also confer on the same subject with other members of the legislature."

Mr. HASTINGS read communications received from the President of the Royal College of Surgeons of Ireland and the Secretary of the British Medical Association, offering the cooperation of those bodies in the matter; and moved:—

"That the deputation be requested to act forthwith on the subject, to add to their number such members of the Association as may enable them to communicate directly with the Irish Government in Dublin, and to accept the offer of cooperation from the British Medical Association."

"That, in the event of the Irish Government declining to accede to the representations of the deputation, the Executive Committee be authorised to prepare a Bill embodying the principles approved by the Association, with a view to its introduction into Parliament."

The motion was seconded by Dr. GREENHOW, and carried.

*Extract from Minutes of a Meeting of Deputation, Nov. 29, 1862.*

It was resolved:

"That the Irish members of the deputation be requested to place themselves in communication with the Irish Government, for the purpose of ascertaining whether it is proposed to introduce a Bill for the Registration of Births and Deaths in Ireland during the next session of Parliament, and to urge upon the Government the great importance of framing a Bill upon the scheme suggested by this Association, and comprised in the following heads:—

"1. That there should be local scientific supervision of the registration of births and deaths.

"2. That the office of Superintendent-Registrar of Births and Deaths be held by persons well acquainted with the physical and biological sciences, versed in sanitary and vital statistics, and qualified to make medico-legal investigations.

"3. That all sickness attended in public institutions, or at the public expense, should be reported to and registered by the Superintendent-Registrar.

"4. That the cause or manner of death be in every instance authenticated by a certificate from a duly qualified medical practitioner, and that when such certificate be not delivered to the Registrar at the time of the registering the death, he shall report the circumstance to the Superintendent-Registrar, who shall forthwith make inquiry into the case.

"5. That the registration of births be compulsory; and that still-births after the sixth month of pregnancy, when not certified by a legally qualified medical practitioner, should be subject to the regulation stated in the last clause.

"6. That the Superintendent-Registrar should be paid by a stipend out of funds provided by Parliament, and be debarred from private medical practice."

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

### WEST SOMERSET BRANCH.

A *conversazione* meeting will be held at Clarke's Hotel, Taunton, on January 7th, 1863, at 7 P.M.

Gentlemen desirous of communicating papers or cases, are requested to send notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 9TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

CASE OF A WOMAN WITH THREE HANDS; ILLUSTRATED BY ANALOGOUS MALFORMATIONS IN THE LOWER ANIMALS.

BY J. JARDINE MURRAY, ESQ., BRIGHTON.

[Communicated by CHARLES H. MOORE, *Hon. Sec.*]

THE case, which was illustrated by large photographs, derived additional interest from the circumstance that no similar malformation had been met with in the human species.

The patient, aged 38, was a well-developed, healthy, active, and intelligent woman. She was married, and had had one child, in all respects normal. None of her relations had been or was the subject of malformation. The left upper extremity was the only abnormal part. The limb was muscular, the shoulder natural, and the external condyloid ridge of the humerus very prominent. Flexion of the elbow-joint was imperfect. The supernumerary hand was somewhat smaller than that which it so strangely accompanied. The thumbs were rudimentary. In working as a charwoman, the patient leaned on the back of the flexed carpus. The double-hand could grasp firmly, though the maximum of power was not equal to that of the woman's right hand. Sensation was equally acute in all three hands.

Explanation of the case was sought for by referring to comparative teratology; and drawings of two cases of double fore-foot in the pig were exhibited, in both of which the duplicity, as in the double-hand, began at the carpus. Drawings and preparations of somewhat similar malformations in birds were also shown.

UNIVERSITY OF EDINBURGH. A poll for the election of Honorary President of the Associated Societies of Edinburgh University took place on Tuesday fortnight. The votes recorded were as follows:—For the Lord Advocate, M.P., 115; for the very Rev. Dean Ramsay, 100; for the Rev. Charles Kingsley, 81. The Lord Advocate, being highest on the poll, was elected. The office has been held successively by Sir E. B. Lytton, Sir John McNeill, and Professor Aytoun.



## Correspondence.

DR. TWEEDIE AND DR. MURCHISON.

LETTER FROM CHARLES MURCHISON, M.D.

SIR,—The letter from Dr. Tweedie in your last number, together with your comments thereon founded upon his statements, demand a reply from me. I have at the same time to express surprise, that you should have passed a judgment on the case, upon the assertions of one side only, notwithstanding the unbiassed opinion arrived at by your reviewer. I have important corrections to make on those assertions, which must lead your readers to a different conclusion.

1. It is not the fact that I drew up my statistical tables, either at the suggestion, or on the plan, or under the directions of Dr. Tweedie, nor that I undertook the work for his lectures. I had begun the analysis of the data contained in the records of the Fever Hospital, as an independent research, *months* before I heard or knew of Dr. Tweedie's intended lectures. Dr. Tweedie may know when he formed his decision; but he is not, and cannot be, a competent or credible witness as to when I formed my design, and began the execution of it. Dr. Tweedie asked me to ascertain for him the sexes and mean ages of one hundred cases of typhus and typhoid fever; and on my reminding him, that I was already engaged in a much more extended inquiry, he expressed a wish to avail himself of the results for his lectures. The internal evidence respectively of his work and mine will show that I had a higher aim, than that of being a mechanical drudge to Dr. Tweedie. The conception, plan and execution of my tables were wholly and solely my own.

2. It is not the fact that Dr. Tweedie was in possession of my tables, "at least a year before his lectures were delivered," for the tables were brought down to December 31st, 1857; they were not even finished until February 1858, while Dr. Tweedie's first lecture, in which they were used, was given on March 12th, 1858.

3. It is not the fact that Dr. Tweedie was not informed of my intended paper to the Royal Medical and Chirurgical Society, until *after* he had received my tables. When they were handed to him, he was distinctly aware that they were only lent to him for his lectures, and that they were prepared to accompany that paper, which bears the record of having been received by the Society on March 30th, and read on April 27th, 1858. (*Med-Chir. Trans.*, vol. xli, pp. 219-306.)

4. The appended notes, to which Dr. Tweedie refers, were brief memoranda, not exceeding two or three pages, explanatory of the object of the tables; while the paper under reference extended to eighty-eight pages of letter-press. Dr. Tweedie never saw the manuscript of this paper, which alone contains the passages, where his language and mine is identical. I had the permission of the Hospital Committee, as well as the sanction of *both* the physicians, Dr. Tweedie and Dr. Southwood Smith, to make use of the records of the hospital for fever statistics; and I can prove by the testimony of a distinguished Fellow of the College of Physicians, that he had perused the complete manuscript of my essay *before* the delivery of Dr. Tweedie's first lecture, at which he was present.

5. Dr. Tweedie, in his published *Lectures* (page 198), actually cites, not MS. memoranda, but my *printed essay*, as the source whence he derived the information which, according to your reviewer, he has made use of in such a manner, as to lead to a wrong impression as to the shares contributed by him and me respectively. He refers to it repeatedly, and at one place observes: "I am bound to acknowledge, that for the statistical facts, I am indebted

to the recently published paper of my colleague, Dr. Murchison, who, availing himself of the ample opportunities the Fever Hospital afforded, has produced a most valuable monograph on the mortality of the different forms of fever, and on the causes, which apparently influence their prevalence. (*Med-Chir. Trans.*, vol. xli.)" \*

6. It is necessary to bear in mind the distinction between the crude materials existing in the Registers of the Fever Hospital, and the conclusions which by analysis may be deduced from them. No complaint has been made of Dr. Tweedie's having used my tables; he had my permission to use them. But it is otherwise when he adopts my reasonings and views, in the *ipsissima verba* of my printed essay, in such a manner as to lead his readers to think, that my remarks are his own observations upon the facts collected by me. The very manner in which he introduces my name at certain places, is calculated to make the reader believe, that some of my remarks are his qualifications of views expressed by me. A comparison of page 202 of Dr. Tweedie's lectures with page 290 of my essay in the *Med-Chir. Trans.*, is sufficient to show, that the notice in my preface was fully called for. It is unnecessary for me to enter into the details of the manner in which Dr. Tweedie has appropriated my writings, as this has been done by your reviewer, who, as you say, "took the case as it stood before him in the works of the two authors," unbiassed by either party, and whose statement of facts is in no way invalidated by your remarks. (See also *Med. Times and Gazette* of January 3rd, 1863.)

7. I have not been indebted to Dr. Tweedie for any facts obtained by him by correspondence with leading provincial physicians, as to the recent prevalence of fever. The leading physicians of Great Britain and Ireland well know how often I have troubled them, during the last six years, for information on this point; and, indeed, Dr. Tweedie, in his *Lectures* (p. 200), admits that I had made a valuable addition to the statistics of the London Fever Hospital, by collecting those of provincial and other hospitals.

8. With reference to Dr. Tweedie's statement, that he had mentioned to me some months ago his intention of republishing his lectures, I beg to remind Dr. Tweedie that *it was I* who, in August, interrogated him whether the report to that effect was correct, adding that if such was the case, I would require of him to alter the expression made use of in his lectures in the *Lancet*, that he had suggested my inquiries to me (*vide Lancet* 1860, i. 3); and that if he did not do so, I should be under the necessity of taking notice of the matter as an unwarranted assertion. Dr. Tweedie at once consented to omit the expression objected to, and did so; yet he now reiterates that it is strictly accurate. This I again emphatically deny. It is an erroneous, and apparently ineradicable, impression on Dr. Tweedie's mind, that what was lent to him for his use, was originated by him.

9. I have no recollection of Dr. Tweedie asking me if I desired him to make any other alterations; but even if he did so, I could not have stated the grounds of my present complaint. It was not until some weeks after the occasion alluded to, on finding how my words had been attributed to Dr. Tweedie, in one of the Cork Fever Hospital Reports, that I was induced for the first time to read Dr. Tweedie's lectures, so as to discover the free use which he had made of my writings without acknowledgment.

10. The preceding paragraphs have reference solely to my essay in the *Med-Chir. Trans.*; and I beg to call the attention of your readers to the circumstance, that my preface contains no other allusion to Dr. Tweedie in

\* The first half of Dr. Tweedie's lectures were delivered in March 1858, and the remainder in 1859; but none of them were published until 1860. My essay was published in December 1858.

connection with that paper than the following:—"Most of the tables contained in the essay referred to, together with my remarks upon them, have been adopted by Dr. Tweedie in his *Lumleian Lectures*, published in the *Lancet* for 1860."

11. The only other reference to Dr. Tweedie in my preface is as follows:—"Dr. Tweedie, being about to republish his lectures, I feel it due to myself further to state, that most of his facts and reasonings bearing on the question of 'change of type' of continued fevers will be found in a paper published by me in the *Edinburgh Medical Journal* for August 1858. As Dr. Tweedie omits to mention my paper, I think it necessary to allude to the circumstance, lest it might appear that I had now borrowed some of my remarks from his lectures without acknowledgment." The paper here referred to had no connection with that published in the *Med.-Chir. Trans.*; and but few of the facts and reasonings contained in it were derived from the statistics of the London Fever Hospital. Dr. Tweedie's lecture, treating on the subject in question, was not delivered before 1859;\* and in the meantime, he received from me two copies of my paper, having mislaid one of them. I never had any conversation with Dr. Tweedie on the question of change of type in fever, except in reference to the published paper which I had given to him. Concerning this paper, your reviewer, who was guided solely by the documents before him, observes:—"The facts collected by him (Dr. Murchison), and a great part of the arguments derived from them (as given in a paper published in the *Edinburgh Monthly Journal* for August 1858), have been transferred by Dr. Tweedie to his lectures (pp. 214-217) without the least acknowledgment, and even in such a way as to lead to the impression that they are Dr. Tweedie's own." If this be the opinion of an unbiassed reader, it is obvious that the explanation in my preface was necessary for my own protection.

12. I have further to observe, in reference to the indignant tone of Dr. Tweedie's remarks, that although five weeks have elapsed since the publication of my work, Dr. Tweedie only now comes forward to express them publicly. On December 2nd, he deputed a distinguished Fellow of the College of Physicians to see me in reference to the statements in my Preface concerning himself. That gentleman, after carefully investigating the whole of the documentary evidence, and hearing what Dr. Tweedie and I had to state, informed Dr. Tweedie by letter that, in his opinion, I should have been open to serious misconstruction if I had remained silent, and that the remarks in my Preface were justified by the facts of the case. Indeed, the referee's letter was so similar in its terms to those employed by your reviewer, that when the review appeared, the referee thought it necessary to communicate with Dr. Tweedie to disown its authorship. I invite Dr. Tweedie to publish his own referee's letter.

Lastly, I have to observe that the remarks in my Preface, which have led to this discussion, were made, not aggressively, but in self-defence, to protect myself from the imputation of having copied from Dr. Tweedie without acknowledgment. Entire sentences in Dr. Tweedie's published Lectures are couched in the identical words employed in my previously published essays; so that I was under the necessity of giving some explanation. If seniority in standing is to justify the appropriation of the labours of a junior, a new canon will have been introduced into the code of professional ethics. And, because I have acted in self-defence, Dr. Tweedie has so far forgotten himself as to attribute to me "the most unworthy motives". I need hardly add that I repudiate the imputation. Such language is unusual on the part of one Fellow of the College of Physicians towards another; while the imputation of motives in all

such discussions is commonly regarded as the sign of a weak cause, or of a failing argument. Moreover, this remark has been elicited from Dr. Tweedie, not by my Preface, which he allowed to pass for weeks without any public notice, but by the review in your pages, with which I had no connection whatever.

I am, etc., CHARLES MURCHISON.

79, Wimpole Street, W., December 29th, 1862.

[Dr. Murchison is under a misconception in supposing that, in the remarks made in our last number, we passed any judgment upon the case. What we did was this: we willingly accepted Dr. Tweedie's statement as explaining away the charge of plagiarism brought forward in the review. The charge of plagiarism, it must be remembered, was not made by Dr. Murchison himself in the Preface to his work on *Fevers*; but, as we said last week, the statement there made, after comparing the writings of the two authors, led our reviewer to make use of the expression in question. EDITOR.]

## VACCINATION.

LETTER FROM THOMAS S. FLETCHER, ESQ.

SIR,—I understand that it is the intention of government to bring in a Bill in the next session of Parliament materially to alter the present Vaccination Acts; or to repeal them, and introduce another *de novo*. If this be the case, it is important to know the opinion of the Government Inspectors. Dr. Stevens was here lately to inquire into the working of the Vaccination Acts in this union. He says: "The public vaccinators in this union are far too numerous;" and "it appears necessary that vaccination should be carried on only at certain more or less distant periods, quarterly or half-yearly, according to the population of the station, and be persevered in so long as there were any applicants. Each periodic vaccination should be preluded by public notices posted and distributed in the neighbourhood of the station. Should it appear the public neglect to attend, an example should be made by legal proceeding; and a printed statement of the successful result of any such proceedings, if appended to succeeding public notices, would materially aid in increasing the attendance of the public at the stations."

Experience convinces me universal vaccination can never be carried out by the above plan. The great mass of the public will not be vaccinated, when, where, and by whom, the law says they shall; and the more you try by law to compel them, the less likely you are to succeed.

Why not try a simple registration measure; and if persons have a conscientious objection, let them (under certain regulations requisite for public safety) retain their opinions.

I would propose that parents not having a child vaccinated, and on the eighth day taken for inspection, and the vaccination registered, as directed (Schedule A.), should be liable to a fine not exceeding twenty shillings; and if not paid, an imprisonment not exceeding seven days. Should they afterwards continue to neglect, they will again be liable to the same proceedings.

(1) Should the child be incapable of taking the vaccine disease; or (2) should it not be in a fit state to be vaccinated; or (3) should they be unable to procure satisfactory lymph; or (4) should there be delay from the child having been (as it is commonly called) "vaccinated", and it has not taken effect; or (5) should they have a conscientious objection to vaccination: if they fill up the following exemption-paper, and register it, where and when the vaccination was to have been registered, it will prevent proceedings being taken.

The first reason for exemption requires a medical

\* See previous note.

certificate; and, being permanent, need not be renewed. The others are temporary, and must be renewed in June and December in each year. Own residence and full particulars of the then residence of the child, must always be given.

I would also propose that the Registrars, at the end of a quarter, when they apply for their fees for registering births, should also receive from the same source the medical fees for gratuitous vaccination. One uniform fee of, say 2s. 6d., for each certificate they have received (Schedule A) of vaccination having been performed gratuitously; and pay the fees over to the medical man who certified to the vaccination. If the latter live out of the district, payment might be made by post-office order, unless otherwise requested. Do this, and the poor can then be vaccinated, when, where, and by whom they please.

A measure of this kind will meet with the hearty co-operation of the public and the profession; and vaccination will, without any trouble, very soon become universal.

By the following proposed register, a Registrar can at once and at any time, see who are and who are not vaccinated, or have claimed an exemption, especially in January and July. If neither vaccination nor exemption be registered, legal proceedings can easily be instituted.

I am, etc.,

T. S. FLETCHER,

Bromsgrove, November 27, 1862.

*Vaccination Register.*

1	2	3	4	5	6	7	8
No. in this and the Register of Births to correspond.	Date of birth.	Name.	Address.	Date of registration of vaccination, termination, exemption, or death.	Date of temporary claims of exemption.	Name and address of vaccinator, and fee, if any, paid.	Date, name, and address of the re-vaccinator, and fee, if any, paid.

This is the only book that would be required.

*SCHEDULE A.—Vaccination Notice Paper.*

No. in the Vaccination Register.

To the parents or persons having the care or custody of , the child of , of .

I give you notice and require you to have the following vaccination certificate filled up, and registered at my office, before the child is six months old.

Dated day of , 186 .

Name.

Registrar of the district of.

*Certificate of Vaccination.*

The above child was\* on the day of ; and it was examined by me on the day of , 186 . The vaccination has taken successful effect.

+ Name.

Title.

Address.

\* State if vaccinated or gratuitously vaccinated.

+ If inspected by a qualified pupil, insert name, and for whom.

The following is only required in cases of  
*Gratuitous Vaccination.*

The above child was gratuitously vaccinated at my request.

+ Name.

Address.

*Receipt for Gratuitous Vaccination.*

No. in the Vaccination Register.

The Registrar of , has paid me for the gratuitous vaccination of , the child of , of .

Dated day of , 186 .

Name.

Address.

† Parent or nurse in charge of the child.

If vaccination is not gratuitously performed, cut off the schedule below the vaccination certificate, and destroy the remainder. If gratuitously, cut it off above the receipt for gratuitous vaccination.

Parents and others (and not medical men) should be expected to register the various certificates. This they might do by post, free of expense. The medical man should fill up and retain the receipt till paid.

*Claim of Exemption.*

For the following reason, I claim an exemption from having , the child of , vaccinated, and the vaccination registered.

Reasons:

Dated day of , 186 .

Name.

Residence.

Address of the child in full.

THE ROYAL TRIPLE-BIRTH DONATION. The Rev. S. B. Craig, of the Mariners' Church, Hull, has received the commands of her Majesty the Queen to forward to the Rev. Stewart Craig the enclosed post-office order for £3, payable to him, and to desire that he will have the goodness to hand the amount to Mrs. Harriet Harding, as a donation from her Majesty, to assist her after her confinement of three children at one birth; that circumstance having been brought under her Majesty's notice in consequence of an application from Mr. Locking in Mrs. Harding's behalf. Buckingham Palace, Dec. 20, 1862. (*Hull Packet*.)

CERTIFICATES OF LUNACY. The most unhappy of the professions in its appearances in public, is once again the object of general comment and satirical denunciation. If Æsculapius doth still preserve a watchful eye over his earthly children, we fear that he must often be blind, if the gods can weep, from the tears shed over his undergenerate but very unfortunate race. At the same time he must learn, even from what is at present going on, that the institution he has the credit of founding had in it a soul of truth of some depth, or it had never lived till this hour, buffeted as it has been, sneered at, scorned, subjected to every hardship, asked questions which could never be answered, insulted for giving negative replies, implored to do labours at any price that could never be done, and then denounced for explaining the impossibility of the impossible. He must see in his invention the figure of a living thing, but sadly shattered now, and wrung with torture terribly; a thing to be doubted these many years to come, to have to undergo long penance and reformation, and still to live and still to come out in the end very strong, very powerful, as fair as all else amongst which it moves, an absolute science.

## Medical News.

**APOTHECARIES' HALL.** On December 24th, the following Licentiates were admitted:—

Cass, William Leonard, Goole, Yorkshire  
Lindsay, James Murray, Queen's Road, Grove Lane, Camberwell  
Martin, Adam Rae, Rochester  
Peacock, Albert Louis, Huntingdon  
Swales, Peter, Helmsley, Yorkshire  
Young, Francis, 114, Carlton Road

### APPOINTMENTS.

ANDERSON, John, Esq., appointed Junior House-Surgeon to the Manchester Royal Infirmary, in the room of W. O. Jones, Esq.  
BLAKE, Valentine W., Esq., re-appointed Honorary Surgeon to the Birmingham and Midland Counties Lying-in Hospital.  
BROWN, Alfred, Esq., appointed Consulting Surgeon to the Wandsworth Dispensary.  
EASTLAKE, Henry F., M.D., appointed Accoucheur to the St. Mary-lebone General Dispensary, in the room of A. J. B. Squire, M.B.  
\*HEATH, Christopher, Esq., F.R.C.S., appointed Lecturer on Anatomy in the Medical School of the Westminster Hospital.  
\*HOLTHOUSE, Carsten, Esq., F.R.C.S., appointed Lecturer on Surgery at the Westminster Hospital Medical School.  
JONES, William O., Esq., appointed House-Surgeon to the Manchester Royal Infirmary, in the room of W. R. Heath, Esq.  
\*ORFORD, William C., Esq., re-appointed Honorary Surgeon to the Birmingham and Midland Counties Lying-in Hospital.  
ROE, Edwin H., Esq., appointed Physician's Assistant to the Manchester Royal Infirmary, in the room of C. H. Braddon, M.D.  
THOMPSON, Reginald E., M.B., appointed Physician to the St. George's and St. James's Dispensary, in the room of J. H. Stalard, M.B.

### POOR-LAW MEDICAL SERVICE.

BRADDON, Charles H., M.D., to be Resident Assistant Medical Officer to the Brydget Street Workhouse, Manchester.  
\*POLLARD, James, Esq., to the St. Mary Church District of the Newton Abbot Union.  
RICHARDSON, Daniel, Esq., to the Northern District of the parish of Brighton.  
\*WEAVER, Frederick P., M.D., Medical Officer and Public Vaccinator to the Frodsham District of the Runcorn Union.

### ROYAL NAVY.

CALDWELL, J., Esq., Assistant-Surgeon H.M.S. *Mars*, to be Surgeon.  
COGHILAN, Thomas, M.D., Assistant-Surgeon H.M.S. *Beagle*, to be Surgeon.  
DAVIDSON, James, M.D., Surgeon, to the *Necance*.  
HUDSON, John, Esq., Assistant-Surgeon H.M.S. *Cumberland*, to be Surgeon.  
WILLES, George J., Esq., Surgeon, to the *Egmont*.

### VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

HALKJARD, H., Esq., to be Surgeon 31st Lancashire R.V.  
RICE, J., Esq., to be Surgeon 3rd Middlesex A.V.

### DEATHS.

BEVAN. On December 24th, 1862, at Newland, Gloucestershire, aged 77, Jane H., widow of Robert Bevan, M.D., Monmouth.  
BOSSY, Peter, Esq., Surgeon, late of Woolwich, at Worthing, aged 56, on December 22nd, 1862.  
\*EVANS, David, Esq., at Belper, Derbyshire, aged 82, on November 20, 1862.  
KNOX, Robert, M.D., at Hackney, aged 69, on December 20, 1862.  
MAILLARD, John W., Esq., late Deputy Inspector-General of Hospitals, Madras Army, at Craik, Fifeshire, aged 56, on Dec. 19th, 1862.  
RUTLEDGE. On November 21st, 1862, on Minicry island, from the wreck of the *Colombo*, aged 20, James Heydon Rutledge, Ensign 6th Regiment, only son of James Rutledge, M.D., of George Street, Hanover Square.  
THOMPSON. On December 26th, 1862, at Cheltenham, Stewart Thompson, Esq., Madras Civil Service, youngest son of William Thompson, M.D., of Lisburn, Ireland.  
WOODWARD. On December 26th, 1862, at 81 Cambridge Street, Sophia, widow of Thomas C. Woodward, Surgeon, late of Penton Mewsey, Hants.

**GARIBALDI AND HIS WOUND.** The voyage and the open and mild air of Caprera have already contributed much to the health and spirits of the invalid. He congratulated himself often on being able to return to his solitude, which enables him to take open air exercise. The wound has begun to heal; the swelling of the foot is almost gone; the rheumatic pains are hardly felt.

**MEDICAL SCHOOLS LANCASHIRE FUNDS.** Several of the London schools have raised subscriptions for the Lancashire operatives. St. Mary's Hospital leads the way, we believe, in the work of benevolence; St. Bartholomew's, Guy's, and we hope other hospitals have done likewise.

**AMERICAN ARMY SURGEONS.** As a general thing, the older surgeons have been broken-down political hacks, who had no business at home, and therefore could carry with them no practical experience into the army. Then, again, a great proportion of the surgeons are young men. Many of this class are talented and well educated, theoretically; and, under the guidance of men of more mature years, will come to be ornaments to their profession. These young men, I know, would gladly avail themselves of the practical experience of older men. There is also a class of ignorant men, who gained their appointments by political influence, which neither time nor circumstances can alter for the better: they are not capable of improving by experience. (*American Medical Times*.)

**SHEPPARD ASYLUM AT BALTIMORE.** This institution was founded by the late Moses Sheppard, a wealthy merchant of the Society of Friends, who, several years before his death, conceived the project of testing the curability of unfavourable cases of insanity, by a more liberal expenditure of money than the friends of most asylums would reasonably permit. To this end Mr. Sheppard, having no relatives, left his whole fortune, amounting to six hundred thousand dollars, to found and maintain an experimental institution for one hundred patients. After several years of careful consideration, the trustees of the Sheppard Asylum have commenced the construction of their building, on a plan submitted by Dr. Brown, who now studies the organisation and management of European asylums, to report whatever may serve to carry out the humane purposes of the benevolent founder of this unique institution. Dr. Brown, after having visited the most celebrated asylums in Great Britain, Holland, Germany, Switzerland, and France, expresses regret at having found, thus far, but inconsiderable rewards for the commendable liberality of the Board he represents. (*Dr. Lee's Correspondence*.)

**AGES OF THE NOBILITY.** It appears from *Who's Who* in 1863, that the eldest duke is the Duke of Cleveland, who is 74 years old, and the youngest the Duke of Norfolk, aged 15; the eldest marquis is the marquis of Lansdowne, 82, the youngest the Marquis of Ely, 13; the eldest earl is the Earl of Charlemont, 87, the youngest the Earl of Charleville, 10; the eldest viscount is Viscount Combermere, 89, the youngest Viscount Downe, 18; the eldest baron is Lord Sinclair, 94, the youngest Lord Rossmore, 11; the eldest member of the Privy Council is Lord Lyndhurst, 90; the youngest Earl Spencer, 27; the eldest member of the House of Commons is General Hon. Sir Hugh Arbuthnot, member for Kincardineshire, who is 83, the youngest Mr. Reginald A. Vyner, the member for Ripon, 23; the eldest judge in England is the Right Hon. S. Lushington, aged 80, the youngest Mr. Baron Wilde, 46; the eldest judge in Ireland, Chief Justice Lefroy, 86, the youngest Mr. Justice Keogh, 45; the eldest judge in Scotland, the Lord Justice General, 69, the youngest the Lord Justice Clerk, 52; the eldest archbishop is the Archbishop of Dublin, 75, the youngest the Archbishop of York, 43; the eldest bishop is the Bishop of Exeter, 85, the youngest the Bishop Designate of Gloucester and Bristol, 43; the eldest colonial bishop is the Bishop of Toronto, 83, the youngest the Bishop of Ontario, 37; the eldest baronet is Sir Tatton Sykes, 90, the youngest Sir George R. Sitwell, 2; the eldest knight is General Sir James L. Caldwell, 92, the youngest Sir Charles T. Bright, 30.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

**TUESDAY.**.... Guy's, 1½ P.M.—Westminster, 2 P.M.

**WEDNESDAY.**...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

**THURSDAY.**...St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

**FRIDAY.**..... Westminster Ophthalmic, 1.30 P.M.

**SATURDAY.**... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8.30 P.M. Mr. Hancock, "On the Superiority of Chopart's Operation and Excision of the Ankle over any other Method, in all Cases admitting of their performance."—Entomological.—Epidemiological.

**TUESDAY.** Pathological, 8 P.M. (Anniversary).—Photographical.—Ethnological.

**WEDNESDAY.** Obstetrical Society of London, 8 P.M. Anniversary Meeting. Address by the President, Dr. Tyler Smith; Paper by Dr. Aveling, Sheffield.—Geological.

**THURSDAY.** Royal, 8.30 P.M.—Antiquarian,

**FRIDAY.** Astronomical.—Archaeological Institute.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—DECEMBER 27, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 829 Girls.. 781 }	1610 1292
Average of corresponding weeks 1852-61 .....		1861 1560

**Barometer:**  
Highest (Th.) 30.321; lowest (Sun.) 29.762; mean, 30.094.

**Thermometer:**  
Highest in sun—Extremes (Fri.) 57 degs.; (Mon.) 43.3 degs.  
In shade—highest (Th. & Fri.) 50 degs.; lowest (Mon.) 33.4 degs.  
Mean—42.2 degrees; difference from mean of 43 yrs.+5.0 degs.  
Range—during week, 16.6 degrees; mean daily, 8.2 degrees.  
Mean humidity of air (saturation=100), 83.  
Mean direction of wind, S.W.—Rain in inches, 0.08.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**S. O.**—It is generally understood that Princess Alice's confinement will take place in April.

**THE TITLE OF M.D.**—A correspondent asks, whether a physician who has no degree of Doctor of Medicine, is justified in signing himself M.D.? The answer is plain and undoubted. He has no right whatever. More than this; he is, there can be little or no doubt, liable to prosecution under the Medical Act, for assuming a title which he does not possess. We have already said: that, under the present ethical condition of medical affairs, we think no professional man can refuse to give the courtesy-title of Dr. to any physician—licentiate of a College of Physicians—who chooses to claim it; and we have given the reasons of this opinion of ours. But this assumption of the courtesy-title of Dr. is a vastly different thing from actually signing M.D.—*Doctor Medicinae*—to one's name, without possessing an University diploma. The physician, non-diplomatized, who designates himself *Doctor Medicinae*, commits a most unjustifiable act—one which, as we believe, renders him liable to legal prosecution under the Act.

**HISTORY OF THE PARISIAN MEDICAL SOCIETY.**—This society was founded in the year 1837, by a few gentlemen, after issuing the following address:—

"The reputation acquired by the medical school of Paris attracts to this city numerous foreigners, many of whom find that in a foreign language it is exceedingly difficult to communicate their observations to others with that clearness and precision which a scientific subject demands; hence they are almost precluded from entering into the discussions of those societies which at present exist. They have also discovered that there are no ready means of consulting the numerous journals published in their own countries; and that while prosecuting their profession abroad, they incur the risk of neglecting its advances at home. Under these circumstances, several gentlemen, who have long experienced the utility of such institutions, conceived the idea of establishing a society in Paris, having two objects: first, the reading papers and discussing topics connected with medicine in the English language; and secondly, procuring medical journals for circulation amongst its members. A meeting having been called, and the above objects stated by the chairman, the following gentlemen resolved to form themselves into a society for the purpose of carrying them into effect:—Dr. J. H. Bennett (now Professor of Medicine in the University of Edinburgh), Dr. J. Cartmell, Dr. C. Cogswell, Mr. G. Cooper, Dr. D. Embleton, Dr. J. A. Fraser, Mr. R. M. Glover (subsequently Dr. Glover, now deceased), Mr. J. Godfrey (Senior Surgeon to the Bristol Hospital, lately deceased), Dr. J. Houseman, Dr. S. Hunter, Dr. A. Lyszczyński, Dr. G. Minchin, Dr. J. Morison, Mr. J. Ozanne, Dr. S. Palmer, Dr. S. J. B. Richardson, M. Roger, Interne at the Hôtel-Dieu (now Physician to one of the Hospitals, Paris), Dr. J. Shannon, Mr. A. J. Walsh (now practising as a Physician in Dublin), Mr. J. Williams (now Dr. Joseph Williams of London). It was resolved that this association should be called the Parisian Medical Society; and several resolutions were proposed and agreed to, having reference to its constitution and government. Every information regarding the society will be given to those gentlemen desirous of becoming members, on application, either personally, or by letter post paid, to Dr. Cogswell, No. 20, Rue Neuve Racine, before the 1st of January, 1838, early in which month the Society's meetings will commence."

**E. T.**—Our correspondent will find his question answered in the following words of the *Chemical News*.

"The terms *deodoriser* and *disinfectant* are sometimes—we might say, generally—used with most unscientific laxity. A substance which is merely a deodoriser is often called a disinfectant; and both words are often applied to bodies which are only antiseptics. It is true that there are some things which are at once both deodorisers and disinfectants, as is the case with the permanganates of potash and soda. These bodies, by easily parting with their oxygen, hurry organic matter in a state of decomposition to the last stage of oxidation, so destroying the compounds which possess the repulsive odours evolved in the course of decomposition, and also, no doubt, burning up the effective agents in the production of some diseases. They have, too, the effect of decomposing any sulphuretted hydrogen or sulphide of ammonium which may have been produced in the decomposition of organic matter. Nor, so far as water is concerned, do the results end here. In the case of water which may have become contaminated with lead, Mr. Condy has shown that the permanganates have the power of converting the protoxide of lead which the water holds in solution into the insoluble peroxide, and so effectively removing every trace of the metal."

**A QUESTION REGARDING CONSULTATIONS.**—SIR: As a member of the Association, I beg to ask your opinion on the following point. A medical man, being asked by one of his own patients to call me in for consultation, refuses to meet me, on the ground of my being considerably his junior. The qualifications of this gentleman are as follows:—L.S.A. London, 1849; M.R.C.S., 1860. My qualifications are:—L.R.C.S.I., 1855 (January); L.S.A. London, 1857; M.D. Queen's University, Ireland, 1861. Has a medical man any right to refuse to meet another in consultation for such a reason? In case of such refusal, what course should be pursued? I should be obliged by a reply in the "Answers to Correspondents" in your JOURNAL. I enclose my name and address on the other side.

December 20th, 1862. I am, etc., Q. U. I.

[We believe that, according to the rigid doings of the stiff physicians of the gold stick age, it would not have been considered etiquette for a junior physician to be called in to consult in a case upon which a senior physician was in attendance. But such doings are now something like matter of history. We apprehend that no physician, nor any other medical man in London, would object to meet any other physician in London, merely because he was his junior. The refusal referred to by our correspondent, made on the grounds of age and standing, is quite behind the times and the liberal spirit of the age. We need hardly add, that there is no right beyond the force of modern ethical opinion to bring a man to such a meeting; and we know of no other remedy for the thing beyond what can be administered by the voice of professional opinion on the subject. EDITOR.]

A. T.—The term *hyperchromatopsie* is used by the French to indicate an anomaly of vision, under the influence of which the patient is led to attach ideas of colours to certain objects or certain forms, which have no real connexion with colours.

**PRESCRIBING BY MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.**—SIR: In reply to your correspondent, "A General Practitioner", in your last number of the *BRITISH MEDICAL JOURNAL*, and for the information of my brother practitioners, I beg to refer them to some printed observations issued by the Apothecaries' Society of London, with respect to evidence to be adduced in support of an action in the County Court, for the recovery of the penalty incurred for practising as an apothecary without legal qualification.

"The practice of an apothecary consists in attending and advising patients afflicted with diseases requiring medical treatment, prescribing, compounding, and supplying medicines for their cure or relief; for instance, diseases of the brain, the lungs, the heart, the stomach, the liver, and the bowels, when the disorder is unattended by any external wound, sore, or tumour; and when medical treatment, unaided by any manual operation, is called for. The following observations of Mr. Justice Cresswell, in the case of the Apothecaries' Company v. Lotting, will be read with advantage. 'Now, I apprehend that an apothecary is a person who professes to judge of internal disease by its symptoms, and applies himself to cure that disease by medicines. A surgeon may lawfully do this if the medicines are administered in the cure of a surgical case; if, for instance, in the case of a broken leg, it becomes necessary to administer medicine; but, on the other hand, if a surgeon takes upon himself to cure a fever, he steps out of his lawful province, and is not authorised to administer medicine in such a case. But then it is said, if he did not supply the medicine as a surgeon, still he did not supply them as an apothecary, but as a chemist. But a chemist is one who sells medicines which are asked for, not to select medicines, and determine on which he ought to give.' A bill is not absolutely necessary, as evidence can be given that the patient was attended as medical men ordinarily do attend, and that the services were not gratuitous."

I have no doubt that Mr. Upton, the clerk of the Apothecaries' Society, will furnish any gentleman with a copy of the printed instructions; and, as quackery among chemists is so common, and the Apothecaries' Act so little understood, I think it would be a prudent step to copy the observations issued by the Society of Apothecaries into an early number of the *BRITISH MEDICAL JOURNAL*.

I am, etc.,

December 22nd, 1862. ANOTHER GENERAL PRACTITIONER.

### SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, January 1863.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Dr. LATHAM; Mr. H. G. HARDY; Mr. CHRISTOPHER HEATH; Mr. E. L. HUSSEY; Dr. WALKER; Dr. W. R. HILL; Dr. J. GARDNER; Mr. J. VUSE SOLOMON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. JOHN DEEDOE; Mr. HENRY DUNCAFE; Dr. C. MURCHISON; Dr. PHILBRICK; Mr. ERASMUS WILSON; Dr. EVANS; Mr. A. MARTIN; Dr. CULLAR; Dr. GRAILY HEWITT; and Mr. C. E. SLOPER.

### BOOK RECEIVED.

Researches on the Nature, Pathology, and Treatment of Emphysema of the Lungs. By A. T. H. WATERS, M.D. London: 1862.

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# General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

### THE HEART AND ITS AFFECTIONS, NOT ORGANIC. (*Continued.*)

II.—*Number of the Pulse. Is there any certain Number, or any Limit between certain Numbers, that can be assigned as the Standard of Health generally?*

THERE is a good deal in the nature of things without us which might favour the expectation that the things within us would be found to observe a more exact and undeviating order than in fact they do. Thus, prior to experience, it might not be at all unreasonable to expect that the pulse would be numerically the same in every healthy man; that the Heart would contract within the minute a certain number of times, neither more nor less; that at each contraction it would deliver into the arteries a certain quantity of blood, neither more nor less; and that the exigencies of health in all organs of the body would require blood to be thus supplied to them according to one exact measure of time and quantity. But a very little observation directed to the point will be enough to show that the pulse of health differs greatly as to number in several men. One man's pulse will be found to beat twenty beats in a minute more than another man's; while there is no appreciable difference between them of mind or body, and none of habit or pursuit, to account for it. In some, the pulse habitually reaches 80; in some, it falls short of 60; and in some, and those the majority, it is found at various numbers intermediate between the two. But which tells the best for health and long life—a pulse between 50 and 60, between 70 and 80, or between 60 and 70—my own experience has not yet informed me.

But while it is true that there is no general law of health requiring the pulse to be of any certain number, and that the same in all men; and true also that the pulse may take a wide numerical range in several men, and be consistent with health in them all; yet is there not some certain number which, being found in the great majority, may be deemed healthy by preeminence? The world is very curious about this matter; and physicians have made it so by their constant habit of counting the pulse. Therefore they are bound to give the best answer they can to its questioning.

People in general have no notion of the sort and amount of evidence often needed to prove the simplest matter of fact. To the question—What is the numerical standard of the healthy pulse?—some might answer 68, some 70, and some 72. But I am convinced that, as an ascertained fact, nobody knows

anything about it. The least sufficient proof of it which can be conceived would be so laborious, and so beset with possible fallacies at every step, that the result would hardly be trustworthy. It would require that a hundred people at least should be the subject of experiment; and, considering that they would stand as the representatives of all mankind, a hundred is few enough. Then these hundred men should be all nearly of the same age, and all in perfect health constantly and every day as long as the experiment lasted; and they should be under observation for several weeks at least, and in the meantime have the number of their pulse noted and recorded day by day and several times a day. These are a few only of the conditions which the experiment would demand. Lastly would come the formidable calculations of arithmetic, and its severe result, announcing, perhaps, that the number of the pulse in a healthy man at the prime of life was 1½ beats in a second.

Now, to those who walk about with their eyes open, objects often present themselves with a fidelity and truth which are too apt to suffer diminution and loss when the same objects are submitted to more curious experiments. For Nature herself is wise and discriminative in the conditions she imposes for obtaining different sorts of knowledge; and thus oftentimes she is sternly practical, requiring that what is intended for *use* should be learnt *by use*; bringing all that can or need be known within the reach of daily observation, and presenting it as her own free gift to common sense.

From use, and the daily habit of counting the pulse, all that concerns its numerical healthy standard must have taken some orderly shape in the minds of most physicians. The following is the shape which it has taken in mine. Perhaps, in such a matter, I may appeal to my own case, and not be blamed for egotism. The oracle of old made it the top of wisdom to know oneself, but did not fix the credit due to that fragment of self-knowledge which enables a man to keep count of his own pulse. My own pulse, when I am quite well and quite free of excitement both from within and from without, is 56. And this number of 56 I meet with in others who are in good health often enough to show that the thing, taken alone, means nothing wrong; but seldom enough to show that it is not common. The same I would remark of the pulse of 80. I find it often enough in healthy people to make me sure that, taken alone, it denotes no evil; but seldom enough to make it uncommon. A pulse which is less in number than 56, or more than 80, is so rarely the habitual pulse of health, that I am obliged to regard it as exceptional, and can make no comment upon it from my own experience. Practically, then, and saving exceptions, I am wont to consider 56 and 80 as the two extremes consistent with health. But truly there are eminent odds between them.

Surely somewhere between these extremes, and *distant* from both, are the numbers at which the pulse is most frequently found in the healthy. Now *equidistant* from both is 68; but one would not venture to fix upon this as the number of health by preeminence. Thus far, however, one might safely go. The difference between 56 and 80 is 24, or three times eight. Add eight to one extreme, 56, and deduct eight from the other extreme, 80; and eight

will remain intermediately, including the numbers between 64 and 72. And between these numbers (it would come as near the truth as experience can bring us to say) the pulse is found in the great majority of healthy people. But the *centre* equidistant between 64 and 72 is 68: therefore it may be added, that the pulse of health hovers about 68, being as often a trifle more as less, and less as more.

This, then, is the best answer I have to give to the general question, What is the numerical standard of the pulse in health?

*Have Individuals a certain Number of the Pulse as their own Standard of Health?*

But, while there is no general law of health requiring the pulse to be of a certain number, and that the same in all men, yet may there not be a special law or (something like it) a necessity of health in each individual fixing his pulse to some certain number, and keeping it constant to the same? Observation must settle the question; and mine leads me to settle it in the affirmative.

It has been seen what a wide numerical range is consistent with health. Now, whatever be the habitual number of the pulse within that range in the *healthy* man, it is, as far as I see, always the same so long as body and mind are at rest and under no present excitement. If its number be 60, it is always 60; if 70, it is always 70; if 80, it is always 80. But a very little stir of body, a very little emotion of mind, even the stimulus of a temperate meal, is enough to add a few beats a minute to the pulse of the healthiest man; and as soon as body or mind is at rest again, or digestion is over, his pulse settles down to its habitual number.

The causes of excitement here contemplated are independent of disease. They belong to the occurrences of every day, such as even many times every day must and do accelerate the pulse inevitably and innocently, and then leave it to reach its standard number again. And it always *does* reach it, if the man be in health.

Observe, *by health* I here mean not merely a state of exemption from positive disease, but of exemption too from those caprices of feeling and function which are called nervous, and are ever making the pulse run wild, and hardly allowing it to remain at any given number for an hour together. Of health thus understood, it is a chief characteristic that the pulse is habitually constant to a certain numerical standard, and that it does not deviate from it but for adequate and appreciable causes. These causes, considered comprehensively, involve within them the whole pathological meaning and import of the number of the pulse both as a symptom of disease and guide to practice.

*Increased Number of the Pulse in Diseases.*

There is nothing that a man can feel or suffer—feel as a passing incident of health, or suffer as a constant inseparable element of disease, which may not be put down for a cause of accelerated pulse. Of the incidents of health more need not be said at present. But of diseases, whatever be their kind, if by any avenue of sympathy they can reach the heart, they all accelerate the pulse. All inflammations, all fevers, do so. The inflammation which comes on abruptly from injury, accident, or exposure, and

overtakes men in the midst of good feeding and rude health, and calls for bloodletting to arrest it,—this, preeminently the inflammation of strength, accelerates the pulse. Again: the inflammation which comes from nothing seen or known, but arises and proceeds furtively in constitutions bad by nature, and made worse by poverty and wretchedness, and admits no bloodletting for its cure,—this, preeminently the inflammation of weakness, accelerates the pulse. The fevers (call them by what name you please) which dominated in the hospitals of London thirty years ago, which bore and required and were properly treated by such remedies as exercise restraint upon the movements of the Heart and arteries—by calomel, and antimony, and purgatives, and not unfrequently by bloodletting in its several kinds; also the fevers which now dominate in the same places, and which will bear no such remedies and no such handling, and are properly treated by whatever can raise, sustain, and stimulate—by wine, brandy, ammonia,—these, preeminently the fevers of weakness, and those, preeminently the fevers of strength, both alike have among their symptoms the frequent pulse.

In short, whatever be the nature of the disease, if the Heart feel it at all, however diversely it may otherwise show what it feels through the pulse, whether in rendering it stronger or weaker, harder or softer, larger or smaller, than natural in several cases, it will surely in all of them render it more frequent. Often the Heart is a more delicate test of something wrong within the man than his own consciousness. His Heart is beforehand with him. It tells of disease covertly but surely progressive by the unnaturally frequent pulse, while his own feelings persuade him that he is well. At length, after the lapse of weeks or even months, the constitution is awaked, as it were, to a conscious alarm, and, by its fever and its nervous irritation, confirms what the Heart has forefelt and foretold by the frequent pulse. Tuberculous disease often forms and germinates and matures under these conditions.

*Difference between the Number of the Pulse and the Quality of the Pulse, as Signs of Disease, and what each respectively imports.*

Such are the facts, stated generally. We come now to consider their pathological and practical import. This greater number of the pulse in diseases, whence comes it, and what does it mean? What is the nature and amount of help which it contributes towards our knowledge and treatment of the case in hand? For surely the number of the pulse ought to have a vast deal to teach us, seeing what a point we make of ascertaining it in every instance. The pulling out of the watch, and the deliberation which follows, must appear to the patient at least the most solemn part of the interview with his physician. And, if this grave business has no great use in it, it becomes a mighty foolish pretence. Far be it from me to allow that it is so. But let us inquire and see. One thing is plain to common sense; namely, that the number of the pulse is just the sort of symptom which ought to be pushed as far as it will fairly go, and relied upon as far as it can be safely trusted; for the information it has to give, being in itself so easily ascertained and so indubitable, that no two men can disagree about it, who are able to count.



Now the frequent pulse, being equally the accompaniment of numerous diseases different in kind, cannot take its origin from any of those proper elements which severalise them. It is proper to no disease; yet its constant presence in almost all forbids it to be regarded as an accident in any. Moreover, the frequent pulse is a passing event of health, as well as a necessity of disease. Its origin, therefore, must be sought in something common to both—something belonging to life and sympathy; in their widest sense—something without which neither action nor feeling nor suffering can exist—something without which there could be neither health nor disease.

For the sake of illustration, let me here anticipate a part of our subject which will be considered hereafter in its turn. Let me take the *qualities* of the pulse and their meanings, and put them in contrast or comparison with the *number* of the pulse and its meanings, and illustrate one by the other. The quality of hardness in the pulse has most important meanings as a symptom of disease; but in health I am not aware that the pulse ever assumes that quality, or suffers that quality to be forced upon it. Heat, exercise, and stimulant drinks will for a time augment the frequency and force of vascular action. But mere force of vascular action is a different thing from the quality of *hardness* in the pulse. This they cannot produce unless they first produce disease. I am not aware that by any possible contrivance we can make a soft pulse a hard one at will. In order to the change, there must first be disease. Seeing, then, that this quality of hardness in the pulse has no existence apart from disease, I infer it to be in its very nature essentially morbid.

But in health the number of the pulse is continually found to transgress its habitual standard from obvious causes. Every sense and sensation, every moral feeling and faculty of the mind, opens an avenue to impressions which travel to the heart, and may so operate upon it as to raise the frequency of the pulse *without first producing disease*. Thus it is that the ordinary casualties of life accelerate the pulse by exciting thoughts, feelings, and perceptions which are pleasurable or painful in an unusual degree. And thus it is that we can accelerate the pulse at will by subjecting the man to influences capable of being felt above measure mentally, morally, or corporeally. Seeing, then, that this numerical frequency of the pulse, unlike its quality of hardness, may exist apart from disease, I conclude that it is not in *its own nature* essentially morbid.

But though it is not in itself essentially morbid, yet it is found in constant connection with diseases, and is reckoned among their symptoms. The question then arises, *how* is the number of the pulse connected with diseases?

There is good reason, then, for believing that frequency of pulse is produced in diseases after the same manner that it is produced in health; and that diseases operate upon the Heart so as to accelerate the pulse, *not as diseases*, but as simple irritants. They can and do operate upon it as diseases, when they change the *quality* of the pulse; and they can and do operate upon it as simple irritants when they change the *number*. And they may do both the one and the other in the same instance.

In almost all diseases (it has been already said)

the pulse is raised above its habitual numerical standard. But no disease can be mentioned in which it is always or so far of a certain number, that the nature of the disease can be taken from the number of the pulse. On the other hand, it is only in particular diseases that the pulse assumes certain qualities. But then the quality may be so distinct and unequivocal, and so commonly annexed to the disease, as to admit it to be reckoned among its symptoms. This is the case with the quality of hardness in the pulse of inflammation.

How and whence comes this difference? It comes because the number of the pulse has nothing to do with the disease as such, but the quality of the pulse has everything. It comes because the number of the pulse is annexed to the moral, nervous, vital conditions of the man, which may be influenced by several diseases in the same way, or by the same disease in several ways, according to the varying susceptibility of individuals; but the quality of the pulse is annexed to the nature of the disease, which is the same in all men.

It is, then, the difference of the thing signified which separates and contrasts the quality and the number of the pulse as symptoms. The quality gives information concerning the nature of the morbid processes going on. The number tells nothing concerning these processes, but rather intimates how the system at large is affected by them, be they what they may. The quality notifies disease simply; the number how the constitution bears it, whether it feels it in that degree in which (so to speak) it ought to feel it, or feels it less than it ought and is passive under it, or more than it ought and is exorbitantly affected by it.

With this clue we are prepared to deal with the subject more closely. And, albeit the number of the pulse tells nothing of the nature of any disease; albeit it guides neither the choice nor the aim of any remedy, so far as that remedy is counteractive of morbid processes going on, yet it is not without reason that physicians are ever counting it and making much of it. For it denotes things more important than the diseases themselves, viz., how life and the springs of life are affected by them, whether they will hold out, or whether they will fail. And in treatment it guides us to things just as important as the very remedies, if there be any such, which are directly curative; viz., the force and extent to which they can be curatively employed.

But nothing can be taken for *absolutely true* in practical medicine. Hence they who profess to teach others out of their own experience, should be careful of using language which may imply more than that experience will justify. At the same time, they must not be continually dealing in doubts and reservations, and so bring their experience below its value by seeming to have small confidence in it themselves. The truth which medicine is concerned with is a *truth of degrees*; the same, nevertheless, which the moral world is governed by. Wise men seek it and cultivate it, and make the best of it. In medicine there is small philosophy, and no use in making it seem less than it is.

That the pulse is constant to a certain number in each healthy man, is a fact already mentioned, and an important one it is. And this fact, it might be thought, would become a standard of reckoning in each man's disease. But in their ordinary practice,

physicians seldom come to the management of diseases with the knowledge of this fact. Our patients are too often strangers to us until we are called to treat them; and then we cannot take for our standard of reckoning the exact number which belongs to health in the individual man, but can only assume the healthy limit of the generality, and consider that his pulse falls somewhere within it, viz., between 64 and 72.

It is worth a passing notice, how much safety and success in the treatment of present disease are promoted, when the physician has already known his patient in previous health or in previous illness, or in both. Hereditary constitution, and personal constitution and personal habits; hereditary disease, and personal disease once suffered but now past, may leave a perpetual entail of something able to give a shape or colour to every future malady which may happen to a man, and suggest one mode of treatment and prohibit another. I am even persuaded that any single severe attack of disease, and how the patient bears it, and how he gets rid of it, will furnish an exposition of what power there is in him for bearing and recovering from all diseases as long as he lives. And a physician who has had the treatment of him in one such disease, and brought him safely through it, has gained thereby a forecast of much that will surely be found in all future diseases which he may suffer, as well as of the sort of remedies that they will require. If this, indeed, be true, it were well for people in general that they were aware of it. It might cure them of their fickleness in running from one physician to another, and teach them for their own sakes an honest allegiance to the one who, whatever others may know better than he, knows *them* best, at all events.

The health of individuals may differ from the health of the many in some distinct peculiarity, and be sound authentic health nevertheless. And this individual peculiarity of health may impress an inevitable peculiarity upon every disease which the man suffers, and yet leave it not less the same disease as that which bears the same name in the many. The peculiarity of the man's health may be an uncommon frequency or infrequency in the habitual number of his pulse, and this may be carried forward into all his diseases. Thus, whenever he is ill, his pulse will be much more or much less frequent than in just proportion with other symptoms which constitute the disease than experience says it ought to be. And thus I have known some cases in which the unduly slow pulse of health was still the unduly slow pulse in disease, even in severe disease, and the patient has been thought much less ill than he really was. And I have known many cases in which the unduly rapid pulse of health was still the unduly rapid pulse in disease, even in trivial disease, and thus the patient has been thought much more seriously ill than in fact he was.

In the treatment of disease our business is with the individual, and our experience of the many goes to fit us for our dealings with the one. Yet it may not exactly fit us. But if to it be added a prior experience, had of the individual now the subject of treatment, then it becomes a perfect experience, and as nearly infallible as the nature of the things to which it is applied will allow it to be.

## Original Communications.

### DYSCROMATODERMA; OR, DISCOLOURATION OF THE SKIN.

By ERASMUS WILSON, F.R.S.

[Concluded from page 7.]

My third proposition relates to the therapeutical management of these curious complaints, with the view of establishing a principle of treatment. If the theory which I have advanced be correct, if melasma be a consequence of hæmic dyscrasis resulting from a depression of nervous tone; then, the principle of treatment must be, to restore nervous power; to improve digestion and assimilation; and to stimulate the skin to a more healthy local function.

In practice we should direct our treatment, firstly, to the regulation of the digestive and assimilative organs, to establish a healthy basis for further operations, and with the conviction that improvement of digestion and assimilation will directly improve the nutrition of the nervous system, and indirectly the nervous function. Secondly, a comparatively sound state of the nutritive and assimilative functions being established, we should have recourse to those remedies, known as neurotonics, that act directly on the nervous substance, and with the purpose of giving strength and energy to the nervous system. Thirdly, and, concurrently with the two preceding stages of the medicinal course, we may prosecute the local treatment, namely, stimulation of the skin, to restore the healthy tone of the tissues, and their active agents, the local vessels and local nerves.

The treatment which, in my hands, is most successful in restoring the tone and function of the digestive and assimilative organs is, nitromuriatic acid with gentian or orange-peel; a mild sedative aperient, such as equal parts of compound extract of colocynth and extract of henbane, once or twice or three times a week, as may be necessary; or, where the want of action of the alimentary canal seems to depend on nervous irritability, a quarter of a grain of extract of belladonna at bed-time every night; or again where a loaded state of the vessels of the liver is present with a sluggish circulation of the portal vein; then an occasional dose of calomel or blue pill, followed by an aperient draught. When the digestive organs are sufficiently strengthened to bear iron, we shall find an useful remedy in the tincture of the sesquichloride, or in the conjunction of this preparation of iron with phosphoric acid and tincture of orange-peel; or with infusion of quassia.

For specific operation on the nervous system and nerves, the best remedies are: quinine, citrate of quinine and iron; and, lastly, when all has been got out of the preceding remedies that they can give, arsenic; either the liquor arsenici chloridi; the liquor potassæ arsenitis; or the arseniate of soda. The formula which I published many years ago, of the ferro-arsenical mixture, can hardly be improved upon.

For local treatment, the best remedies are: the juniper tar soap, used as an ordinary soap, and well rubbed into the affected parts of the skin, night and morning; or, where additional stimulation is required, frictions, with the hypochloride of sulphur ointment; or, in more inveterate cases, especially of epheles of the forehead and face, pencilling with a solution of caustic potash or carboic acid, one part to four or eight of distilled water, according to the degree of reaction required. The reaction should not amount to more than a slight erythema and simple exfoliation of the cuticle, and the

remedy may be repeated as soon as the skin acquires its natural state, and until the discoloration is entirely removed. The juniper tar soap should be continued during the period of use of the caustic potash and carbolic acid solution, as well as when the simpler process is followed.

In the cases which follow, the greater proportion, indeed almost all, were examples of melanæmia, two only, out of the nine, being instances of leucanæmia; and of the nine cases seven were those of ephelis. The predisposing cause was nervous exhaustion, prostration, and debility, sometimes occasioned by a moral shock, sometimes by sorrow and anxiety, or by fright or over-exertion, or over-active growth; and sometimes by visceral disorder, or by eruptive fever as in the instance of small-pox. The duration of the disease when the cases first came under my notice, varied from one year to twenty.

It may be well, also, in conjunction with the treatment of the disease, to pass in review the general symptoms of melanæmia, as deduced from the reported cases. They may be grouped under three principal heads, nutritive, gastric, and nervous. The symptoms evincing disordered nutrition, are: thinness and sparseness of habit; softness of muscle; pale and discoloured skin. The symptoms denoting weakness of the digestive organs, are: loss of appetite; dyspepsia; weight at the epigastrium; flatulence; sometimes nausea and sickness; sometimes constipation, but, in general, there is little change in the action of the bowels. The symptoms shewing feebleness of the nervous powers, are: debility, languor, lassitude, listlessness, restlessness; depression of spirits; melancholy; nervous irritability; giddiness, dimness of vision; sometimes sleeplessness, headache, feeble action, and palpitations of the heart; loss of energy and courage; in one case there existed nervous monomania; in another there was "misery and despondency." Besides these, the general symptoms of melanæmia, there were other associated symptoms showing the connection between this distressing disease, and disorder of the nervous system, for example: neuralgia; alopecia areata; stearrhea; urticaria; prurigo; and eczema.

In reference to ephelis, one of the commonest of the dyschromata, and a frequent example of melanopathia; it may be well to make a few explanatory remarks. Ephelis is a melasma occurring in well defined but irregular patches, of a size varying from a quarter of an inch to several inches in diameter; it is, essentially, a melasma partialis or melasma figurata, as distinguished from melasma generalis or melasma diffusa, or nigredo cutis. The term "ephelis" takes its origin from the discoloration produced in the skin by the action of the sun, and therefore, signifies simply "sunburn." It belongs to the nosological group of maculæ or stains, and is well defined by Plenck as follows:—"Ephelis est macula fusca, lata, solitaria, vel agminata."

The colour of ephelis varies from a slight shade of brown, or bronze, to the deepest tint of black. It is chiefly met with on the face and neck or backs of the hands, or other parts of the surface that are habitually exposed to the air and light. It is unaccompanied with hyperæmia or any roughness or morbid change in the epidermis, other than the alteration of colour; and is commonly smooth and uniform with the rest of the skin. Its customary seat is the forehead, the upper lip, the cheeks, and the neck; but it is also seen, not unfrequently, on parts of the skin which are ordinarily covered by the clothes.

Ephelis being essentially a brown stain, identical with that which is left on a part of the skin that has been previously irritated and influenced by the heat of the sun, a "macula fusca" as Plenck calls it, it is somewhat jarring to our understanding to read of "ephelis alba," a term applied to that state of deprivation of pigment of the skin which is more properly denominated leuco-

pathia or alphosis partialis vel figurata. Ephelis alba is intended to signify a white patch similar in shape and size to the brown or black patches of ephelis fusca or melasma figurata, and allied to it, in a certain degree, as being a disorder of chromatogenesis.

Plenck makes six genera of Maculæ, as follows:—Maculæ fusca, rubra, livida, nigra, albæ, et incerti coloris; but the true maculæ of the skin may, without inconvenience, be reduced to three; namely, M. fusca, nigra, et albæ. The genus *Maculæ fusca* includes the lighter tints of black, the browns and the yellow; or, as he designates them, fuscedo cutis; ephelis; lentigo; and flavedo cutis. The genus *Maculæ nigra* embraces the deeper tints of black, namely, nigredo cutis; melasma; and melas; and the genus *Maculæ albæ*, albor cutis, and alphas.

Ephelis he denominates liver spot, probably from the hepatic colour of the tint of brown; and lentigo he compares in colour, figure and size, to lentil seeds. "Lentiginis sunt maculæ fusca, quæ, colore, figurâ et magnitudine, lentes referunt." Lentigo, popularly termed "freckles," presents divers hues of yellow, from a bright golden tint to a sallow brown, or a brown verging on green. Freckles are commonly developed on the face and hands under the influence of the stimulus of light and of the rays of the sun; but they are also met with on other parts of the body habitually clothed. They are an appendage of a weak and delicate or irritable skin, and are usually met with in young persons, mostly of fair complexion and of a weak or debilitated constitution.

Plenck divides ephelis into eight species, chiefly in reference to the nature of their cause; for example, he has: E. solaris; ignealis; a vesicatorio; gravidarum; hepatica; dysmenorrhœalis; hæmorrhoidalis; et neonatorum, maculæ luteæ; and, these causes, in different language may be stated as follows: 1. Ephelis from the direct action of an irritant upon the tissues of the skin, e.g., E. solaris, ignealis et a vesicatorio. 2. Ephelis from a reflex action operating on the tissues of the skin, and originating in irritation of the stomach, liver, uterus or other abdominal and pelvic organs; the agent of reaction being the nerves and specially the nutritive or trophic nerves. The same explanation applies to lentigo; freckles may be either the effect of a direct irritant operating on the skin, as in the instance of the sun's rays; or they may be the effect of distant nervous irritations originating in the nervous centre; or in the irritation of internal organs, and very probably of the organs of nutrition. Of the latter kind are the "cold freckles" which are found on the covered parts of the skin in young persons, and in a similar situation in persons of mature age or of advanced life.

The following cases of melanæmia and melasma are taken without selection, chiefly from patients who have consulted me during the last few months.

**CASE I. Melanæmia; Ephelis Frontis et Labii Superioris; Nervous Prostration.** A lady, aged 38, married, the mother of four sons, ranging in age between 10 and 16, is the subject of dark brown stains of irregular form and size situated on the forehead and upper lip.

She is a person of delicate frame; but is at present enjoying better health than for some years past. She dates her loss of health to the birth of her last child, ten years back; she was confined prematurely and nursed her child too long; and suffered subsequently from menorrhagia and disorder of the womb. She has also suffered in health from residence in hot and cold climates; also from long and forced journeys.

Her complexion is sallow; and the conjunctiva is anæmic, brightly white with a dark shade, which gives the whiteness a peculiar pearl-like transparency and brilliancy. Superadded to the sallow complexion and to the brilliant anæmic eye, are the irregular blotches or stains of a dark brown on the upper lip, on the forehead, and scattered in smaller spots on the cheeks. Her

skin is fine and delicate, and that of the face irritable, so that she is unable to use soap.

She soon falls into a state of debility from over-exertion or other depressing cause; the debility is accompanied with nausea and sickness, and sometimes with severe nervous headaches, which are relieved by sickness. The action of the kidneys is natural, perhaps somewhat deficient in amount of secretion; and she has a slight tendency to swelling of the ankles. Her tongue is soft and pallid; the bowels sluggish and irregular; and she suffers from languor and lassitude; but soon picks up her strength in the bracing climate of Scotland. Her circulation is natural; her hands and feet habitually warm; but there is a slight *bruit* in the action of the valves of the heart. She has had no rheumatism.

She gives the following account of the occurrence of the present affection. She had been travelling for four days over frozen snow, and the jolting was so severe and continuous as to produce a sickness resembling seasickness in one of the party. She was excessively fatigued by this journey; and, having two further days of exertion to go through, was, finally, thoroughly exhausted. She experienced nausea, sickness, and a feeling as though her liver were disordered; there was a yellowish tinge in her skin, and an orange colour of the urine, which induced her to apprehend an attack of jaundice. Suddenly, after these symptoms had continued for about a fortnight, she was surprised at perceiving that which she thought at the time to be a smudge of dirt upon her upper lip. It appeared, she believed, in the course of the night, and has remained until the present time, upwards of twelve months, varying a little in depth of colour with her health—being lighter when she is feeling well, and darker when out of health; but exhibiting no tendency to disappear.

The eruption of the *epheles* on her face, she thought, relieved the symptoms of general disorder under which she had been labouring; the nausea and sickness subsided; and she felt that the attack was gradually passing away.

Such is the history of a curious disorder, associated with *anæmia*; and of a nature difficult to remove, because of its dependence upon those obscure causes of mal-assimilation and malinnervation, which keep up the *anæmia*, now that the original causes have ceased. It was a question whether a long course of bromide of potassium, prescribed for the uterine affection, could have been the cause of the discoloration. I have no hesitation in saying, no, it was not; for similar cases are constantly occurring in which no bromide of potassium has been exhibited. Some, having in mind Dr. Addison's cases, have thought that the suprarenal capsules might be concerned. There is no good reason for believing that they are; although it is not unlikely that there may be some morbid action present in the solar plexus, or those of its filaments that preside especially over assimilation and healthy sanguification.

In the course of treatment which this lady has undergone for her complaint, she took two minims of Fowler's solution of arsenic three times a day for six months, and has latterly commenced the use of Donovan's solution. I stopped the latter remedy, believing that her digestive functions were not sufficiently established in power to enable her to derive advantage from arsenical medicines, and put her upon a course of general tonics, beginning with nitromuriatic acid and a mild bitter. Locally, I prescribed a stimulant plan of treatment.

**CASE II. *Melanæmia; Ephelis Frontis; Melasma Diffusa; Nervous Prostration.*** A lady, aged 34, unmarried, is the subject of *epheles frontis*, of two years duration. Her eye is *anæmic* and brilliant (*melanæmia*); she is thin, dyspeptic, nervous, and subject to depression of spirits. She complains of feeling ill, but without being able to define her illness.

She says that she had an attack of small-pox five years back; that she kept her bed for three weeks; up to this time she was stout and fat, but that since this illness she has been gradually getting thinner and weaker.

Two years ago she was much alarmed by a fire, which occurred in the house in which she was living; she stood for some hours on the wet pavement, without shoes or stockings, and exerted herself a good deal.

When all was over, her strength gave way, she felt thoroughly prostrated, and has been highly nervous ever since. It was after recovering from this shock that she first perceived the dark brown stains on her forehead, which have continued ever since, being sometimes lighter and sometimes darker in their hue. She first noticed them in the course of the supraorbital nerves, where, at present, they form two triangular patches, which spread upwards to the band of hair which covers the temples; and, at the upper part of the forehead, the apices of the triangles are connected by a transverse bar.

Her uterine functions are regular, and there is no trace of visceral disease; but she is impressed with the belief that her liver is out of order.

**CASE III. *Melanæmia: Ephelis Frontis et Faciei; Trifling Constitutional Disturbance.*** A lady, aged 35, the mother of two children, has *epheles* on the forehead and face. She reports herself as enjoying good health, and only seeks for the removal of the discoloured stains which mar her beauty. She is thin, somewhat sallow, and has a brilliant melanæmic eye. Her digestion is not strong, and she sometimes has fits of depression of spirits. Her habits are active; she is naturally energetic, but for some time past has lost her usual determination and courage. Nine months back she fractured her leg while hunting; but the stains on the face have been in existence for two years.

**CASE IV. *Leucanæmia; Ephelis Frontis; Origin in Nervous Shock.*** A lady, aged about 40, unmarried, has *epheles* of the forehead; the discoloration is most marked on the temples, in the course of the supraorbital nerves, and across the upper part of the forehead. The stains made their appearance eight years back, after severe affliction; and she first perceived the disorder in the form of two narrow bands, which followed the direction of the trunks of the supraorbital nerves.

She is thin, nervous, subject to pains in the head when her liver is out of order, and dyspepsia; but considers that she enjoys a fair average health. Her eye is somewhat *anæmic* (*leucanæmia*); and the mucous membrane of the tongue pale; she is also troubled with occasional attacks of palpitations of the heart, which are obviously nervous, as there is nothing abnormal in the sounds or action of the heart in the interval of the attacks.

**CASE V. *Melanæmia; Fuscado Cutis; Ephelis Crurum; Deranged Nervous Functions.*** A lady, unmarried, enjoyed good health up to the age of twenty; she was plump and strong and cheerful. At this time she had a love-disappointment, and became depressed and weak. She was then attacked with neuralgic odontalgia, which recurred three or four times a year for a period of four years. Her next misfortune was the sudden and painful death of a sister; she was stunned by the shock, and, for two or three months afterwards, unable to sleep. She describes her waking sensations to have been as though a plate of iron clasped her head; as though she were a statue; and as though she were benumbed and dead.

She is now thirty-six years of age. The skin of her face has a brownish or dirty yellow hue (*fuscado cutis*); her eyes are bright, but heavy; the conjunctivæ have a dusky whiteness; the edges of the eyelids are pale, as are her lips and tongue. She is depressed in spirits, and haunted with the idea of having about her some

loathsome disease, which she fancies every one she meets must detect. This disease, she believes, produces swelling of her nose and wrinkles upon the eyelids and around the eyes. She has two or three circular spots of ephelis on the legs. Menstruation is regular, but deficient both in quantity of excretion and colour; the latter is brown, and sometimes pale.

The history of this poor lady's case seems to point to the shock which overpowered her nervous system sixteen years back, and from which she has never recovered, as the primary origin of her illness. The first effect of the shock upon the nervous system was neuralgia; then the shock was repeated, with the consequence of loss of sleep and a general feeling of lifelessness and torpor; and following on this, at a later period, defective hæmatisis and anæmia, with the presence of black pigment in the blood—melanæmia. The melanæmia, which is not strongly defined, has engendered a muddy discoloration of the skin of the face and several small patches of ephelis on the legs.

CASE VI. *Melanæmia; Melasma Palpebrarum; Alopecia Areata*. A gentleman, a lithographic artist, aged 45, consulted me for alopecia areata, of which he had several circular patches on the scalp. He suffers from dyspepsia, has a pale tongue, is languid and weak, and depressed in spirits, but without regarding himself as ill. His visit to me had reference, as I have already stated, to alopecia areata, and not to any derangement of general health. His complexion is dark; but the most striking feature of his face is a well-marked melanæmic eye, with a dark discoloration of the integument of the eyelids, which adds to the brilliancy of the abnormal eye.

When I directed his attention to the colour of the eye and of the integument around it, he called it a "flat darkness" and "flat shadow"—technical terms belonging to his own profession, which express very truthfully this appearance of the eye. He moreover remarked, that he never succeeded in getting the expression of his eye in photography, in consequence of this peculiarity. He said that it was regarded by his family as an indication of his state of health, being deepest when he was weak and unwell, and less apparent after change of air and when he felt better in physical strength. It also increased when he had an attack of dyspepsia.

He is unable to assign a cause for, or a period of origin of, this melanopathic discoloration; and he has no patches of dyschroma on any part of the body. Four years back he met with a frightful accident—a fall—which crushed his forearm. This accident produced a severe shock to his nervous system; he was insensible and suffered from vomiting at the time, and for some months afterwards experienced considerable nervous irritability. The attacks of dyspepsia have been more severe since this accident.

The alopecia areata showed itself suddenly, as is commonly the case with this disorder, about four months back.

CASE VII. *Melanæmia; Melasma; Alphosis; Stearrhæa Capitis; Alopecia Asthenica*. A gentleman, aged 48, late a military officer, applied to me for a stearrhæa flavescens of the scalp; and at the same time complained of dyspepsia, nervousness, and sleeplessness.

Observing that he possessed a strongly marked melanæmic eye, which was brilliant and white with a transparent tint of blackness, but without any alteration of colour of the integument of the eyelids, my first question to him was: "Have you any dark blotches about your skin?" His answer: "No; but I have some white patches;" and he immediately proceeded to show me a patch of alphosis in the submaxillary region, in which, besides the achroma of the skin, the hair growing on the patch was white. Further: on examining his body, the skin of the abdomen was found mottled with melasma and alphosis. In the hypochondriac and inguinal re-

gions were two large and irregular patches of alphosis, and several of small size on the scrotum. The deep brown tint of the abdomen, increasing in blackness around the white patches, he regarded as his natural colour; but I had no difficulty in proving to him that neither the dark nor the light skin were normal, but that both were extremely exaggerated; and, in one or two smaller patches, the skin preserved its natural tint of brown, while that which surrounded them had an abnormal tint of blackness. It will be remembered that he made no complaint to me of the melanopathia and the leucopathia, and would not have mentioned them but for my inquiry, founded on a diagnosis of dyschroma; such diagnosis being suggested by that remarkable abnormal phenomenon, the melanæmic or melasmic eye.

This gentleman was obviously anæmic; and the brilliant, deep, liquid eye contrasted strangely with the pale, yellow, muddy, and ill-nourished skin of the face and scalp. There were other symptoms betokening a deep-seated malassimilation; his tongue was pale, and circulation languid; but there was nothing to lead to the suspicion of organic disease. He told me that the leucopathia and melanopathia had followed an attack of small-pox which he had had more than twenty years before; but that the affection of the scalp (stearrhæa flavescens), for which he consulted me, was only of four or five weeks standing; that, like a preceding attack, it had come on with dyspepsia; that the dyspepsia had resulted from a "moral shock"; and that the dyspepsia was accompanied with a wretched feeling of "misery and despondency".

CASE VIII. *Leucanæmia; Ephelis Faciei; Extreme Nervous Depression*. A lady, aged 40, is the subject of ephelis, dispersed in patches of a dirty black colour upon the forehead, face, and neck, down to the level of the clavicles. The stains have existed for about two years. Her complexion is pallid and bloated; the eye pale, bright, and watery (leucanæmia); she is weak, languid, and extremely depressed in spirits; her appetite is bad, and digestion deranged. She is a native of the West Indies, and has visited London to see the International Exhibition; but she hardly feels that she has energy enough to go there; her sole desire and constant want is to return home by the first mail.

I endeavoured in vain to obtain some distraction for this poor lady, and I succeeded in detaining her a week only. Upon my frequent inquiry as to the cause of her restlessness and misery, she gave me a very inadequate one—the want of success of a relative. Her case was a marked illustration of the mental and nervous prostration that so frequently accompanies the anæmia associated with melasma—melanæmia.

CASE IX. *Ephelis Dorsi Manus; Exhaustion of Nervous Powers from Overgrowth of the Body; Dyspepsia; Deep-seated Neuralgia of the Lower Limbs*. A gentleman, aged 38, very tall and thin, is the subject of ephelis fusca of the backs of the hands and in the popliteal regions. He complains also of severe neuralgic pains in the legs. He suffers from dyspepsia; has a melanæmic eye; his complexion is swarthy; he feels weak, and he is easily exhausted by exertion. These symptoms appear to be the consequence of nervous debility induced by overgrowth of the body; and, although growth has now ceased for some years, the powers of the system, and especially of the nerves, have not as yet been recovered. There is nothing to excite suspicion of an organic lesion.

KING'S COLLEGE HOSPITAL. In consequence of Mr. Bowman's retirement from King's College Hospital, some beds were transferred into other hands. The six which fell to the share of Mr. Fergusson and Mr. Partridge, were by them liberally placed at the disposal of the two assistant-surgeons, Mr. Wood and Mr. Smith.

## CASES OF IMPERFORATE BOWEL.

By HENRY DUNCALFE, Esq., West Bromwich.

*[Read before the Midland Medical Society, Birmingham.]*

DURING a period of twelve years, five cases of abnormal states of the colon and rectum have been brought under my notice, and these cases illustrate three varieties of imperforate bowel. In two instances, the external opening was closed; in two, the bowel ended in a *cul-de-sac* an inch or more above the anus; and in the remaining case the bowel was not discovered.

The affliction in any of its forms is rare, and it is a curious fact that all these cases occurred in my own practice out of about 3,000 births, whilst Dr. Collins observed only one instance in 16,654 children born in the Dublin Lying-in Hospital, and Dr. Zohrer of Vienna records two cases out of 50,000 new-born children. It may, however, be true, as suggested by Dr. West, that many instances of simple closure of the anus may have passed unrecorded, whilst all the instances of more serious malformation have been described.

In two cases, where the obstruction was situated at the orifice of the anus, the conditions were pointed out to me by the nurses, who noticed the defect when the children were first washed. In both those cases I waited till the collection of meconium caused the parts to be distended, and I then made a crucial incision, snipping off the angles afterwards. These cases gave no further trouble. I directed the round end of an ordinary "dip" candle to be passed into the bowel night and morning, and the children recovered without any other treatment.

The following case, though more interesting, is less satisfactory in its results.

A lady residing near my house, was attended by the late Mr. W. of Birmingham. The child, a male, was healthy and well nourished. I was called in on the third day after its birth. The friends became anxious, as the infant had not voided any stool, whilst the stomach rejected both food and castor oil, which had been administered according to instructions given by Mr. W. I visited the child in the forenoon; it appeared to be in a state of constant discomfort; vomited frequently, and made continued violent straining efforts to defæcate. I passed a soap suppository into the rectum, which was immediately returned with a little mucus tinged with blood; then, having oiled my finger, I passed it into the rectum and found that the bowel terminated in a pouch. I communicated the fact to the friends, and Mr. W. met me in consultation in the evening of the same day. He recommended an opiate mixture to be administered and the operation delayed till the pouch should become distended, and then for a trocar and cannula to be passed through the projecting part. Of course the symptoms of strangulated bowel continued, and with increased severity. The stomach and bowels were distended, and the child made a continual moaning cry, except when interrupted by vomiting and retching. The following day, Mr. W. again saw the little sufferer, and again postponed any operative proceeding, alleging that such cases usually terminated fatally, and the lower the bowel descended, the greater hope there would be of success. On the fifth day, I passed a trocar into the projecting bowel; some thick meconium passed, and water was injected through the cannula to favour the discharge; very little relief was given by this operation. The symptoms continued as before, the child getting perceptibly weaker. After the cannula was withdrawn no more meconium passed, and the child lingered on for forty-eight hours, when death happily removed it from further suffering. An examination was allowed after death. The rectum was perfect and the colon ended in a blind pouch. The trocar had passed through the centre of the membrane, but the collection of the meconium above pre-

vented any escape through so small an aperture. With all respect to Mrs. W.'s great experience and sound judgment, there can be no doubt but that we fall into two errors in the treatment of this case. In the first, blinded by the belief that the lower the bowel was protruded the greater hope there would be, the child was permitted to sink into that feeble state, that had the operation been successful, I am convinced the child would not have rallied; indeed, the bowel from distention, had become so paralysed, that very feeble expulsive efforts were made at the time of the operation, though previously very violent strainings had tended very much to exhaust the little patient. In the second place, the opening by means of the trocar, was a useless operation. Even the water injected through the cannula did not return, and though Mr. W. tried to coax down the meconium by passing a long probe into the bowel, very little indeed escaped. The pressure of such a quantity of thick fluid would, of course, prevent any escape, and a bottle filled with any thick fluid having a narrow neck, will clearly demonstrate how useless was that operation.

The existence of an anus and rectum, although a decidedly favourable feature, does not warrant quite so hopeful a prognosis as might at first sight seem apparent; but after those cases where the anus is merely covered by integument, these must offer the second best chance of recovery. The operation usually advised in these cases is to introduce a narrow straight bistoury upon the forefinger of the left hand, or upon a director through the closing membrane, and the opening thus made enlarged with the button-ended bistoury. It seems to me, though I have never performed the operation, that, simple as it reads, it will in practice be difficult. The gut is not so resistant as to be cut easily with a bistoury, and the finger becoming covered with the slimy meconium must lose a great deal of that sensitiveness which is necessary to guide the knife; then the expanded part of the rectum may be hit upon, and the bistoury passed behind the bowel into the pelvis. The pharyngotome and trocar are also advised by some medical writers. I have already stated my reasons why I would not use the trocar.

A case similar in every respect to the one I have just recorded, occurred in my practice in the year 1859. I adopted an operation different from any I had read or heard of, and I had the satisfaction of seeing the child live till the bowel acted perfectly, and the operation proved a success. The child died some time afterwards from pneumonia, followed by abscesses in different parts of the body.

I delivered a dissenting minister's lady of her fourth child on October 4th, 1859, and the following day my attention was directed to the child's having refused food and the breast, whilst vomiting and hicough had been noticed at times since its birth. Having found the anus perfect, I ordered a teaspoonful of castor oil to be administered. I was told the next morning that the oil was returned as soon as swallowed, and that there had been no evacuation. She still moaned as if in pain, but the face was not indicative of distress. Vomiting occurred now and then, chiefly when the child strained. Having oiled my forefinger I passed it into the rectum, and at about an inch or inch and a half, I found the bowel terminating in a pouch.

Remembering the fatal termination of a similar case which presented itself some years previously, I determined that this child should not die from exhaustion before the operation, and with the help of an assistant I performed the following operation with great ease. Seizing a slightly curved needle (armed with a double ligature) with a pair of forceps, I passed it up to the protruding bowel, and guided by the index finger of the left hand, thrust it through the centre of the pouch, withdrawing it by the forceps. My assistant then drew down the ligature, whilst I introduced a pair of sharp pointed scissors up the rectum; the pouch being put



on the stretch and steadied by the traction of the ligature. I separated the blades of the scissors and pushed them through the gut, then by closing the handles I made a good opening into the fore part of the bowel. I slipped my finger into the opening, and changing my scissors for button ended ones, I snipped through the tight edges, the ligature being gently pulled down during the whole time. By this means I opened two thirds of the closed bowel, and the posterior flap was brought through the sphincter. I passed a suture through it to the verge of the anus, and on withdrawing my finger a quantity of meconium was expelled by the straining efforts of the child. An India-rubber bottle full of warm water was injected and returned by the child's efforts, and soon afterwards the little patient fell asleep. I passed up a candle bougie twice daily for three or four days, and about the fifth day I took out the stitch from the bowel and snipped off the flap at a distance higher than the ligature, which I had left protruding through the anus. I do not know whether there would have been any risk of the bowel receding had it not been confined by the suture, but it gave no trouble after its removal. A warm water injection was given daily; the bowels acted well, and the child lived long enough to have the bowels brought into the normal condition. I should certainly adopt the same treatment in a similar state. The ligature answers several purposes; it draws down the pouch, it tightens the membrane so that the bowel does not recede before the scissors, and after the incision has been made, it makes tense the edges and permits the opening to be enlarged with ease and safety.

I have related these cases in succession, as the abnormal condition was so much alike in both, but the following case occurred about June 1856, between the two cases cited. The parents were innkeepers, and after the child had been born a few hours, the attendant noticed that no stool passed, though the child made some straining efforts. On examination, it was found that the anus was closed. I waited over two days, and as there was no protrusion or resistance when the finger was pressed against the perinæum, I advised an exploratory incision. This I did with my lancet to the extent of half an inch, and passed my finger through the wound, hoping to come into contact with the globular distended bowel, but I failed to discover any fulness or anything indicating the presence of the lower bowel. I allowed the case to go on for a day or two longer, and I then advised Amussat's operation in the left loin to relieve the child's suffering. Either from absence of the descending colon, or from the incorrect performance of this operation, I did not succeed in finding the bowel, and I closed the wound without being able to give the child the relief I had hoped for. The parents would not allow a *post mortem* inspection, and I can only mention this as a case where the bowel was defective for some distance from the anus.

### RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 664 of last volume.]

CASE XXII. *Cerebral Affection after Labour.* I was summoned in the middle of the night on September 16th, a distance of eighteen miles, to Mrs. — (who had been confined about ten days) in consequence of a severe attack of illness after labour, with a threatening of puerperal convulsions. She was of middle age, and the mother of several children, one, if not more, born in China, where she had once suffered from cerebral disturbance, subdued at length by large doses of opium; of which drug she was said to be at the time so tolerant that not less than five or six grains produced any effect. The night before I saw her, she had been suddenly seized with pain in the

head, intolerance of light and noise, and confusion of mind, so that she scarcely knew where she was, and believed herself to be dying. She was very faint, and when her surgeon arrived, he ordered turpentine in drachm doses, several of which had been taken before I got there, and from which she expressed the greatest comfort, saying she felt at once that it would save her life. Before taking it, her pulse was 140. I found it a little under 100; and hearing she had been unable to sleep for several nights, I advised a full opiate enema. The lochia had not stopped, neither were there any decided uterine symptoms; but I considered that her brain, naturally susceptible, had become irritable and exhausted from want of sleep.

The enema produced a very good effect, being followed by seven hours' sleep; and a few days afterwards I was informed that all was going on perfectly well.

Her husband told me she made a very good recovery.

CASE XXIII. *Puerperal Disease.* I was summoned to a distance, late on the evening of Saturday, October 4th, to visit a delicate lady, about 35 years of age, and mother of a large family, coming in rapid succession. She had been confined ten or twelve days, and there was some difficulty with the placenta. There was no distinct history of a chill, but the nurse said the lochial discharge had been offensive for a day or two, and paler than it ought to have been, but this was only mentioned after putting the question to her. I found her very much depressed, with rapid pulse, confused sensorium, and great loss of power, both nervous and muscular; and yet there were no decided uterine or abdominal symptoms. However, we applied turpentine stupes to the abdomen as a precaution, washed out the vagina, gave a strong opiate enema to quiet the nervous system and procure sleep; and prescribed frequent small doses of quinine and chloric æther, with wine and good nourishment to support her strength.

I did not see the patient again, but have since been informed by her surgeon, that after a rather severe struggle, she ultimately recovered. She could not take the quinine, but continued the chloric æther, and turpentine stupes. After my visit, she exhibited more decided puerperal symptoms; her body becoming prominent, her mind more disturbed; she had no sleep but what was produced by medicine, and thirty or forty minim doses of chlorodyne answered the purpose well. The turpentine greatly relieved the tympanitic condition of the abdomen; but after this had subsided, she was attacked with phlegmasia dolens. In spite of this complication, however, the result was favourable, and the patient is now downstairs and resuming her family duties.

CASE XXIV. *Puerperal Disease: Fatal.* Mrs. —, aged 28 years, a delicate lady and very deaf, had been confined about a fortnight, when I was called to see her on October 1st. The history given me was as follows. Before her confinement she had an attack of bronchitis, which much reduced her strength; her labour soon followed, and the placenta required artificial removal on account of hæmorrhage, which for the moment was severe, and made her very faint. She went on pretty well for a day or two, and then had an attack of pleuro-pneumonia of the left side, accompanied by very acute pain, and relieved by antimony, blistering, calomel and opium etc. When this gave way to treatment, she complained of slight abdominal pain, the abdomen was found to be tumid, and there was commencing phlegmasia dolens in the right leg. The secretion of milk had ceased, and the lochia had changed colour. These latter symptoms made their appearance two days before I saw her; and I found her in a very serious condition, suffering from most threatening puerperal mischief, which had been masked by the more acute disease in the chest, and for a day or two escaped observation. Her pulse was 140 or more, and her respiration hurried and whistling. The sensorium was not much disturbed, but on dozing she

felt rather confused. The chest-affection was apparently cured. The abdomen was not tender, but very tympanitic and conical; and I discovered uterine tenderness on deep pressure above the right groin. She had no sickness nor diarrhœa. The lochia were muco-purulent and very offensive: and the nurse told me she had noticed the bad smell four or five days, but had not mentioned it. Muscular power was at a very low ebb, and her general condition most unfavourable. Turpentine was applied to the abdomen this morning, and we now gave her a drachm dose internally; we also enveloped the whole limb affected by phlegmasia dolens, the right leg, in moist flannel sprinkled with turpentine; an application which I have found of much more service in that disease than any other treatment whatever. All other medicines were discontinued; frequent vaginal washings ordered, and a turpentine enema the next morning, should there be no relief from the bowels; the turpentine to be also repeated internally twice in the night, and mild nourishment administered. I left her at 8 P.M., without a hope of recovery from such a frightful complication of illness, the only circumstances at all in her favour being that her manner was not very unfavourable, and her brain but little disturbed.

On the 2nd, her surgeon sent me the following report: "I have seen Mrs. — this morning. She has had a restless night, bowels very much relaxed, tympanitis not so much, mind quite intact, pulse not so quick. She expresses herself as unable to take any more turpentine, but we go on with the external application. I have given her a chalk mixture with a little opium, catechu, cascarilla, and chloric æther. It is a very bad case, yet there are some favourable symptoms. It is remarkable how during the chest-affection, this disease was masked; in fact, there appeared no symptoms of such until the other was removed."

On the 4th, I heard she was still alive, and in some respects better. The body was much less swelled; the diarrhœa was stopped; the leg not painful; but her pulse was still rapid and she was very weak.

On the 6th, I received a letter requesting another consultation, but stating that in many respects the patient had been going on favourably. On my arrival in the afternoon, I was told a serious change had taken place in the morning, and she was fast sinking. I found her quite sensible, without pain either in the abdomen or leg, and with scarcely any swelling in either. But she was so exhausted and feeble, and her pulse small and very rapid, with a corresponding frequency of respiration, that it was clear she must die. However, she lingered on without any other symptoms than extreme exhaustion until the 9th, and then quietly sank.

[To be continued.]

DEATH OF A SURGEON FROM AN OVERDOSE OF PRUSSIC ACID. The following particulars are from the *Waterford Mail*:—"We regret to have to announce the sudden and premature death of Joseph Sawyers, Esq., surgeon of the 8th Regiment, which occurred on Friday evening. Mr. Sawyers had been in the habit of taking small doses of prussic acid, and on Friday evening he felt unwell, and mentioned to his servant that he would not go to dinner; the servant laid a bottle containing prussic acid and one containing essence of peppermint on the table, and it is surmised that he took the prussic acid in mistake. A coroner's inquest was held on Saturday, and a verdict was found that the death was caused by an overdose of prussic acid. The remains were interred with military honours, at the Abbey Church, this (Monday) morning, and were accompanied by all the officers—some having come from a considerable distance to pay this mark of respect to their deceased comrade, who was much beloved and is sincerely regretted by them."

## British Medical Journal.

SATURDAY, JANUARY 10TH, 1863.

### SCIENCE AT HOME AND ABROAD.

THE truth of the old adage, that no man is a prophet in his own country, is very strikingly exemplified by the manner in which we in this country are too apt to treat the contributions to science of foreigners, and the contributions of our own countrymen. We have more than once taken occasion to call attention to this act of unpatriotic partiality; and, in fact, have recommended those of our scientific workers, who wish their observations to be duly appreciated by their own countrymen, to have them transferred into a foreign dress, and brought out, in the first instance, in a foreign country, under a foreign name. We verily believe that the translation "from the German," for example, into English of such productions would ensure for them a far better chance of attentive and serious consideration than they would obtain if their British authors had produced them originally in their mother tongue and country.

Our remarks have called forth the following pertinent observations from the pen of one of our most accomplished scientific observers:—

"English observations are not epitomised in the same way as foreign, and the result is, that a most erroneous impression exists amongst practitioners, viz., that the scientific work performed in this country is exceedingly small, and bears no comparison, either in quantity or quality, with that produced on the continent. Sometimes papers seem to be selected for translation in consequence of the number of letters in their authors' names—sometimes, because the author boldly reiterates statements, the truth of which was disproved half a century ago. Thus, recently, we have had the subject of spontaneous generation re-opened, and the most unsatisfactory experiments of certain French observers reported at some length. If these gentlemen still remain uninfluenced by the multitude of facts which have for years been accumulating against their pet theory, it seems scarcely desirable to encumber English journals with their dogmatic assertions. There are, and probably there will always be, people who will maintain that living beings result from the accidental approximation of certain inanimate particles to each other, but it is surely unnecessary to give very wide publicity to such untenable vagaries.

"There is just now a fashion in this country of giving very undue prominence to the work of foreigners, while that of our own countrymen is underrated. Foreigners are themselves surprised at the sort of articles which are sometimes translated into English journals.



We desire in these, as in other matters, to treat foreign observers with the utmost generosity and liberality; but we cannot conceive that any good can result from this mode of discouraging the younger men of our profession in this country, who, under difficulties of which foreigners have no conception, are trying their best to advance medical knowledge. We have seen on several occasions indications of a desire on the part of some who have, perhaps by accident rather than by real work of their own, attained influential positions, to make the utmost of foreign work, and almost to ignore that of their energetic juniors. It seems to us but natural, that men occupying high positions, but who are no longer engaged in scientific labours, should encourage in every possible way the advances of their juniors; but we fear that the generosity and encouragement, which would certainly produce valuable fruit if dispensed on this side the channel, too often assumes the miserable form of patronage on the other. The only result is disappointment here and a considerable amount of contempt and ridicule there. Individuals in high position ought to know that a man may allow himself to accept the patronage but laugh at his patron. We trust, however, that the younger men in this country, who are now contributing so much to the real advance of many departments of science, will continue their labours with earnestness, and that their ranks will be recruited and their cause strengthened until the merits of British science are acknowledged by Englishmen, when those whose duty it is to satisfy the scientific craving of the members of our profession will soon make the discovery that scientific work is being carried on here as well as in France or Germany, and that the British medical public takes as much interest in that which is done by their countrymen as by foreigners."

#### GRATUITOUS MEDICAL SERVICES.

A STRIKING illustration of the correctness of the views concerning the abuses of London hospitals so often referred to in this JOURNAL, may be found in a letter in the *Times* of the 1st of this month. A writer calls upon the benevolent to give their alms to a London hospital which has done acts of mercy to our Commissionaires. The voice comes from the barracks of the commissionaires, and is the voice of gratitude for services received. It details the immense good done by the hospital, its £7000 spent *per annum*, its 1400 in-patients, and its 38,000 out-patients *per annum*. It then goes on to make the following instructive statement:—

"As some people may wish to know how far we carry out our principles of 'self-help,' I may state that our sick-fund contributions for the present year are about £20—a rate which, if equalled by all other patients, would increase the income of the hospital by nearly £3000."

From this we find that these commissionaires actually pay £20 towards the funds of the hospital. Now, is it not clear that, of these 38,000 out-patients, a very large portion must be of a class who receive wages as large as and much larger than these commissionaires? If this be the case, why should this business of charity be carried on to this lamentable extent, after such indiscriminate fashion, demoralising the working classes, and unfairly taxing the benevolence of the benevolent? Why! if these 38,000 patients come from the neighbourhood of the hospital, we must conclude that the whole sick of the parish pass through the doors of the hospital during the year!

We seriously again ask the profession, must there not be something radically defective in a charitable system which throws (at one single hospital) 38,000 patients on the hands of the medical men during one year, for the reception from them of gratuitous medical services? Must there not be something radically defective in a charitable system, which is ever crying out, in the most imploring terms, for money and help, notwithstanding the gift of their immense services by the medical profession? The medical profession, it appears, gives its gratuitous advice to 38,000 patients (at one single hospital, be it remembered); and so deeply does a discriminating public appreciate the value of the golden and gratuitous advice (medical and surgical)—of these immense services—that it will scarcely furnish the obolus required for the purchase of physic for sick and bandages for the wounded. How long our profession consent to play a part in this gross of suicidal injustice?

#### TYPHUS IN LANCASHIRE.

WE have now unfortunately the best authority for saying, that the scourge which ever follows in the track of war, misery, and famine, is now claiming its victims in the manufacturing districts. Protracted low diet—sufficient to sustain life, but not sufficient for vigorous life—is beginning to tell its tale upon the bodies of the working classes there. Our profession has, as usual, been prodigal of its money and its services in this terrible conjuncture; but never more than now is it able to do great service by enforcing upon the public at large the all-important fact—that it is not by physic, but by food only, that this plague can be stayed; and, what is of still greater importance, its attacks anticipated. The profession should, therefore, urge the necessity of still great and greater exertions being made in this work of charity; for here comes the scourge, typhus fever, whose steps can only be arrested by the outpourings of public benevolence.

"Dr. Buchanan," we read, "physician to the London Fever Hospital, and one of the London Medical Officers

of Health, has been engaged, since the middle of October, in an official inquiry into the sanitary condition of the principal manufacturing towns under their present exceptional circumstances. He has reported the results of his observations from day to day to the Privy Council Office, and has now presented a summary of his experience in the places he has visited, embodied in a document of painful interest.

"This medical report, unhappily, leaves no doubt that 'one of the most lamentable consequences of extreme destitution has made its appearance.' Typhus fever has broken out among the population of Lancashire for the first time since 1847. It has appeared in the track of want, of which Dr. Buchanan well says it is the 'steady follower.' In Preston and Manchester, typhus fever has now assumed an epidemic form. In Preston, there were 227 cases between Midsummer and the end of November; and those attacked died at the rate of 23 per cent. In Manchester, there have been 100 cases of the disease in the same period, with nearly the same high rate of mortality among its victims.

"The existence of this disease, remarks Dr. Buchanan, 'by itself suggests doubts as to the complete success of the measures that have been adopted for the relief of the distress.' In twelve of the chief manufacturing towns, including Manchester, Preston, Stockport, and Bolton, the following external signs have been noticed among the population, and they all indicate a readiness to sink under the first attack of disease:—Among the cotton-workers, as a body, there is an evident loss of strength, colour, and flesh. There is a wan and haggard look about the people that is not habitual to them. Medical men assert that the parents have lost their health in a much greater degree than the children, and of the parents the mothers suffer most. Between the permanent paupers of the Manchester Union and the recently hiring workmen of Ancoats the experienced medical eye can now draw no distinction in the apparent ability of the two classes to resist disease. From the whole of the report it is evident that, while the cases of death from actual want have been very few, there exists an immense amount of what may be termed mild starvation. It is the impending, gradual deterioration of the tary condition of the people that is now the great danger. Privation will make itself more and more felt every week of its continuance. The allowance that is not sufficient now will be less so as the cold of the winter sharpens. Warmth now becomes a necessity of life, only second to food. To secure it the poor will always sacrifice many of the conditions of health. They close doors and windows, and paper up the fireplaces, to exclude every draught of air. The report notices this want of ventilation as of itself a dangerous source of disease."

### THE PATHOLOGY OF TERTIARY SYPHILIS.

TERTIARY syphilis (writes M. Diday) must not be considered as one of the stages of evolution of a disease. It is a distinct pathological condition, distinguished from secondary syphilis by its clinical character, its prognosis, and its treatment.

Secondary syphilis may be produced at will—excepting the case of immunity due to previous syphilis; its radical cure is its ordinary termination; and its lesions are contagious.

But tertiary syphilis cannot be produced at will; nor can its accession be anticipated; spite of all remedies, it is a persistent disease; and its lesions are not contagious.

Comparing these two groups of characters, we find that those of secondary syphilis belong to the class of virulent affections, or poisoning by morbid secretion; whilst those of tertiary syphilis belong to the class of diathetic diseases.

Tertiary syphilis is, in fact, syphilis-poisoning which has passed into the stage of diathesis; from being essentially transitory, it has become essentially permanent.

To what cause is this transformation (which does not occur in all cases) due?

It is certainly not due to long duration of the secondary stage of syphilis. Secondary lesions may last for three or four years, and yet produce not tertiary syphilis.

Neither is it due to the neglect of any specific treatment; for observation shows us that tertiary syphilis arises as often whether specifics have been used or omitted.

The true agent of tertiarism is doubtless the varying degree of power of the virus; and above all the varying degree of resistance offered by the system to its action. Persons of weak vitality, or who are enfeebled by age, or dyscrasie, etc., are they in whom the syphilis becomes tertiary and permanent.

Experience, as shown by the powerlessness of medicine, confirms these views. Mercury almost invariably fails; iodine, an admirable palliative, is only a palliative. To cure a diathesis, a radical and permanent change of food, of residence, of profession even, in a word, of all social and moral habits, are required. Hereby alone can we hope to obtain a cure. This is what few patients can be made to understand; and why, therefore, the radical cure of tertiary syphilis is so rare.

### THE WEEK.

MR. BOND, a sporting gentleman, some years since, endeavoured to persuade the Jockey Club that the winners of great racing stakes should be called upon to give a small percentage of their winnings to hospitals. The Jockey Club would not, however, listen to this charitable proposal. Last year, Mr. Bond made another effort in the same direction. He promised to give 1000 guineas for the purposes indicated, if the winners of the Derby and Oaks would also each give 10 per cent. of their gains for the same. The 10 per cent. has not been forthcoming; nevertheless, Mr. Bond will not be balked of his benevolent purpose. He, therefore, gives his 1000 guineas to be divided amongst the following hospitals; namely, 100 guineas each to the Westminster, King's College, St. Mary's, the Cancer, the London, and St. George's Hospitals; to the Royal Free Hospital, £157:10; and for the establishment of a drinking-fountain in St. Clement's Danes, £316.

It will seem surprising to the profession, that at this far advanced day of chemical and sanitary science and scientific agriculture, a proposal should have been made, by the engineer of the Metropolitan Board of Works, to discharge the sewage of the Western division of the metropolis into the Thames, above London—at Cremorne. The metropolitan medical officers of health have, we are glad to see, taken up the subject and entered their protest against it. Of course, the Board of Works has but one grand object in view, viz., to get rid of the sewage. It has nothing to do with a polluted river, or with sanitary or agricultural science. Its business is simply to collect and discharge the sewage out of a given district. The duty, therefore, of determining where and how the sewage shall be discharged out of the district naturally falls upon others. Indeed, after all that has been said and done in reference to this pollution of our rivers by sewage, it does seem surprising that the engineer should have ventured to make such a proposal. That it will be defeated by the vigilance of the Metropolitan Health Officers we doubt not for a moment. Certainly, it is no business of these gentlemen to say how the sewage should be otherwise disposed of. It is for the engineer to overcome engineering difficulties. Of this, however, we may be very sure: let the public only insist that under no circumstances shall sewage be discharged into rivers, and plenty of schemes will be found for its disposal otherwise. Incidentally, also, this prohibition will act as an immense benefit to the community; for it will, naturally, lead to the utilisation of all the riches of sewage, and thus be the means of returning to the soil the essence and virtue which is won from it in the shape of food.

DR. LEE of Philadelphia, who is now visiting the different medical institutions of England and the Continent, makes the following comparison between English, French, and American lunatic asylums.

"I have also visited the most noted institutions of this kind in England and France; and, with the exception of the agricultural colony at Clermont, I have seen nothing deserving of special commendation which is not also found in our own country. Indeed, I think, as a general rule, we are considerably in advance of the old world in the successful treatment of the insane; and our statistics will show a larger percentage of cures than can be found in the large majority of European asylums. And it is very natural that it should be so. Americans are the most practical people in the world; they are not easily led to adopt novelties merely because they are novelties, but which have nothing else to recommend them; but they speedily introduce every improvement which is founded in reason and common sense, and which promises any practical benefits, wherever it may have originated. The unreasonable and obstinate prejudice which exists in Great Britain against adopting anything new from foreign countries, fortunately does not exist among us; and hence we are never found lagging far behind in the race of improvement and the march of civilisation. Hence Professor Acland, M.D., of Oxford, who accompanied the Prince of Wales

in his recent visit to the United States, expressed surprise that American physicians should visit Europe to examine lunatic asylums, for they would find better ones at home, as at Philadelphia, under the charge of Dr. Kirkbride (and, I may also add, at Bloomingdale, under the charge of Dr. Brown), than can be found in Europe. Such I know to be the opinion of the most enlightened physicians of England, Germany, and France, who have made themselves acquainted, by personal observation, with such institutions on both sides of the Atlantic. In England I visited, among others, the great establishments of Hanwell, Colney Hatch, Bethlehem Hospital, etc.; also the private asylums of Dr. Conolly and others; but I saw nothing which is not well known and carried out in the United States."

THE French Academy of Sciences has been more fortunate in the satisfactory disposal of its grand prize than the Academy of Medicine. The question proposed for the grand prize in the physical sciences was, "The Comparative Anatomy of the Nervous System of Fishes". No worthy competitor appeared; but 1,500 *francs* were allotted to MM. Philipeaux and Vulpian for the treatise entitled "Researches for the Determination of the Parts which constitute the Encephalon in Fishes". The first prize (1,800 *francs*) in experimental physiology was accorded to M. Balbiani for his treatise on the Sexual Phenomena of the Infusoria; and the second to MM. Chauveau and Marey, for the Study of the Cardiac Circulation. The prizes in medicine and surgery were distributed as follows:—To M. Cruveilhier, 2,500 *francs*, for his works on Pathological Anatomy; to M. Lebert of Breslau, 2,000 *francs*, for his treatise on Micrography; to M. Frerichs of Berlin, 2,000 *francs*, for his treatise on Diseases of the Liver; to M. Larcher, honourable mention and 1,500 *francs*, for his work on Normal Hypertrophy of the Heart during Pregnancy; to M. Cohn the same, for his work called "Clinical History of Embolic Affections, studied from a Practical Point of View". MM. Dolbeau and Luys also touch 800 *francs* and an honourable mention—the first for his work on Epispadias, and the second for his work on the Structure of the Brain properly so called. MM. Ollier, Fousnangrè, and Bourgeois, get only a simple mention. The prize Alhumbert—"To endeavour, by well-conducted Experiments, to throw new Light on the Question of Generation called Spontaneous"—was accorded to M. Pasteur. Another prize Alhumbert—"The Experimental Study of the Modifications which may be determined by External Agents in the Development of a Vertebral Animal"—was divided between MM. Lereboullet and Dareste. To M. Barallier, who has demonstrated the non-identity of typhus and typhoid fever, 2,000 *francs*. (Some of our readers will, we suspect, question this adjudication.) M. Cass received the Barbier prize for his works on Glycerine. The following are the prize-questions proposed by this body for the next year's meeting:—Natural Philosophy: On the Comparative Anatomy of the

Nervous System of Fish (3,000 *francs*, Sept. 1st, 1864). To study the Changes effected during Germination in the Constitution of the Tissues of the Embryo and Perisperm (3,300 *francs*, April 1st, 1864). On the Production of Hybrid Animals by Means of Artificial Fecundation (3,300 *francs*, Sept. 31st, 1863).—Medicine: To trace the History of Pellagra (5,000 *francs*, April 1st, 1864).—Medicine and Surgery: On the Application of Electricity to Therapeutics (5,000 *francs*, April 1st, 1866).—Surgery: On the Preservation of Members by Preserving the Periosteum (the Academy offers 10,000 *francs*, the Emperor also 10,000 *francs*, April 1st, 1866).—Bordin Prizes of 3,000 *francs* each, to be sent in before December 31st, 1863: On the Distribution of the Vessels of the Latex in the Organs of Plants. On the Anatomical History of Coral and other Zoophytes of the same Family. On the Structure of the Stems of Plants, with a View to determine their respective Families.

THE following testimonial to the value of "Lane's Indian Remedy for Small-pox" is worthy attention at the present moment.

"INDIAN REMEDY IN SMALL-POX. Eruptive Fever General Hospital, Kalorama, Washington, D.C., November 26th, 1862. Surgeon-General W. A. Hammond, Washington, D.C.:—Sir,—Acting in accordance with instructions received from the Surgeon-General's Office to test the efficacy of 'Lane's Indian Remedy for Small-pox', and report thereon, I have the honour to state that I have used the box of 'remedy' in the treatment of cases of small-pox in this hospital; and in no case, used either as a gargle, eye-wash, or internal remedy, have I been able to detect any effect produced upon the patient or the disease, except that in one case the patient, after taking it several days in succession, complained of its producing nausea. In every other case I have found it inert, and as useless as I should expect a decoction of sawdust to be, administered in similar cases. Your, etc., R. J. THOMAS, Act. Assist.-Surgeon U.S.A., in charge."

TARTUFFE has commenced the present as he finished his last journalist year, with abuse flung at the British Medical Association and its JOURNAL. We are always anxious that our readers should be fully apprised of these exacerbations of his, because they are the most certain certificates and testimonials to the successful progress of our Association which we could lay before them. That Tartuffe should be excessively violent at the present moment is explicable enough to us. At this season of the year, the demonstration of our success is painfully impressed upon our adversary's senses by the unanswerable logic of figures. Here is the last diatribe of the *Lancet*, under the head of the Fever Controversy, couched in its usual elegant diction, and drawn from its ordinary sources of truth and honesty:—

"This has attracted attention, and has produced a literary *bévue* of errors and improprieties, in which some of our medical contemporaries have distinguished themselves by more than ordinary incapacity and rashness. The unhappy organ of the British Medical Association

seized eagerly the opportunity of distinguishing itself by a terrific onslaught on Dr. Tweedie. Of course, that experienced physician had explanations to offer, and next week the fierce attack was followed by an abject apology. If possible, the apology was more dangerous than the attack, for it is more full of errors, and this week the JOURNAL must again eat humble pie."

All we will remark upon this performance of Mr. Tartuffe's is, that, true to the specific characters of his prototype, he has not the courage to express any opinion of his own on the subject of this Fever Controversy. Here, as on so many other occasions when moral courage is required for the delivery of an honest opinion, he quietly turns tail, and suggests a reference to arbitration—falling foul-mouthed on those whose literary honesty he has not the courage to imitate. We will add that, we trust, and would willingly believe for the credit of our cloth, that the conductors and instigators of these unseemly attacks of the *Lancet* are not members of the medical profession.

AN interesting point of medical ethics is undergoing a warm discussion amongst our French friends. The question is, what ought a doctor to do if consulted about the physical eligibility for marriage of one of his patients? Two societies have had their say upon it, and have concluded: "That the medical men should abstain from giving any information respecting the health of a client on the occasion of his or her marriage." This view of the case is not, however, accepted by the press, which declares, on the other side, that in its opinion: "Circumstances may occur in which the medical man is bound, both by honour and morality, to enlighten families as to the state of their patient's health." It strikes us that this is just one of those questions, about which learned men like to discourse and make difficulties, but which practically has never been a source of serious difficulty to anyone.

Dr. Sichel, the oculist, describes, in *L'Union Médicale*, a peculiar kind of senile delirium, of a non-febrile character, which he has observed seven or eight times, after extraction of cataract in old people. He attributes it solely to the occlusion of the eyes consequent to the operation. Some of his patients might have suffered from commencing delirium tremens; but others again had been most abstemious all their lives. The patients get up in the night, walk about, gesticulate, tear off the bandages, insult and menace those about them, etc., and so as to require restraint. He relates a case in which all the symptoms of delirium disappeared when the bandage over the eyes was removed. He has never observed it in persons under sixty years of age; nor in any cases except those in which the operation for cataract was practised by extraction.

The number of inscriptions at the School of Medicine and Pharmacy at Bordeaux for the ensuing session is 102.

## CONSERVATIVE MEDICINE.

Dr. FLINT, Professor of Medicine in the Bellevue Hospital Medical College, New York, makes the following remarks in the *American Medical Monthly* :—

"The meaning of *conservative surgery* is well understood. The conservative surgeon aims to preserve the integrity of the body. He spares diseased or wounded members whenever there are good grounds for believing that by skilful management they may be saved. He resorts to mutilations only when they are clearly necessary. He weighs carefully the dangers of operations, so as not to incur too much risk of shortening life by resorting to the scalpel. By conservative medicine, I mean an analogous line of conduct in the management of maladies which are not surgical. The conservative physician shrinks from employing potential remedies whenever there are good grounds for believing that diseases will pursue a favourable course without active interference. He resorts to therapeutical measures which must be hurtful if not useful, only when they are clearly indicated. During the last quarter of a century a change has taken place in medical sentiment as regards surgical operations. New and grand achievements in surgery seemed formerly to be the leading objects of personal ambition. Boldness in the use of the knife was the trait in the character of the surgeon which was most highly admired. It was customary to speak of them as brilliant, and the daring surgeon enjoyed somewhat of the *éclat* which belongs to the hero of the battle-field. This analogy was implied when one of the greatest of our American surgeons, wishing to distinguish his most brilliant exploit, styled it his Waterloo operation. The change that has taken place is marked. What would once have been considered as a degree of courage to be admired, is now stigmatised as rashness. It is an equivocal compliment to say of a practitioner that he is a bold surgeon.

"An analogous change within the same period has taken place in medical practice. Formerly, boldness was a distinction coveted by the medical as well as by the surgical practitioner. "Heroic practice" was a favourite expression, consisting in the employment of powerful remedies, or in pushing them to an enormous extent. The physician emulated the surgeon in daring. The change is not less marked in medicine than in surgery. We hear now oftener of diseases managed with little or no medication, than of cases illustrating the abuse of remedies. We desire to preserve the vital forces, to avoid the perturbations and damaging effects of potential therapeutical agencies.

"Physicians have acted on the presumption that most diseases do not pursue a favourable course without treatment more or less efficient. This has been, to a still greater extent, the popular belief. The apparent proof of the success of the Hahnemannian treatment rests on this belief. What are the facts already ascertained with respect to the intrinsic tendencies of different diseases? Take, as examples, pneumonia limited to a single lobe, and acute pleurisy. It is sufficiently settled that these diseases involve very little danger in themselves, proving fatal only in consequence of complications. The practitioner, therefore, no longer feels obliged to employ blood-letting, mercurialisation, cathartics, blisters, etc., in these diseases, with reference to the saving of life. The only question is, do patients pass through these diseases as well without as with such measures of treatment?

"Our acquaintance with the natural history of the great majority of diseases is as yet very incomplete. We cannot conscientiously withhold remedies which we have reason to believe may prove useful. Cases are therefore

to be slowly accumulated in which, from circumstances not under our control, diseases have been uninfluenced by therapeutical interference. This knowledge, it is evident, is the true point of departure for the study of the effects of remedies as regards the termination and duration of diseases. The information already obtained has rendered the use of powerful therapeutical agencies far less common than they were a few years since.

"In defining conservative medicine, we have seen that it expresses a characteristic of the improvements in medical practice during the last twenty-five years.

"If we turn from remedial measures to dietetics, we find that the improvement which has taken place in practice contributes to the illustration of conservative medicine. In fact, conservatism is, perhaps, not less conspicuous in the contrast as respects the diet of the sick than in any other point of view. In cases of fever and all acute diseases, twenty-five years ago, it was generally deemed an essential part of the treatment to withhold alimentary supplies. In chronic affections, too, the diet was usually much restricted. Physicians seemed to lose sight of the plain fact that the vital powers must languish in proportion as the alimentary supplies fall below the wants of the system, and that death may be produced by starvation in disease as well as in health. At the present time, a nutritious diet is considered as highly important in the management of fevers, as well as in diseases which tend to destroy life by exhaustion, and most physicians appreciate the importance of keeping the body well nourished in chronic affections.

"Clinical experience has rendered it doubtful whether the antiphlogistic treatment exerts much effect on the intensity of inflammation, its results, or its duration. Conservatism, therefore, dictates a careful weighing of the evils of the treatment against the chances of its usefulness as regards these objects."

## DR. STOKES ON EPIDEMICS.

IN his introductory address at Meath Hospital, Dr. Stokes says :—

"What is it that causes an epidemic is one of the most difficult of questions. Why, in the pressure of an epidemic, one man sickens while another escapes—why essential maladies observe laws of periodicity, we cannot tell—why locality affects their general characters and organic results is yet unexplained—nor why, on the other hand, after travelling their tens of thousands of miles, destroying their victims under the most varied conditions of climate, soil, food, temperature, they yet preserve much, if not all, of the original character—remains an open question. Many discussions have arisen on this point, and a fierce controversy has raged between the contagionists and non-contagionists. The advocates on both sides can bring forward plenty of isolated facts in support of their theories; but the argument from isolated cases is of little value. That there is an origin for epidemic disease, besides contagion, is self-evident; that it is propagated by contact is another question. I have been in the habit of referring to the mode of settling this matter. It was to compute against the occurrence of a certain circumstance—namely, if there was no such thing as contagion. My father, when Professor of the Practice of Medicine in the Royal College of Surgeons, directed his attention very much to the subject of contagion. He was a strong advocate of the doctrine of contagion. Perhaps he went too far in his belief in the exclusiveness of the doctrine of contagion. He thought that in looking at the general circumstances which attended the spread of an epidemic in this country, the probabilities for or against the doctrine of contagion

might be submitted to calculation. One of his most intimate friends was the late celebrated Dr. Brinkley, Bishop of Cloyne, who was at one time the Astronomer Royal of Ireland. He was admittedly one of the very first mathematicians of his day, and was especially skilled in that difficult part of mathematical investigation, the doctrine of chances. Now, in the progress of an epidemic in Ireland, in a family of twelve persons, the disease has been known to attack eleven out of the twelve. In some cases the passing of the fever through so large a proportion as eleven individuals out of twelve has taken a very considerable period of time, as you may readily understand. It has taken about three months to go through them all. Now, my father proposed these two problems to the Bishop of Cloyne for solution:—“An epidemic prevails so severely that one person out of seven sinks. A family of twelve is selected in a particular district before the epidemic has visited it. What is the chance that eleven out of the family shall take the disease, supposing the sickness of one of the family does not promote the sickening of another—that is, supposing the disease not to be contagious, and supposing the family to be not unusually liable to the disease?” The answer furnished by Dr. Brinkley is, that the probability against such an event is 189,600,000 to 1. That is a very singular and extraordinary result. The whole subject is yet to be worked out. It is interesting to observe that Humboldt, in his *Cosmos*, speaking of epidemic diseases, says that their origin and nature is among the most difficult of problems, and he suggests that some light may be thrown on the matter, when the laws of terrestrial magnetism are fully determined. What we do know of these mysterious phenomena may be thus stated:—That although having certain characteristics which are common to all, they exhibit marked and special differences. Thus the plague differs from cholera, cholera from typhus, and so on. That they are in a greater or less degree propagated by contagion. That epidemics of the same disease have not always the same characters. That their mortality is greater on their first outbreak in any locality. That they travel over vast distances, and although they may arise in warm latitudes they preserve their characters in cold ones; the cholera of Central India and of St. Petersburg was the same disease. That their advent and disappearance are often sudden. That they are not symptomatic of any known anatomical change, but they often induce local diseases which are secondary to the general malady. That their symptoms are, to a great degree, under the laws of periodicity. That, as far as we know, the disease is not to be met by any specific cure. That, as yet, all explanations of their origin are insufficient or obviously erroneous. Lastly, that anatomy only throws a negative light upon their nature, telling us rather what they are not than what they are. The plague of the Levant, which has preserved its character since the time of Thucydides; the black death; the sweating sickness; the typhus and yellow fevers, and the Asiatic cholera—in a word, the great causes of the wholesale destruction of man, act by some influence not yet discovered even by microscopic anatomy; so that we come to the strange conclusion that the diseases most fatal to man are those least connected with organic change which, when it is met with, is secondary, inconstant, and insufficient to explain their symptoms. Such is the present state of our knowledge.”

**IMPERIAL COURT DOCTORS.** The following is the position assigned by high etiquette to the French court doctors on great state *levée* occasions:—In the Salon of Apollo, a crowd of inferior officers of the various households, not on duty, with the physicians and surgeons, ordinary and extraordinary, consulting and non-consulting of the Imperial family.

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

### LANCASHIRE AND CHESHIRE BRANCH.

#### REGISTRATION OF DISEASE.

SIR,—In the letter sent to you last week, I omitted to enclose a form for the return of new cases of disease, coming, each week, under the care of those gentlemen who should consent to help forward our scheme for the Registration of Disease. I beg now to supply a form, which may serve as a specimen of what would be required. The disease-list is made as short as possible, so that the trouble of filling it up may be very light; but it has been judged sufficient for our purpose. We should, however, be glad to receive suggestions from any of your readers.

I am, etc.,

ARTHUR RANSOME.

1, St. Peter's Square, Manchester, Dec. 31st, 1862.

..... District.

Return of new cases of disease, coming under treatment in your public practice, during the week ending Saturday, the      day of      , 186      , at      .

	Diseases.	Deaths.	Remarks.
Small-pox .....			
Measles .....			
Scarlatina .....			
Diphtheria .....			
Whooping-cough .....			
Croup .....			
Diarrhoea .....			
Dysentery .....			
Continued Fever .....			
Bronchitis, Influenza, and Catarrh .....			
Pleurisy and Pneumonia .....			
Other diseases not classified .....			
Total .....			

Signature, .....

**THE LYONS HOTEL DIEU.** The great civil hospital, *Hôtel Dieu*, is the oldest hospital in France, having been founded in the sixth century, by Childebert, son of king Clovis. It contains twelve hundred beds, mostly free; there are 150 patients who pay 25 cents per day, (1 f. 25c.) There are nine surgeons and physicians, besides a large number of internes connected with it. The nursing is done by a society numbering one hundred and fifty *hospital sisters*, so-called, aided by a band of *hospital brothers*. The building fronts on the Quai du Rhone, and extends 1,055 feet. It is crowned with a magnificent dome, built in 1737, but not completed till 1842. In one part of the building are rooms for a secondary school of medicine and pharmacy, which is here carried on. There is a similar dome situated in the middle of four spacious wards, constructed of a Grecian cruciform shape, and under the centre of it is an octagonal altar, visible to all the patients in the wards. The front is ornamented with statues of Childebert and his wife Ultrogothe, also of the Rhone and Saone, the arms of the village, etc. This hospital appears to be admirably conducted, is clean and well ventilated. (*Dr. Lee of Philadelphia.*)



# Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

IN the course of last month, the first of the proposed quarterly meetings of the Lancashire and Cheshire Branch of the Association was held in the board-room of the Chester Infirmary, when, considering the present busy season and the short days, the attendance was good, especially of members from a distance. In the unavoidable absence of the President, the chair was taken by Dr. Callon, one of the Vice-Presidents of the Branch. The proceedings at these meetings are to be limited to the reading of papers, and on this occasion were initiated by Dr. Waters of Chester, who gave a succinct and graphic sketch of two cases of Volvulus successfully treated by the Tobacco-clyster. The first case was that of a gentleman, aged 36, in perfect health and of temperate habits, who, in lifting a heavy stone, suddenly felt a peculiar sensation, as if something had given way internally, which was followed by constipation and vomiting, and the ordinary symptoms of obstruction of the bowels. When first seen by Dr. Waters, the symptoms had continued for four days, unrelieved by the judicious and cautious use of leeches, fomentations, castor-oil, the warm bath, enemata, and other remedies. The patient had a very anxious look; the tongue was clean; pulse 80. He complained of a twisting pain in the bowels, and a constant desire to go to stool. There was slight soreness a little below the umbilicus on the right side, but no general abdominal tenderness nor intolerance of pressure. An infusion, made with half an ounce of tobacco, was given by the rectum, which produced decided syncope, vomiting, cold perspirations, and feeble pulse, and was followed by a speedy action of the bowels and the complete recovery of the patient.

The other case was that of a dairymaid, who, in the act of churning, overreached herself, and suffered in a similar way; the constipation continued for three days, and was at once relieved by the tobacco-clyster.

Dr. Waters observed, that he was induced to bring forward these instances of the successful use of tobacco, chiefly because, although much had been lately written in the JOURNAL on the subject of obstruction of the bowels, no allusion whatever had been made to this remedy. He strongly urged the importance of resorting to the tobacco sufficiently early, instead of postponing it, as was sometimes done, until the patient was moribund, or, if it happened to be a case of *intussusceptio*, until the invaginated intestine had become adherent. He thought it desirable, as a guide to the treatment, in cases of this kind, to endeavour to arrive at a definite conclusion as to the cause of the obstruction; and although it was often confessedly difficult, if not impossible, to determine this point during life, still he considered in many instances, of which these two cases were examples, a tolerably certain conclusion might be formed. When the constipation was not preceded by diarrhoea, but came on suddenly after violent exertion, and was unaccompanied by symptoms of peritonitis or enteritis, it

might be assumed that it was caused by a simple twist of the bowel, and treated accordingly.

In the brief discussion which followed, Dr. Waters of Liverpool, referring to the extreme interest connected with the subject of obstruction of the bowels, indicated the following as important points to be kept in view in the treatment of these cases; viz., to avoid purgatives, to give opium in the early stages, and a fair trial of simple copious enemata. These failing, he would certainly resort to the tobacco, as recommended by his namesake, the author of the paper; or perhaps to belladonna, as an allied remedy, and one which would probably cause less severe depression, and of the success of which he had heard a most favourable report given from an eminent London physician; but he had no experience of its use in his own practice. Dr. Williams of Wrexham said he had seen the tobacco clyster successfully used, some years ago, in several cases in the wards of the institution in which they were now assembled; and he could particularly call to mind two instances in which a strangulated hernia was reduced under its influence.

The revival of the use of the tobacco enema, if it should really follow this favourable and encouraging report of its employment, would be a curious illustration of the tendency in medical, as in other matters, to move in cycles; for those of us who can look back some quarter of a century will remember that this mode of treatment was then regarded as one of the expedients to be adopted as a matter of course in cases of intestinal obstruction, and especially in strangulated hernia; but which fell into disuse from the supposed uncertainty of its action, and from the alarming and even fatal results which occasionally followed its administration.

The next paper, entitled Facts and Observations in Obstetrics, was read by Dr. Watson of Chester, and in it he dwelt strongly upon the extreme value of "fresh air and pure water as aids in the management of the parturient process"; and expressed his belief that the importance of these natural remedies had not hitherto been adequately appreciated; and to this he attributed a large amount of the mortality which occurs in childbed. This was followed by the exhibition of a specimen of Thoracic Aneurism by Dr. Wilkinson of Manchester, which was taken from the body of a patient under his care in the Manchester Infirmary. There was some uncertainty as to the precise origin of the aneurism. Dr. Wilkinson described it as arising from the upper part of the arch of the aorta, between the origins of the left carotid and the *arteria innominata*; both of those vessels becoming implicated in the gradual enlargement of the sac. Dr. Roberts, however, was inclined to view this as an instance of abnormal distribution, described by Quain as of frequent occurrence, in which the carotid and *arteria innominata* arose from the aorta by a short common trunk, from which he believed the tumour had taken its origin. In the specimen now shown, the tumour had pressed upon the left carotid, obliterating that vessel; and also upon the pneumogastric nerve of the corresponding side, so as almost entirely to destroy its continuity: this had given rise to gangrene of the left lung, which was the immediate cause of death. The history and symptoms corresponded with those usually

observed in thoracic aneurism. Some interesting and important observations were made by Dr. Roberts on the use of iodide of potassium in aneurism. In several cases, some under his own observation, and others which had been reported to him, the administration of the iodide in full doses, commencing with five grains up to twenty grains three times a day, had been followed by very striking and beneficial effects upon the aneurismal tumour itself, as well as upon the general symptoms. The bulging and impulse were sensibly diminished, and the sac in some cases became more or less solidified; while the pain, dyspnoea, and general distress and suffering of the patients, were materially relieved. Without venturing to generalise from a limited number of cases, he thought, after all he had heard and observed, that this mode of treatment was deserving of a further trial.

A short paper, of much practical interest, was then read by Dr. Nevins of Liverpool, on the Treatment of Ascites and Anasarca, in which he illustrated, by the relation of three or four cases of ascites followed by recovery, the advantage of resorting to tapping or acupuncture respectively, in the treatment of these two forms of dropsy, in a much earlier stage of these affections than is ordinarily practised. As I believe the paper will shortly be published *in extenso* in the JOURNAL, it is not necessary to enter into further particulars here. This concluded the business of the meeting; and the members present, about twenty-five in number, dined together at the Albion Hotel.

Since the foregoing report was written, a case has occurred which deserves notice, especially in connection with the subject of volvulus, with which it may be said to have some affinity. A gentleman aged 36, a member of our own profession, tall and stout, inclining to corpulency, and of previous good health, having gone to bed quite well, after a hard day's work and eating a hearty meal, was seized with severe epigastric pain and violent vomiting, accompanied with constipation and considerable distension of the abdomen. These symptoms were relieved by opium, rest, and purgatives; and in a few days he was considered convalescent. But, on the subsidence of the abdominal distension, there was detected a large, firm, well-defined tumour, below the epigastrium, the nature of which could not be ascertained with certainty; but the impression on the minds of his medical attendants was that it was a case of impaction of feces in the colon, and the treatment was directed in accordance with that view. Purgatives and injections never failed to bring away copious solid evacuations, free from scybala or hardened feces; and for some time the patient seemed to be progressing favourably, the tumour apparently becoming diminished in size. In about a fortnight from the first seizure, vomiting returned with increased violence, and continued more or less constantly for the subsequent two weeks, during which, in spite of stimulants in large quantities and all other suitable means, he became delirious, and sank. A *post mortem* examination revealed the following somewhat unusual pathological condition. A large tumour as big as two fists, composed of cheesy, scrofulous deposit, was found resting upon and arising from

the anterior surface of the mesentery. It appeared to have been originally hard, and to have undergone softening from recent inflammation. There were only slight traces of recent peritonitis; but the intestines were in many places glued together by old adhesions, and in some parts their calibre was greatly diminished by the unnatural twists and turns given to the bowels by their agglutination. The case appears to have been one of chronic tubercular peritonitis, differing, however, from the usual course of that disease so graphically described by Dr. Barron, chiefly from the circumstance that the tubercular deposit, instead of being generally diffused throughout the peritoneum, was accumulated in one large solid mass. The cause of death appeared to be exhaustion consequent upon excessive vomiting and constitutional irritation.

Before leaving this subject, I cannot refrain from mentioning a case which happened many years ago in the practice of the celebrated Dr. Carson of this town, and which, so far as I know has not been published; but it is so instructive and interesting as to deserve to be rescued from oblivion. A man who was under treatment with a fracture of the lower extremity, and consequently confined in the supine position, suffered from obstinate constipation, a condition which, he told his attendant, had always occurred when he was kept on his back for any length of time. "Oh," said the surgeon, "we will soon put that to rights"; and to work they went with castor-oil injections, and the usual routine, but still the obstruction continued, and gradually passed through the usual phases of ileus, and the patient died. On opening the abdomen, a large, hard, moveable tumour was discovered, which, in the supine position, had pressed upon some portion of the intestinal canal, producing complete obstruction, which, it was evident, would have been easily removed by a change of position, if the condition could have been ascertained or guessed at during life.

Your readers, especially those unacquainted with the locality, will probably be surprised to learn that, notwithstanding the close proximity of Liverpool to the seat of the cotton famine, neither the social nor the sanitary condition of the town has, at present, to any appreciable extent, participated in the injurious consequences of that calamity. There is not more distress here than is usual at this season of the year; and although the death-rate of Liverpool, especially from zymotic diseases, has risen considerably above the average, chiefly from the prevalence of scarlatina, and from a remarkable increase of continued fever, neither of these epidemics can be referred to a state of unusual destitution; nor can they be traced to any special defect in the sanitary condition of the town; which is in the same state of efficiency which for several years past has kept down the zymotic death-rate below that of most other large towns in this country. From this it may, I think, be inferred that, although sanitary measures undoubtedly exert a powerful and vitally important influence over the progress and extension of zymotic diseases, still, in spite of every practicable precaution, these epidemics from time to time originate, and are propagated, under conditions, and in obedience to hidden laws, which our present state of knowledge does not enable us to explain.



The present epidemic of scarlatina here has prevailed amongst all classes, rich as well as poor. It has been to a considerable extent of a very grave type, putting on in the severer cases, especially in children, that formidable and rapidly fatal complication graphically described as "the bull neck"; but more scientifically known as diffuse indurated cellulitis of the throat. The milder cases have been more than usually prone to be followed by albuminuria and anasarca. Some interesting practical remarks on this epidemic have already appeared in your report of the proceedings of our Medical Institution; to which I must refer those who wish to pursue the subject.

As to the epidemic of continued fever, the prevailing type is typhus. I am informed by Dr. Gee, physician to the Fever Hospital, that of the cases admitted into that institution, typhus predominates over typhoid in the proportion of about ninety-six in one hundred cases, and that with regard to the general mortality, the age of the patient proves the principal modifying condition; those of a moderate age, neither very young nor very old, are the most likely to recover; the greatest number of deaths occurring in the extreme ages on either side.

The highly contagious nature of fever has been abundantly demonstrated during the present epidemic. Those who have had the opportunity of observing its progress, cannot fail to have noticed that close communication with infected persons is the cause to which the extension of the disease can be most frequently and most clearly traced. We have, I regret to say, witnessed a melancholy instance of this in the lamented death of Richard Yates Ackerley, Esq., a much and deservedly esteemed member of our profession, and I believe one of our oldest associates, who, in the full vigour of mature manhood, and in the active pursuit of his profession, was struck down by fever, and died in eight days, leaving a widow and young family to mourn his loss.

One of the Roman Catholic priests in attendance on the inmates of the Fever Hospital, has also fallen a victim to typhoid fever, contracted, no doubt, during the close personal intercourse with the sick, and especially with the dying, which characterises the religious ministrations of that church.

As a further proof of this view, we had the outbreak of fever brought into Liverpool by the crew of an Egyptian frigate, which your readers can scarcely have forgotten, and which might be further corroborated by recent facts which have come under my notice in the course of this visitation; but time and space are no longer available, and I must at once bring my communication to a close.

**SMALL-POX IN SUNDERLAND.** The report of the medical commissioner of the Privy Council to Sunderland, on the small-pox epidemic in that quarter, was read at a meeting of the board of guardians on Wednesday. It embodied statistics showing that while the disease had reached its greatest intensity in Sunderland during last quarter, it has been worse in Bishopwearmouth and Monkwearmouth during the quarter just elapsed. Everywhere, however, it seems to be now declining, though what the commissioner calls "epidemic influence" is still manifest. Vaccination of children, revaccination of adults, and general sanitary expedients are recommended in the report of Dr. Seaton.

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 3RD, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

TEN gentlemen were duly elected Fellows of the Society.

*A Case of Multiple Medullary Cancer, Complicated with Pregnancy.* By THOMAS TANNER, M.D. The patient was a woman, aged 39, five months advanced in her third pregnancy. In the abdominal parietes, just to the right of the umbilicus, there was a well defined tumour, of about the size of a large walnut. Adjoining the lower part of the ensiform cartilage of the sternum there was a more extensive mass, also seated in the abdominal wall. In the left groin there was likewise a flattened growth, about two inches and a half in diameter. On examining *per vaginam*, a very firm growth was discovered projecting into the canal, feeling as if it had its origin from the lower part of the sacrum, though in reality it was entirely seated in the recto-vaginal septum. The uterine souffle and the fetal heart could be plainly distinguished. The liver was much enlarged, and this enlargement, combined with the size of the uterus, occasioned a wearying feeling of distension, as well as some dyspnoea. The propriety of waiting and ultimately effecting delivery by the Cæsarean section was discussed; but such a plan of treatment was regarded as not applicable to the present instance. Consequently, on the 30th of July the membranes were punctured, and about half a pint of liquor amnii withdrawn. On August 1st, labour pains of fair severity set in; but the os uteri was so very rigid on the following afternoon, and as the patient was getting tired and exhausted, and moreover, as the mass of cancer in the recto-vaginal septum reached to within almost an inch of the pubes, it was evident that nothing could be gained by further delay. Dr. Tanner, therefore, slowly tried to dilate the os uteri; and this being partially effected, the fœtus was broken up with a pair of forceps, and removed piecemeal. No difficulty was experienced with the placenta; the discharge of blood was very slight; no injury was done to the uterus or vaginal walls; and the woman was left tolerably comfortable. For some few days she continued to progress favourably; but on August 10th a severe attack of diarrhœa set in, aphthæ formed on the tongue and gums, and for the first time in her life she became jaundiced; and, on the morning of August 26th, death took place from exhaustion.

At the autopsy, fourteen hours afterwards, the body was found greatly emaciated. In the abdominal parietes, to the right of the umbilicus, there was a deposit of firm medullary cancer of the size of a walnut, together with a larger growth just below the ensiform cartilage. The liver was enlarged to about three times its natural size, and studded with medullary masses, varying in size from a pea to a small orange. There was likewise several deposits of cancer in the great omentum, in the spleen, in the walls of the colon, and one large mass binding the sigmoid flexure of the colon to the tissues of the pelvis. In the pelvic cavity there was a separate deposit, extending chiefly down the recto-vaginal septum, and completely blocking up the vagina. The inguinal glands on both sides were enlarged and infiltrated with medullary cancer. The uterus, considering the time which had elapsed since delivery, was of its normal size, and healthy. At the apex of the left lung there was a small deposit of tubercle, which had undergone calcareous degeneration, while at the same part of the right lung there were several small tubercles. The heart was healthy, but its walls were flabby. The kidneys were healthy.

The paper concluded with observations as to the different modes of treatment which might be resorted to in such a case as that detailed, together with the reasons which led to the adoption of that practised.

*Retention of the Catamenia, for more than two years, in a Married Woman.* By WALTER CHAPMAN, Esq. The history of this case, prior to its coming under the care of the author, was reported as the *fifth* case of cure of vesico-vaginal fistula, in the *Lancet* of November 24th, 1860, by Mr. I. B. Brown. This lady, in her third confinement, was delivered with instruments of a still-born child, and soon afterwards was found to be the subject of a vesico-vaginal fistula. She was operated on twice, and was cured; the last operation being in the middle of June, 1860. This patient was first seen by Mr. Chapman on September 26th, 1862. She was sitting up, able to superintend her domestic affairs and walk about, and presented the aspect of health. She was robust, rather short, with a superabundance of fat, and 40 years old. She complained of great irritability of the bladder and stomach, and of severe pain in the lumbar and sacral regions. When she was in bed, on external examination of her abdomen, no difficulty was experienced in determining the existence of a large tumour, resembling the gravid uterus at about the sixth month. She had no reason for supposing herself to be pregnant, but said she had not menstruated since the operation. On a vaginal examination it was found that the cervix was lost in a general enlargement of the uterus, the mouth of which could not be detected. The speculum revealed the spot where the os uteri had existed, but it was now hermetically sealed. Mr. Chapman stated his opinion that the symptoms resulted from a retention of catamenia. Dr. Tyler Smith examined the patient, and confirmed the diagnosis. It was agreed that an opening should be made into the uterus for the evacuation of the fluid. This was done by the author, on October 5th (assisted by his friend Mr. T. Trent), by passing the index finger of the right hand through the spot which could be detected by the touch as having been the site of the os uteri. Its withdrawal was instantly followed by the escape of ten or twelve ounces of a treacly fluid, of a dark claret colour, perfectly free from any unpleasant odour; and much more gradually flowed away. She was kept in bed, but became very ill on the third day, the symptoms resembling those of peritonitis. From this attack she appeared to recover, and went on tolerably well for some days; but on the morning of October 16th, after a night of sickness, she became prostrated, and died at two p.m. No *post mortem* inspection could be obtained.

Mr. OWEN thought that the cause of death might be attributed to the admission of air into the uterus, in its relaxed and enlarged condition. After the gravid uterus is emptied of the fetus and secundines it immediately contracts to nearly its natural size; but here that reaction was not likely to follow, whilst the daily injection of water which had been employed exposed the organ afresh to contact with the air through the artificial opening, which latter presented no obstruction like that of the os and cervix uteri.

Dr. GRALY HEWITT remarked that the chief question to be determined was the cause of the fatal result in this interesting case. He considered that it was probably due, as suggested by Mr. Owen, to *præmia*. At the last meeting of the Society, he had alluded to the occasional circumstance of a fatal result following the evacuation of the uterine contents in cases of menstrual retention by subsequent passage of some of the blood into the peritoneal cavity. The explanation of this curious circumstance he had then attempted he still thought the most probable one, and that it was due to the contractions of the uterus becoming more forcible as its bulk diminished. However that might be, it did not seem that in the case now before the Society any such occur-

rence had taken place. He considered that the best course to adopt in treating such cases would be to make a minute opening, and to allow the fluid to escape as it had collected—gradually; further, that it was decidedly expedient to avoid anything, such as the use of injections of water into the uterus, likely to be the means of conveying air into the cavity of that organ.

*Case of Monstrosity.* By A. MEADOWS, M.D. The two lower extremities were absent, and a caudal appendage about four inches long was substituted; the body, gradually tapering off, ended in this pointed process; there were no external genital organs, and no anus. Dissection showed that the bowel ended abruptly at the sigmoid flexure of the colon. There were no kidneys or bladder, nor any trace whatever of any urinary apparatus. The suprarenal capsules were present, and were of large size, but there was very little proper structure in them, being chiefly two membranous sacs. An ovary and a somewhat convoluted Fallopian tube lay on either side of the pelvis, but there was no trace of a uterus or vagina. The liver, spleen, and other abdominal organs were normal, as were all the thoracic viscera.

Mr. SQUIRE noticed the absence of the kidneys as of more interest than the external deformity. That intra-uterine life and growth should go on to the degree here seen without those organs was very remarkable, especially as they are not inactive during the fetal state, as was shown by the occurrence of concretions of uric acid in the kidneys before birth; and he related the case of a still-born male child that he had had the opportunity of examining, where the calyces and pelvis of the kidneys were filled with numerous uric-acid calculi, some of the size of small peas. The parents of the child were known to him; the father had been operated on for stone, and was then passing uric-acid calculi by the urethra. He was a continual sufferer from marked symptoms of the uric-acid diathesis.

Mr. OWEN, many years ago, delivered the wife of a respectable farmer in Essex of a well-formed female child, in which the os coccygis was prolonged into a caudal appendix about three or four inches in length, tapering off, and in every respect resembling the tail of an animal, being curled up on the back when at rest, and frequently moved in other directions. The mother attributed this growth to a strong impression made on her mind during pregnancy, for three or four months of which period she had fed a young pig, the beauty of whose tail she constantly admired. Mr. Owen, by the express desire of the mother, removed it by a ligature gradually tightened for a week. The child lived (but never walked without the aid of crutches) for nine years, when she died of hæmoptysis. The parents would not allow an examination. The tail, along with a minute description, was placed in the museum of Guy's Hospital by the late Mr. Bransby Cooper.

#### ON THE INFLUENCE OF THE MOTHER'S HEALTH IN THE PRODUCTION OF RICKETS.

By W. TILBURY FOX, M.D.

THE paper commenced with an analysis of the pathological changes in the rickety subject, from which it appears that the leading feature of the disease is simply a deficiency of lime-salt in the early nutrition of the child; and the object of the paper was to point out what appeared to be a tangible cause for such a deficiency—viz., the occurrence of menstruation during the greater period of lactation. A table of examples was given, as exhibiting the matter in its several details and aspects; and in most of the cases which came under the author's observation, it was noticed that whenever mothers had freely and repeatedly menstruated during lactation, the child was rickety, unless the latter had been artificially fed with food, (such as milk), and thus furnished with bone-forming material; and the degree of rachitis appeared to be in direct ratio to the amount and degree

(both as regards frequency and duration) of this condition, exceptional cases being accounted for in the fact of the mother not wholly suckling her infant. The *modus operandi* of the influence of menstruation upon the composition of the milk was discussed briefly, and though little is known upon the matter, yet it appeared, on comparing together the analyses of Simon on the one hand, and Becquerel and Vernois on the other, that the percentage of salts is much lessened in nurses who menstruate during lactation, and hence the child wholly fed upon the milk of the latter would probably become rachitic. The author thought it likely that rickets is produced in the majority of cases in this way. The paper then contained some remarks upon the use of certain kinds of food in very general use which conduced to the production or evolution of the disease—for example, Brown and Polson's, the Oswego, and the Maizena so-called corn flours, these being oftentimes merely starch, contrasting them with such as the semola of Bullock and Reynolds, which was rich in gluten or flesh-forming substance; and attention was drawn to a new preparation—the saccharated wheat-phosphates, which might take the place of sugar in the food of children, especially those who are rickety. In conclusion, the author stated that he had introduced the subject as a provocative, rather than as a certainty of opinion.

Dr. GRAILY HEWITT believed that there was a very general impression amongst the profession, and he thought also amongst the public at large, as to the inadvisability of allowing lactation and menstruation to go on in the same individual. The theory now propounded by Dr. Tilbury Fox would give an explanation as to the reasonableness of this impression. The subject was so novel that it would hardly be expected that the Fellows of the Society could properly discuss the paper so as to do it justice. Each must observe and collect facts on which to decide *pro* or *con*. in reference to the matter. He would ask Dr. Fox one question: How are those cases to be explained where children, the subjects of rickets, do often, after being apparently successfully treated, relapse long after any evil connected with lactation has ceased to be in operation? Such relapses were, he had observed, by no means uncommon.

Dr. GERVIS wished to ask the author of the paper how, on his theory, the occurrence of rickets in children wholly brought up by hand, or in children whose mothers did *not* menstruate during lactation, was to be explained? The fact also of the children of mothers who menstruate during lactation in many cases certainly not proving rickety, would appear to militate against Dr. Fox's views. Dr. Gervis was inclined to consider that the occurrence of menstruation during lactation was not *par excellence* the cause of rickets, though possibly influential in its production just so far as it proved injurious to the mother's health.

Dr. Fox, in reply, begged the Society to remember that the matter had been brought before them, not because the observations were conclusive, but for the purpose of courting inquiry. The mode of causation pointed out was not the *sole* one; for, as Dr. Graily Hewitt had observed, rickets might ensue after the weaning of the child. In this case the disease was due to, or the tendency to it worked out by, the use of foods deficient in certain constituents. So far, however, as his (Dr. Fox's) observation went, it appeared that most rickety children belonged to mothers who had menstruated during lactation; and if the paper should appear in print, the Fellows would find in the list of cases instances of rickets affecting one member only of a family, all the concomitants of the rearing of the children being the same, with the exception that the mother menstruated regularly and freely when nursing the rickety child, and then only. In reference to Dr. Druitt's remarks, it might be observed that the leading pathologists held that all that is necessary to the production of rickets is a deficiency of lime;

and this conclusion seems inevitable if we glance at the intimate structure of the rickety bone, in which all the cellular components are fully developed, and in which the only unusual condition is an absence of calcareous matter. Dr. Gervis may possibly find in the exceptional cases mentioned by him, where children are not rickety, though nursed by mothers menstruating, that some such cause as artificial feeding explains the apparent contradiction. In reply to a question from the President, as to how rickets occurring during intra-uterine life could be accounted for, Dr. Fox remarked that the worst case he had met with was that of a child whose mother menstruated during pregnancy.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

DECEMBER 19TH, 1862.

A. W. BARCLAY, M.D., in the Chair.

ON CONTINUED FEVER, AS IT HAS APPEARED IN ST. GEORGE'S HOSPITAL DURING THE LAST SEVEN MONTHS. BY EDWARD R. HARVEY, M.D.

THE author began by remarking that, since the time of Jenner, no better opportunity than the present outbreak of fever had occurred for studying its symptoms and treatment. What is fever? That no *rash* need accompany it was quite admitted, other organs manifesting its characteristics; and, as a disordered organ of the body might produce symptoms quite those of fever, great should be the care to examine those organs, otherwise a false report of the case is registered. The statistics of the Fever Hospital and of St. George's differed materially for the years 1855 and 1859. Could this be because an epidemic differs widely in different parts of the town? The *post mortem* book at St. George's showed that, from 1852 to 1861, the deaths from fever averaged 9 a year; 15 being the highest, 3 the lowest. In 1862, 16 had already died. The state of the intestines in these 16 cases had been thus: 4 cases were not examined; 3 of those that were examined had ulcerated bowels; 3 had patches of congestion, the glands being natural; 6 were healthy. One-fourth of those examined had ulcerated bowels: in the previous year it was 70 per cent. (not 25, as this year).

The symptoms of the patients of this year were the following. One of the three bodies with ulcerated intestines had no *skin-eruption*; 2 had rose-spots, going away on pressure; the 6 with healthy intestines had mulberry or measles eruption; of the 3 with patches of congestion, 2 had mulberry spots, and 1 only petechiæ. The distinction was clearly seen—mulberry eruption and healthy intestines, rose-spots and ulceration. As to the *bowels*: during life, ulceration and diarrhœa co-existed. Of those who died with ulcerated bowels, 2 had severe diarrhœa, 2 mild; in 7 the bowels were well open, in 1 costive. In the 8 cases of typhus fever, diarrhœa occurred this year both at St. George's and at the Fever Hospital, contrary to former experience. The *brain-symptoms* marked the distinction between typhus and typhoid; the mulberry eruptions always coexisted with delirium or stupor; the rose-spots and ulcerated bowels with restlessness, but no delirium.

Including the fatal ones, 58 cases of fever had been at St. George's Hospital during the last seven months; 9, or 15.5 per cent., had died, being less than 1 in 6. At the Fever Hospital, the average is about 1 in 5; whilst at St. George's during the last nine years, to the end of 1859, it has been 11.4 per cent. Of the 58 cases lately in St. George's, 41 had an eruption, 10 rose, and 31 mulberry or measles. Of those without eruption, 2 were cases of typhoid, 3 typhus, and the rest febricula. Thus there were of typhus 34 cases, of typhoid 12, and febricula 12. All the *typhoid* patients had confusion of thought, but no active delirium; 10 out of 12 had diarrhœa; and one-fourth of those who died had typhoid

fever. Of the typhus, in 5 the brain was clear; 11 were slightly delirious, and 18 severely so. The bowels were costive in 11, quiet in 10, relaxed in 8, and subject to diarrhoea in 5. Of the 58, 26 patients came from the neighbourhood of the hospital; 6 were affected in the hospital. In no case did a case of each type come from the same house. From May to December 1st, most cases were admitted in July, fewest in August.

The treatment, for the most part, had been simple; namely, to support the patient by beef-tea, wine, brandy, etc., as indicated, with opiate or astringent injection for the bowels, ice to the head, and opiates for the delirium, and for stupor a blister; in typhus, purgatives if needful, but with care.

Dr. Fuller's treatment differed from that of the other physicians. He gave an emetic at once, and a scruple of quinine every hour for three doses, wine and brandy if necessary; afterwards quinine, in two-grain doses every four hours. This treatment caused 6 out of 8 cases to be painfully affected by the quinine, as to deafness and more prostration; and in one case increased delirium. On an average, Dr. Fuller's patients mended on the ninth day; whilst those who had other treatment mended upon the seventh. Three of Dr. Fuller's cases were of a low, destitute class; two were assistant-nurses in the hospital; and the rest ordinary cases.

#### LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 11, 1862.

JAMES HAKES, Esq., Vice-President, in the Chair.

*Imperforate Rectum Operated on with Success.* Mr. STEELE related the following case. A female child, three days old, was brought to him on November 21st; and on exploring the rectum by the little finger, it was found to terminate in a *cul-de-sac* about an inch above the anal orifice. Nothing could be felt to give any indication of the presence of the gut above. The parents were very anxious that something should be done; and Mr. Steele obtained the assistance of Mr. Bickersteth, who succeeded in passing a grooved probe, without force, a considerable distance upwards towards the abdomen, and made a cautious incision with a bistoury in the direction in which the rectum would, in its natural condition, extend. This was followed by pretty free arterial hæmorrhage, but no meconium appeared. No further incision was made, and the rectum was plugged, and a compress applied. The following morning, on removing the compress and plug, Mr. Steele was delighted and surprised to observe a slight oozing of meconium; this gradually increased; and from that time, the child continued to pass its motions freely, and appeared to have completely recovered. On the fourteenth day after the operation, the child was brought again, with the information that no evacuation had appeared for five days. By means of a director carefully introduced, the bowels were relieved of a copious fluid motion, and the child has gone on quite well since.

Mr. STEELE remarked that this case encouraged us to operate; and it also showed that the child ought to be watched for some time after the operation. These operations are not often successful; not one in ten recover. Another case he had had proved fatal.

Mr. HIGGINSON said it seemed desirable, when possible, to drag down the mucous membrane to the anal orifice, and fix it there.

Mr. STEELE explained that in this case it was not very near the orifice, but higher up the canal, that the malformation existed.

The CHAIRMAN said he had known a child live twelve or thirteen weeks with an imperforate anus.

*Placentæ of Triplets.* Dr. GRIMSDALE shewed a specimen of placentæ of triplets. All the three children are now alive. Two of them measured each eighteen inches in length, and the other seventeen, and they were strong

children. The placenta were by no means small; two of them were connected together, the third was quite separate.

*Ovarian Tumour.* Dr. GRIMSDALE showed a specimen, removed from a woman aged 28, who died on the sixth day from peritonitis. The tumour consisted of one large cyst, with one or two small ones near its base. The peduncle was very short, and there was a portion of bowel closely adherent to that part of it that was left within the abdomen. The patient went on well for the first forty-eight hours; then the pulse began to rise, and there seemed to be great tension about the peduncle. One of the pins transfixing this was removed; and on the third day, the other, giving vent to pus from the lower part of the wound, which gave great relief; but the patient gradually sank. At the *post mortem* examination, general peritonitis was found to have taken place, and there was great purulent effusion.

Dr. GRIMSDALE observed that to bring forward an unsuccessful case was an unpleasant duty; but one from which he believed no honourable man can desist, in spite of taunts made at other societies. He believed that the instances in which unsuccessful cases are held back from the knowledge of the profession are very rare. In this case, he attributed the fatal result to the tension on the peduncle. This had not been short enough to determine him to leave it in the abdomen, and not long enough to fasten in the wound without risk of tension.

The CHAIRMAN was also of opinion that cases that had a fatal result were not often held back.

Dr. NOTTINGHAM read a case in which he had performed ovariotomy with success at the Liverpool Southern Hospital.

Mr. FLETCHER said that the two cases just brought forward were very similar in many respects; and the question arose how it was that one should fail, and the other be successful. The state of the peduncle seemed to afford the only explanation. How far is it safe, and under what conditions, to leave the peduncle in the abdomen. A former case, which he himself had reported, of removal of an uterine tumour, showed that metallic ligatures may safely be left even in the substance of the uterus. In Dr. Grimsdale's case, the tension on the peduncle made it necessary to take out the pins; and perhaps some pus had then escaped into the peritoneum, and caused the fatal result.

Mr. STEELE said that in the present state of this question, any suggestion that could at all lessen the danger of the operation was worthy of great attention. He wished to draw the notice of this society to a modification of the operation that had been tried with success some years ago at the Southern Hospital in this town by Mr. Minshall. An incision of the usual kind was made, and the sac exposed; then nothing more was done for some days, during which time adhesions took place; the tumour was then tapped, and allowed to drain out slowly, and then, after an interval, extracted. The case did well. Perhaps the delay might allow the parts in the abdomen to accommodate themselves to the gradual shrinking of the cyst; perhaps the condition of the peduncle might become modified. He thought this was worth the attention of ovariotomists.

Mr. HIGGINSON thought it possible to relieve the tension on the peduncle by introducing an India-rubber distensible pessary, to raise the uterus towards the wound in the abdomen. With regard to Mr. Steele's case, much could not be built on one successful case involving such an operation.

Dr. NOTTINGHAM showed that the modification alluded to by Mr. Steele would add very much to the danger and the difficulties of the operation. Supposing for a moment that the tumour was partly fluid and partly solid, and that the first incision had been made, and the proper amount of peritonitis had taken place, then we are to tap the cyst, then to wait again, and then, through the

original opening, which is now girt round with adhesion, to remove the tumour. He could imagine nothing more dangerous or more difficult.

Dr. GEE thought that the mortality in operations of ovariectomy must depend more on the condition of the patient than on the skill of the operator. We often see serious consequences follow slight injuries, and *vice versa*.

The CHAIRMAN said the mode of procedure spoken of by Mr. Steele could not facilitate the operation. As to its safety, could we hope for another successful case?

Dr. GRIMSDALE thought the chief danger would be from pyæmia during the time when the cyst is left draining away. He thought the whole proceeding most objectionable. With regard to leaving the ligatured peduncle in the abdomen in Mr. Fletcher's case, he only tied the vessels; whereas we should have to tie a large portion of tissue which must either slough or suppurate. If we could tie the separate vessels, and then return the peduncle into the abdomen, it might be well; but he did not think it practicable.

Mr. STEELE read the case he had mentioned at length from the BRITISH MEDICAL JOURNAL.

Mr. HIGGINSON asked if we could always tell on which side the peduncle was to be found? He had met with a case where a pelvic tumour existed for some time, and always obstructed labour; it used to become flattened, and so let labour proceed. After death it was found to be a tumour of the right ovary that had lain on the left side of the uterus, and was full of hair and bones.

Mr. FLETCHER thought the small vessels of the peduncle might be tied separately, and the peritoneal edges of the divided peritoneal edges of the divided peduncle stitched together. Secondary hæmorrhage is a rare thing, and not much to be apprehended.

Dr. NOTTINGHAM suggested that if the peduncle be long enough, we might cut out a triangular portion of it, and bring the cut edges together and place them in the wound. This operation of Mr. Minshull's was said to have been performed in 1853, and was only recently published. Was it from notes taken at the time, or from memory? He thought there must be some mistake about the case.

Mr. STEELE had seen Mr. Minshull's notes of the case.

Dr. GRIMSDALE said, with regard to diagnosing which ovary is affected, that if the right ovary, for example, is involved, we can push the tumour to the right side much more easily than from it. Out of eight cases operated on since the revival of the operation in Liverpool, five patients have recovered and three have died.

GENERAL BUTLER AND DR. WARREN STONE. A "returned prisoner" is contributing sketches to the *Mississippi* of life in New Orleans under "Butler's rule." In his last he writes:—"All the world knows old Dr. Warren Stone. He is celebrated for his great surgical skill, as well as for his greatness of heart, independence of character, and devotion to the South. This truly great man was selected by Brute Butler as 'a shining mark' upon which to cast his venom. He was accordingly arrested and brought into the presence of the tyrant. The doctor walked up to Butler without waiting to be asked, and said in an abrupt curt manner, 'Here I am, General, and I want to know what I was arrested for.' Butler looked at the doctor from head to foot, and said contemptuously, 'I had you arrested because you are a great rebel, and the influence of such a man as you are is dangerous to the community. I shall send you to Fort Jackson to get you out of my way.' The old doctor looked steadily into the repulsive, crooked eyes of his wicked enemy as he indignantly replied, 'Great rebel, eh! You'll send me to Fort Jackson, eh! I glory in being a rebel. You can send me to Fort Jackson, and be damned.'

## Correspondence.

### DR. SEMPLE'S CASE.

Drs. J. and W. BULLAR present their compliments to the editor of the BRITISH MEDICAL JOURNAL; and, in the entire belief that Dr. Semple acted "purely from conscientious motives," and as an expression "of sympathy on the part of the profession towards a most upright and conscientious member of it," they beg to second the suggestion of an anonymous correspondent of last week, and to enclose a cheque for £5 to the subscription he has suggested and commenced.

Southampton, December 25, 1862.

[The cheque received from Drs. J. and W. Bullar has been passed into the hands of the gentlemen who are making a collection for the purposes indicated in the note. EDITOR.]

### ANÆSTHESIA IN LABOUR.

#### LETTER FROM F. T. PONCIA, ESQ.

SIR,—Allow me to acknowledge the courtesy with which "C. de Cinq Maisons" replied, in your JOURNAL of December 20th, to some remarks that I offered on the above subject.

He states that his own experience gives a result not in accordance with Dr. Simpson's statistics, which I quoted, since in his own obstetric practice more fatal results have followed "what might be fairly termed easy labours", than protracted, difficult, and instrumental labours. It would be futile to cite statistics showing that other practitioners have not obtained these same results, for that would not alter the facts deduced from his individual experience; but, seeing that protracted and instrumental labours are the exception, I submit that the only fair way of determining the question at issue is to take the same number of ordinary cases (say a hundred) and of protracted and instrumental labours, and so ascertain whether the number of deaths to mother and child preponderate in the former or in the latter class of cases. Then it would be seen which of the two doctrines be the true one; viz., "the easier the labour, the greater the danger;" or, "the longer and more difficult the labour, the greater the danger." For my part, I conceive that the statistics of Dr. Simpson, collected from various sources, prove the latter proposition; and to these I would refer, in order to save space. I am aware that high obstetric authority of the past and present generation has sanctioned a different sentiment; that it has been asserted that "neither the violence nor the continuance of parturient pains is productive of injury to the constitution;" and again by another, that "labour pains are endured without any detriment;" but statistics yield a different result; and on these, rather than on mere dicta, I would fain base a conclusion—especially, too, when I find that writers, whose works are text-books, speak complacently of the harmlessness of labour pains in one place, and in another demonstrate that exhaustion will result from their long continuance; and that the uterus, like any other muscular structure, cannot sustain an unlimited amount of exertion. I am of opinion, therefore, that my idea of the pain and process of labour is neither exaggerated nor erroneous; that the "pangs" and "agony" of parturition have as legitimate a right to be annulled as the pain arising from a surgical operation; and, since the exhibition of chloroform does not impede the parturient process, nor prove fatal to mother or child, when judiciously administered, I esteem it as a boon, and its originator—Dr. Simpson—as a benefactor to humanity. The objections at present urged against its employment

are the same in substance as have ever been directed against great and important discoveries, not only in medicine, but in science generally. Prejudice, however, is doomed to die; and *mere objections* cannot withstand the evidence of facts, the test of experiment, and the force of truth.

Hoping that your correspondent will view all that I have said in a friendly spirit, and with all deference to his superior experience,

I am, etc., F. T. PONCIA.

Hockley, Birmingham, December 1862.

### COTTAGE HOSPITALS.

LETTER FROM ALBERT NAPPER, ESQ.

SIR,—Pray accept our acknowledgments and thanks for the favourable notice of our village hospital in the JOURNAL of the 3rd inst. Your concluding remark, however, demands for me a reply, for the insertion of which I shall feel obliged.

As may be well supposed, in soliciting funds for the establishment of a normal institution, many little difficulties have to be encountered; and in carrying the project into execution, it is most essential to avoid the risk of failure through undue expenditure. It was with this view that I followed in the wake of the rector, to whose liberality and active assistance the hospital is mainly due for its existence, as well as to deprive it of the least pretence of having been started for my own private gain.

I have pleasure in stating that the trustees, both this and the preceding year, liberally offered to reimburse my expenses for drugs, etc. I fully appreciate the justice of your remarks; and recommend those establishing similar institutions to follow your advice, so far as regards the cost of medicines, etc.; but I more than doubt the propriety of medical officers to public charities receiving salaries for their services; which would not only endanger their tenure of office by making it one of competition, but would destroy the independence and freedom of action so essential to a due performance of their duties.

There is, however, a class of men, for the most part retired practitioners, who, in the prostituted name of charity, give advice gratis to the families of substantial tradesmen, farmers, &c., and even gentlemen, who are well able to pay the usual compensation to the practitioner of the neighbourhood. To these your strictures cannot be too strongly applied; and I am sure I may venture, in the name of the general practitioners, to thank you for your endeavour to mitigate the evil.

I am, etc., ALBERT NAPPER.

Cranley, near Guildford, January 6, 1863.

A TEETOTAL CONFEDERATE, GENERAL STUART. There have been many English officers, particularly in the East Indian service, whose endurance in the saddle has been regarded as unequalled, but I doubt whether any Englishman ever exhibited such superiority to bodily fatigue as is almost nightly evinced by the gay cavalier who knows every hospitable roof within a dozen miles of his headquarters (and what roof is not hospitable?), and, accompanied by his banjoplayer, visits them by turns night after night, returning usually to his hard-earned rest long after the midnight hour has flown. With the earliest dawn of morning, the first voice, calling gaily for breakfast, is that of the midnight merry-maker, who rises the picture of health, good-humour, and strength. It may be noticed *en passant* that to the circumstance that he has never touched tobacco in any form, or any wine or other liquor, General Stuart attributes much of his health and vigour.

## Medical News.

APOTHECARIES' HALL. On January 1st, the following Licentiates were admitted:—

Churton, Thomas, Poole, near Odley  
Hope, Edmund, Eastern Dispensary, Leman St., Whitechapel  
Sargent, George Pearce, Albauy Road, Walworth

At the same Court, the following passed the first examination:—

Stubbs, Henry, General Hospital, Birmingham

### APPOINTMENTS.

BORTHWICK, Alexander, M.D., appointed Consulting Physician to the Crichton Institution, Dumfries, in the room of the late James Grieve, M.D.

CLARKE, Alfred, Esq., appointed Medical Attendant to the Gloucester Municipal Charities, in the room of the late W. M. Meyler, Esq.  
DICKSON, John, M.D., appointed Physician to the Dumfries and Galloway Royal Infirmary, in the room of the late J. Grieve, M.D.

### POOR-LAW MEDICAL SERVICE.

BOTHWELL, George G., Esq., Medical Officer for the Rathmellen District of the Milford Union, county Donegal.

HUNTER, Charles, Esq., Medical Officer to the Aberlemne District and Forfar Workhouse.

JEYNES, William, Esq., Medical Officer to the East Croydon District of the Croydon Union.

LANDDOWN, Joseph R., L.R.C.P.Ed., Medical Officer to Workhouse and District No. 1 of the Newcastle-under-Lyne Union.

### ROYAL NAVY.

BOLSTER, George, Esq., Assistant-Surgeon, to the *Egmont*.

BORROWS, Robert, M.D., Surgeon, to the *Ariel*.

ROLSTON, George, Esq., Assistant-Surgeon, to the *Egmont*.

WILLES, George J., Esq., Surgeon, to the *Egmont*.

WILSON, Daniel, Esq., Surgeon, to the *Osprey*.

VOLUNTEERS. (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

STEPHENSON, J., M.D., to be Surgeon 1st Norfolk A.V.

To be Honorary Assistant-Surgeon:—

WALKER, H., Esq., 15th Staffordshire R.V.

### MARRIAGE.

BARBER, Henry, M.D., of Ulverstone, Lancashire, to Frances, daughter of George STUNT, Esq., of Tottenham, London, on January 5th, at Holy Trinity Church, Tottenham.

### DEATHS.

BRAUN, Carl, M.D., at Wiesbaden, on December 9, 1862.

CADENHEAD, John, M.D., at Aberdeen, aged 64, on Dec. 31st, 1862.

CHASE, On December 29th, 1862, at Tottenham, Sarah, widow of Edward Chase, Esq., Surgeon, of Luton.

COOPER, James, Esq., Surgeon, at Liverpool, aged 60, on Jan. 6.

HARRIS, On December 20th, 1862, at Wandsworth, aged 2 years and 10 months, Ida F. E., daughter of William Harris, Esq., Surgeon.

RYMER, On December 30th, 1862, at Ramsgate, aged 68, Elizabeth, wife of James Rymer, Esq., Surgeon.

ANOTHER 'MEDICAL CORONER. Mr. J. S. Davies has been elected by the Town Council of Shrewsbury, coroner for the borough.

WESTMINSTER HOSPITAL. Mrs. Chadwick (whose late husband made a munificent donation to the Westminster Hospital), has invested £700 in consols, to produce an annual sum of £21, which is to be given in prizes to students. The following resolution has been passed by the lecturers, in whose names the sum is vested:—"The lecturers of the Westminster Hospital School of Medicine, desire to convey to Mrs. Chadwick the expression of their deep obligation to her for the munificent endowment she has made for the purpose of promoting the education of the students of the medical school. They entertain a firm belief that the rewards offered by this endowment to industry and intelligence, will afford the most efficient means for stimulating the best energies of those who are being educated at the hospital for the medical profession."



**WOUNDS IN BATTLE.** The medical report of the wounded in Reynold's corps, Gibbons's division, at Frederickburg, gives an account of 859 cases. No less than 498 were hit in the leg or foot, 45 in the hips, 10 in the abdomen, 42 in the chest, 48 in the head and neck, 145 in the arm or shoulder, 61 in the hand and forearm, and 10 contrived somehow to get shot in the back. Chloroform was administered to 186 with complete success.

**STRYCHNINE POISONING.** A man named Heimsath, in the employment of Messrs. Hopkins and Williams, wholesale druggists, of New Cavendish Street, has died from poisoning by strychnine. On Christmas-eve he and three of his fellow-servants had some beer at their place of employment, and a quantity of it being left, it was put by one of the men into a glass bottle. On the Friday following Heimsath drank some of the beer, immediately fell on the floor in convulsions, and shortly afterwards died. A *post mortem* examination showed that death had been caused by strychnine; and on the beer in the bottle being analysed, it was found to contain a large quantity of that poison. There was some suspicion of foul treatment. The jury at the inquest on the body returned an open verdict.

**PATHOLOGICAL SOCIETY OF LONDON.** The seventeenth annual meeting of this society was held on January 6th. The Council reported that the career of the society continued to be marked by unabated prosperity. Notwithstanding circumstances, the influence of which had tended in some degree to limit the rapid rate of progress which the Society had maintained since its origin in 1846, its numerical strength had never been greater than at the present time. The interest of the meetings had rather increased than otherwise; and the supply of valuable preparations, not only from our own country, but from abroad, had never been at any previous period surpassed. The financial statement exhibited a balance in the hands of the treasurer of £187:18:5½. A portion of this will be added, according to the usual custom, to the Society's funded property, which now amounts to £129:6:7. The following officers and council were elected for the ensuing year:—*President*, Prescott G. Hewett, Esq.; *Vice-Presidents*—W. Jenner, M.D.; Sir John Liddlel, M.D., C.B., F.R.S.; A. B. Garrod, M.D., F.R.S.; G. Johnson, M.D.; Wm. Coulson, Esq.; J. E. Erichsen, Esq.; John Hilton, Esq.; G. D. Pollock, Esq. *Treasurer*—R. Quain, M.D. *Council*—T. A. Barker, M.D.; G. Budd, M.D., F.R.S.; A. Clark, M.D.; W. D. Chowne, M.D.; G. Harley, M.D.; S. J. Goodfellow, M.D.; J. W. Ogle, M.D.; J. E. Pollock, M.D.; G. D. Gibb, M.D.; R. Barwell, Esq.; B. E. Brodhurst, Esq.; W. White Cooper, Esq.; W. H. Flower, Esq.; J. G. Forbes, Esq.; T. Holmes, Esq.; J. Pyle, Esq.; S. J. A. Salter, Esq.; T. Bryant, Esq.; J. W. Hulke, Esq.; E. Ray, Esq. *Honorary Secretaries*, J. S. Bristowe, M.D.; Henry Thompson, Esq.

**IRISH MEDICAL ASSOCIATION.** The Irish Medical Association held a meeting last week, at the Limerick Junction Hotel, to consider matters which Dr. Jacob, of Maryborough, their chairman, said, "were of vast importance to the public generally, as well as to their own profession in particular." The subject which he wished to bring under their notice was the registration of births and deaths in Ireland. At present no legal provision was made for such registration, and consequently the vital statistics of the country are very imperfect. Besides the chairman, the president of the College of Surgeons, Dr. Mackesy, Dr. Harvey, Dr. Ryan, Dr. Elliott, and many others addressed the meeting, in order to prove that only highly qualified medical practitioners were fit to preside over the collection and arrangement of those vital statistics, and that only in such hands could there be a safe and trustworthy registration. The meeting was quite

unanimous on these matters. They also complained of the paltry remuneration granted to medical officers for their important and laborious services, and resolved to get a more suitable recognition of the value of their services. They agreed that the *minimum* salary of a dispensary medical officer should be £100 a year.

**A MILD DECEMBER.** Mr. T. L. Plant of Birmingham writes to the *Times*: "The month just closing has been so remarkably mild that a few particulars, compared with former seasons, may be interesting to some of your readers. On the morning of the 22nd the *minimum* register stood at 29°, which was the only occasion when the temperature declined below freezing point. This is extraordinary for December. The following are the mean values of temperature for this month for the last four years, compared with the average for ten years:—December mean temperature.—1859, 34°; 1860, 34°; 1861, 38°; 1862, 43°; average of ten years, 36°. It will thus be seen that the present month commanded a mean of seven degrees over the average for December from ten years observations. December 1837, was mild. Frost set in on the 1st of January following, and lasted eight weeks. The Thames was partially frozen over. December 1854, was also mild, and frost commenced on the 16th of January and continued five weeks. The Severn was frozen over at Worcester, and the Thames was again partially frozen over. Both the above seasons were remarkable for weather of a similar character to the present month before the frost commenced—namely, open, mild, and with frequent high winds."

**POLLUTION OF THE THAMES.** The medical officers of health of the metropolis met lately to consider a proposal of the engineer of the Metropolitan Board of Works to discharge the sewage of the western district of the metropolis into the Thames near Cremorne Gardens; Dr. Thompson of Marylebone in the chair. Dr. Burge of Fulham read an elaborate report on the subject, whereby it appeared that the Metropolitan Board intends to deodorise the sewage of the metropolis west of the Ranelagh sewer, and afterwards to discharge the same into the river near Cremorne. The area extends seven miles west of Chelsea Hospital, as far as Brentford, embracing one-third of the metropolitan area, and one of the most increasing in population. In the opinion of Dr. Burge and various eminent scientific men, quoted by him, the discharge of such a large amount of poisonous matter into the river would have a most deleterious effect upon the metropolitan population. Dr. Thomson read a report of a preparatory committee convened to consider the question, showing that the area included twenty-one square miles and a half, or one-eleventh part of the metropolitan sewage, amounting to about 10,000,000 gallons daily, which would be collected into a reservoir two acres in extent, near Cremorne, for deodorisation, previous to discharge into the river, by perchloride of iron. The committee considered the perchloride of iron was useful only in the reservoir itself, and not as tending in any way to disinfect the river. The meeting, on the motion of Dr. Liddle and Dr. Aldis, adopted the report, which was entered on the minutes. Dr. Burge moved, "That, in the opinion of the Association of Medical Officers, the proposed deodorisation of the sewage of the western district of the metropolis, and its subsequent discharge into the River Thames, will be ineffectual in its operation, pernicious in its effect upon the river, and subversive of the principle upon which the interceptive scheme was originally based." The motion was carried, and a copy directed to be forwarded to all the vestries and local boards. It was also agreed that a deputation of the Association wait upon the Metropolitan Board to oppose the proposed scheme.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Clinical Discussion. Mr. Bishop, "On the Artificial Hand of Selgr. Gallegos"; and other Cases.—Royal Geographical.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. John Dix (of Hull), "On the Wire Compress, a substitute for the Ligature"; Dr. A. B. Buchanan (of Glasgow), "Case of White Fibro-Serous Discharge from the Thigh."—Zoological.

WEDNESDAY. Microscopical.—Society of Arts.—North London Medical.

THURSDAY. Royal.—Antiquarian.—Linnæan.—Chemical.—Harveian.

FRIDAY. Western Medical and Surgical Society of London, 8 P.M. Mr. Jones, "Some Points in connection with Cerebral Hæmorrhage."

SATURDAY. Medical Officers of Health.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 3, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys. 1089 }	2146 1553
	{ Girls. 1047 }	
Average of corresponding weeks 1850-62 .....		1918 1454

**Barometer:**  
Highest (Wed.) 30.011; lowest (Mon.) 29.348; mean, 29.607.

**Thermometer:**  
Highest in sun—extremes (Sun.) 78.5 degs.; (Sat.) 52 degs.  
In shade—highest (Th.) 52.3 degs.; lowest (Wed.) 33.5 degs.  
Mean—43.8 degrees; difference from mean of 43 yrs.+6.9 degs.  
Range—during week, 18.8 degrees; mean daily, 8.3 degrees.  
Mean humidity of air (saturation = 100), 89.  
Mean direction of wind, S.W. & N.W.—Rain in inches, 0.37.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. MAYNE AND DR. FOWLER.—SIR: On a suggestion, that notification should have been made in the journals of the reference, to professional gentlemen, of the dispute between Dr. Robert Fowler and me having been entered into, I beg leave to state that Dr. T. B. Peacock, 20, Finsbury Circus, has been named by Dr. Fowler as his referee; and Dr. A. Meadows, 9, Cavendish Place, Cavendish Square, has kindly consented to act as such for

Leeds, Jan. 6th, 1863. Yours, etc., R. G. MAYNE.

MR. LOCKE.—The late celebrated engineer was a strong opponent of the Netley Hospital. In a review of his life, we read as follows:—"His opposition to the Netley Hospital job was tenacious, though not very effectual."

AN APPEAL.—SIR: I would venture through your columns to make an appeal to the medical profession on behalf of the widow of the late Mr. Henry Baker Armstrong, of Pembridge, Herefordshire, and Fryers Town, Australia. Mrs. Armstrong has just returned from Australia, where her husband died, leaving her destitute, with three small children. Her passage home was paid by several of the residents and medical men on the Bendigo district. She is anxious to obtain a situation as mistress of a school, or to engage in some way of business. Having known her late husband and Mrs. Armstrong, both in Australia and in England, I can recommend the case to the profession and to the public. There may be some of Mr. Armstrong's friends who knew him at Bartholomew's Hospital. May I ask them to send some donations for the benefit of his widow and children? J. Paget, Esq., of Bartholomew's, and Joseph Toynbee, Esq., both knew the case, and will, I am sure, recommend it. I shall be very happy to give further, and, if necessary, more minute and painful particulars, by letter, to any inquirer; and will also gladly receive and acknowledge subscriptions, large or small, for Mrs. Armstrong.

I am, etc., J. C. DENNY,

Dec. 31st, 1862. Senior Curate of Wellington, Salop.

ANÆSTHESIA IN FEMALE DISEASES.—SIR: Several correspondents of late have addressed the JOURNAL as to the necessity of an inquiry into the usefulness of chloroform in female diseases and midwifery; but there is scarcely one department of practice in which the report of the use of anæsthetics is so favourable, or the advantage so generally acknowledged. The late outburst of cases of ovariectomy has been indirectly due to the soothing and beneficial assistance of anæsthetic agents; for we cannot believe that, if we had no chloroform, poor women would submit to this truly terrible cutting and mutilating operation. I am anxious at present to say that, having administered chloroform or ether in something like thirty of these cases, and having studied its action in another large number, I have been remarkably struck with the "law of tolerance" of chloroform in ovariectomy. One is sometimes asked if in such cases chloroform is to be recommended. I believe this very remarkable tolerance is partly due to the fact that there is very little hæmorrhage in ovariectomy; and, I know now from experience, that there is not much, if any, tendency to syncope in the tapping the ovarian cyst (the early part of the operation), as was at one time so strongly laid down in books, and still believed to follow the tapping of ascites. I find that some persons shake their heads at chloroform, from fear of this tapping or syncope of books; but the dread is purely ideal; and if asked if I recommend chloroform in ovariectomy, I usually say, I do so with more probability of safety than in a minor or trivial operation, such as tooth-drawing. At any rate, one can seldom go wrong as to syncope, if he has some ether also near him when using the chloroform, and administers them alternately. The ether, I find, acts very well in preventing faintness or syncope. With regard to the formula of tartarised antimony of Mr. de Cinq Maisons, as he admits his experience is limited as to chloroform, I would offer him a hint; viz., never to go from tartarised antimony to chloroform too quickly, or he may have syncope—in midwifery, a rather alarming thing, if one is administering chloroform with one hand to a poor woman, usually the left, and supporting the perineum, as the child is entering the world, with the right. I would only say further, that there is probably not a single well attested fatal accident from chloroform in midwifery.

I am, etc., CHARLES KIDD, M.D.

25, Sackville Street, December 23rd, 1862.

P.S.—The cost of the last volume of the Pathological Society's *Transactions* was increased in consequence of the American war! The binding of each volume was this year dearer in consequence of the rise in the price of cotton.

COMMUNICATIONS have been received from:—MR. ERASMUS WILSON; DR. P. M. LATHAM; MR. A. B. STEELE; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; MR. A. NAPPER; DR. TOOGOOD; MR. W. WEBER; DR. T. K. CHAMBERS; DR. LIONEL BEALE; MR. F. T. PONCIA; THE HON. SEC. OF THE ROYAL MED. AND CHIR. SOCIETY; MR. J. VOSSE SOLOMON; MR. W. M. BAKER; MR. PAGET; MR. E. WRIGHT; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. HENRY BARBER; DR. MAYNE; MR. H. W. COE; MR. W. W. HOWARD; MR. A. RANSOME; DR. G. WYSE; DR. H. MARSHALL; MR. THOMAS HOBBS; DR. M. COOPER; DR. E. A. PARKES; DR. J. W. OGLE; MR. E. BARTLETT; JUDEX; MR. F. DUNS; FRANK; MR. W. BAKER; MR. H. THOMPSON; DR. SKINNER; MR. G. KING; DR. DAY; and MR. T. M. STONE.

# General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

### THE HEART AND ITS AFFECTIONS, NOT ORGANIC. (*Continued.*)

#### III.—*The Frequent Pulse at its Highest Degree of Significance. Cases.*

THERE are things which, as they ordinarily present themselves in nature, are so beset with collaterals that, but for their sometimes appearing in simple forms, they could never be fairly understood. Such, among the symptoms of disease, is often the frequent pulse. It is one of a crowd, and is lost in a crowd. It is not duly attended to among many as urgent and as pressing for notice as itself. But then it sometimes stands almost or altogether alone. There is the disease; and all that can be reckoned as belonging to it in the nature of a symptom, all that can serve to direct its treatment and prognosticate its event, is a very rapid pulse.

Such cases are rare; but still they occur often enough to afford us opportunities of seeing and noting this symptom of the frequent pulse in its simplest, its most elementary, and yet most prominent form, and the fittest and best to develop its true pathological meaning.

I was called one Friday, at midnight, to visit a young married lady, aged 21, whose state had given just alarm to her medical attendants. Her pulse was too rapid to be counted, and so feeble that it could only just be felt. She made no complaint of pain; and no questioning, no examination by pressure of the abdomen especially, could elicit the least expression of it. The abdomen was soft, and very slightly distended. The tongue was quite clear and moist; the extremities quite warm. Moreover, there was perfect consciousness; and she expressed surprise at the apparent anxiety of those around her.

Here the only present symptom was the pulse countless from rapidity, and scarcely perceptible from feebleness. But there had been another symptom. On the previous Wednesday, at 3 P.M., suddenly and without warning, there had been a long and severe rigor. No reaction followed, when it passed away; the pulse became extraordinarily rapid and feeble, and it had so continued ever since.

At 10 A.M. the next day (Saturday), the state of things was still the same, except that the abdomen had become flattened in consequence of evacuations which had taken place in the course of the night. There was still no positive symptom, but the pulse most rapid and feeble. At 10 P.M. this symptom no longer remained. The pulse was imperceptible at the wrist. The hands were cold. Consciousness remained, and even intelligence; and there was evidently no feeling on the part of the patient that she

was going to die. She died in the night; I did not learn at what time.

Observe: of this rapidly fatal disease (if disease it was) there were only two symptoms—the long and severe rigor, and the rapid, feeble pulse. But they were not, either one or the other, symptoms in the strict pathognomonic sense, being common to twenty diseases different in kind, and diagnostic of none. But symptoms they were, and both alike, of things incident to all diseases, and terrible when they occur. The inceptive rigor denoted the shock suddenly given to the powers of life; and the countless feeble flutterings of the heart, which followed it, denoted their surrender.

Now, as to the nature of the disease in this case, we must seek it in things prior to the inceptive rigor, since it certainly did not appear in what occurred afterwards. This lady had been confined eight days. The labour was favourable. But the placenta was retained, and had to be torn away. Still she had gone on favourably in every respect until the rigor. There was nothing more to be told of previous history; and this, and experience of the like, were enough to show the nature of the disease, and that it was puerperal fever. But shall I say “that it was”, or rather “that it would have been?” The morbid element was taken up, and became a quick-working poison to the powers of life. The disease had either only just emerged and was cut short, or it never emerged at all. The disease, so to speak, killed itself; it killed itself in the birth. Its first impression was a fatal shock; and there followed, not the symptoms proper to its own nature, but the one symptom of coming death—this countless fluttering of the heart.

I was suddenly summoned to a lady, about 40 years of age, who was to all appearance brought at once within the grasp of death. She was pale and cold, and her lips were livid; and her pulse was of a countless frequency, and just perceptible, and no more. Her mind was clear; and she could just be heard to whisper a few articulate words, telling me that she saw all things in a mist, and did not well distinguish one object from another; and that she seemed as if she were going to be suffocated. This looked awfully like dying. And into this condition she had passed in the course of two hours.

I had no other expectation than that she would die immediately. But hour after hour passed away, and she still lived. Days and nights, even five days and five nights, between Tuesday and Sunday, passed away, and she still lived. She lived, but without the slightest appearance of rallying, and without the least token of any positive disease. The countless, scarcely perceptible pulse, comprised all the symptoms. Brandy, ammonia, ether, anything and all things that could stimulate, were given (for the power of swallowing remained), every ten, or every five, or every three or two minutes, night and day. But they produced no reaction. They kept the heart just moving, and that was all. The pulse was sometimes perceptible, and sometimes not; and several times, when it was actually gone, and all was over, as it seemed, life and a pulse were brought back again by a larger supply of brandy.

After five days and five nights thus spent, a change took place; and it was all at once. It was within a certain half-hour. As I sat by her bedside, I found her pulse had for the first time become dis-

tinct enough to allow me to count it. Instead of a confused flutter, it gave 120 distinguishable beats in a minute. It continued perceptibly constant to this number for one half-hour, without the help of brandy. Presently what was dusky became red, what was cold became warm; and so much of reaction brought so much of hope.

But how did this frightful mystery end? How did it clear itself up? The tongue became red, then intensely red, then papillated; and then a rash diffused itself over the neck and chest, then over the whole body. And all was consummated in a regular attack of scarlatina, which went through its course without any unusual or unfavourable incident, and the patient got well.

In the first of these two cases, there was the highest presumption *à priori* (perhaps the proof), that the puerperal poison had gained access to the blood, and had entered into deadly conflict with the powers of life. Had the conflict been less than deadly, it would have had its natural issue in some authentic form of puerperal fever, which would have had its own perils. In the second case, there was the positive proof, *à posteriori*, that the scarlatina poison, gaining access to the blood, did for five days and five nights keep up an all but deadly conflict with the powers of life. But life holding out, the disease appeared as the natural consummation at last.

Now these two cases have the force of crucial instances. They are experiments of Nature's own contriving, and exclude all fallacy in the result. They prove the true significance of the frequent pulse; viz., that it is not a thing of disease as belonging to its essence, but a thing of disease and of all that concerns disease only as being a sign and a measure of the degree in which life and the powers of life are then brought to feel and to suffer, and to languish and fail. And this is the interpretation which the frequent pulse will be found to bear in the whole range of diseases in which it occurs, and in all the conditions, few or many, simple or complex, with which it is combined.

#### *Further Commentary on the Foregoing Cases.*

But, in these two remarkable cases, everything was uncommon and extreme. They furnished full-drawn representations of the rapid pulse, and, as such, well suited for studying its meaning; not, however, *exaggerated* representations, but strictly those which Nature offered. Yet it is startling to be told that the meaning found to belong to the rapid pulse in these two cases is the same *in kind* which it has in all diseases whatever. The difference between great and small, or of mere magnitude, in things of the same kind, is often so considerable, that practically it is difficult to look upon them and believe them to be of the same kind in fact. But, in the things pertaining to diseases, identity of kind, when it is real, ought to be carefully preserved, for the sake of doctrine and of truth. Mere magnitude, however, forces itself into notice. And so it ought; for life and death continually depend upon it, and it cannot be ignored with safety to practice.

In the two cases which have been cited, we have spoken of *life* and the *powers* of life, and of the rapid fluttering pulse bearing sole and infallible witness to their utter prostration and failure. But these expressions denote the truth popularly, rather than

pathologically. Nevertheless, they *do* denote it. Still they are expressions which, being employed about diseases, are suited only to things of the greatest magnitude in their kind. Accordingly, it would be too much to speak of *life* and the *powers* of *life* being reached and implicated in every case of disease wherein the pulse was frequent beyond the standard of health. But it would be neither too much nor beyond the truth to speak of something being reached and implicated which holds peculiar relations with life—something, belonging to our organisation, which communes with life more nearly and at once than through the circle of our grosser and more intelligible functions. And this is the nervous system.

Now the nervous system has the heart for its gnomon or finger of the clock. This notes, by the rate of its movement, the various degrees in which the nervous system is affected, from the least to the greatest. It is the greatest which must still engage our attention, and the rapid pulse the index of them. And the cases which have been just cited will help to explain them. To press the language of our analogy a little further, for the sake of illustration, we have already seen in these two cases the index hurrying rapidly round the dial-plate, and telling that, from some cause or other, the mechanism within was running down, and, if it were not arrested, that it would quickly stop. Even prior to any outward presentments to give assurance of disease, even earlier than its known beginning, we have seen the countless fluttering of the heart and arteries give token of the nervous system already under trial of mortal suffering, and ready to let life go for ever. But there is no reason in the nature of things (as far as I know) why a morbid poison, or any other element of disease, should not affect the nervous system soonest of all, and sooner than the blood and blood-vessels, to which it properly belongs to work out disease into its cognisable products and realities. Only experience says that it is rare, very rare.

#### *Frequent Pulse still at a very high Degree of Significance. To what Conditions of Disease it belongs.*

Not until disease is shaped and realised into something which can be seen or heard or touched, and can be called by a name, is it wont to engage the nervous system perilously; and should the particular disease, according to its nature, have to go through a stated course to a certain end, and so admit a probable measure of its duration, it will not commonly be until towards its decline that extreme peril to life is indexed by extreme frequency of the pulse. But the time is often anticipated. This sign of fearful significance—this countless fluttering of the pulse—may break in upon the disease at any stage of its progress, either early, even very early, or in its midcourse. And when it does, some notable thing has often preceded it, well capable of giving a shock to the nervous system. Sometimes a sudden profuse diarrhœa has been enough to account for it; sometimes a hæmorrhage; sometimes an unhappy error of treatment by larger depletion than the patient could bear; sometimes pain—severe, long, uninterrupted pain; sometimes loss of sleep; sometimes the solution of some organic texture within, as the rupture and perforation of a bowel. Sometimes, however, and oftenest, nothing incidental or casual

can be found to bear the blame, but only the malignant nature of the disease itself.

Still there is a hope for these cases ; but it is small. Yet small hope is made much of by the hopeful, and often serves them for a great encouragement. And so it must and had need do now, or there will be no saving of life.

And there is a treatment of these cases. Death is inevitable, if they are left to themselves. None ever recovered but by known, palpable, and adequate means. The treatment is simple enough. A single symptom has absorbed all other indications of treatment into itself, and remains our sole infallible guide what to do. The countless fluttering pulse now stands for everything. Watch must be kept upon it and its meaning. And its meaning is, that the nervous system is ready to sink into death. Accordingly, stimulus is to be given so *often* and so *much* as will keep it going and prevent it from coming to a stop. All this is simple enough in the telling. I wish it were so in the doing. As much, perhaps, has been told as can be told. But the "how often" and the "how much" are the things upon which life now hangs, and a judgment has to be exercised upon them every hour or many times every hour. Therefore the sick man has a poor chance, unless he can now have the services of one intelligent nurse at least entirely to himself. To have also one intelligent physician constantly within reach would not be at all beyond his needs. But it is useless to insist upon what is generally impracticable. Nevertheless, many cases within my experience, in which life has been rescued contrary to all probable calculation, have had this unspeakable advantage ; and some of them have occurred in the family of physicians.

But be it borne in mind that we have now to do with a part only of a very great subject. The nervous system, and its actings and sufferings under disease, this is the great subject ; and our small part of it is the frequent pulse. Nevertheless, small though it be, it is the part which especially offers itself as a handle to the whole. The part, by which we can best lay hold of it, and apprehend it, and study it, and turn our little knowledge of it to practical uses and benefit.

I wish still to keep hold of this handle that I may show the share the nervous system has in the graver diseases, and how it often determines their form, their course, and their event.

It is only in the most chronic diseases that the nervous system does not sensibly participate. All which show an appreciable progress from day to day ; all to which fever in any measure belongs, either essentially or as an accident ; these cannot exist without the nervous system feeling them and showing that it feels them. Now, almost all such diseases have, in respect of their essence, a due course to run and an end to reach. Phlebitis has its mixture of pus with the blood, and its deposit in abscesses within and without ; erysipelas has its diffused redness and swelling ; scarlatina one form of rash, and measles another ; small-pox has its pustules ; typhus has its petechial maculæ of the skin, and the typhoid malady has its tumescence and ulcers and sloughs of the intestinal glands. And these several conditions represent the essence of the several diseases, and show it to be different in each. But there are other things belonging to them all in common, which have great force in guiding their treatment and

ruling all concerning them. It is, indeed, by the essential element of these diseases, and by its mode of working, whether diffused through the veins, or collected in abscesses, or sprinkled over the skin, or scattered through the bowels, that each fulfils its course and accomplishes its end. But it is the great vascular system and the great nervous system that are most conspicuously engaged, and acting, and suffering all the time and in all of them, and the sum of their acting and suffering is called fever. The number of the pulse is our chief handle for apprehending the part specially borne by the nervous system.

If the fever be small, with moderate sympathy of the nervous system, there will be moderate frequency of the pulse, with moderate increase of its power, and thus much is natural and perhaps needful. If the fever be greater, with more sympathy of the nervous system, the pulse will rise both in frequency and force. And still all is natural and all is in harmony.

But, as the sympathy of the nervous system continues to increase, and the frequency of the pulse to increase along with it, anxiety begins to arise ; yet the strength of the pulse will still be the vital safeguard. Let, however, the sympathy of the nervous system increase more and more, and the number of the pulse run on to greater and greater frequency, then assuredly its strength will languish ; and if the balance be not soon redressed, it will become a countless fluttering. And to such extremity is the man now reduced, that this countless fluttering of the pulse will represent all that is vital in him, and all that can be treated in the disease. Gradually or abruptly, in any of the diseases mentioned, this may become the condition of the patient. It is often witnessed in the typhus and typhoid fevers of late years.

This deadly sinking of the nervous system, represented by the countless fluttering of the pulse, this most terrible incident of febrile diseases ; coming on at their beginning, or middle, or end, sometimes abruptly, sometimes gradually, not absolutely hopeless, and not absolutely beyond reach of a remedy, deserves to have all told of it that observation has learnt. Well, then, having once begun, it may continue many days or nights (three or four) uninterruptedly. And during all that time, the pulse will continue countless and almost imperceptible ; abating nothing of its frequency and gaining nothing of power for all the wine and spirits administered, but only just kept going and prevented from coming to a standstill. And thus the quantity even of spirits given in twenty-four hours has amounted to pints. And after these three or four fearful days and nights, the pulse may become of a calculable number again and of an appreciable power, and maintain itself at the less number and the greater power with a less amount of stimulus, and henceforth the disease will pursue its course exempt from the alarm of this particular symptom, which is the sure expression of the nervous system collapsing into death. But that the pulse should go on fluttering, and the nervous system go on collapsing into actual death, is the more common event.

Or this terrible incident of febrile diseases may occur after a different manner. The pulse will be countless and fluttering for a few hours, and then, under the use of stimulus, it will recover power and a

calculable number for a few hours; and then become countless and fluttering again. And after the nervous system has thus gone on to sink and to rally alternately for a few days, it will rally permanently, and the pulse become slower and steadier, and the disease will proceed free from this peculiar peril. But more often the nervous system will sink irrecoverably, and the pulse flutter and flutter on, and the patient die.

There is a very curious and interesting circumstance well worth our notice, to which my observation, if it do not deceive me, has often borne witness as a matter of fact. It is that the nervous system having reached the degree of collapse, indexed by the countless fluttering pulse, carries with it the pathological consequence of suspending for the time the course of the disease. Whatever be the disease which it attends, whether scarlatina, or measles, or erysipelas, or small-pox, and whatever be the stage it has reached, at that stage it will stop, and all specific morbid actions come to a suspense and standstill; perhaps to be resumed, perhaps not. To be resumed, when (if ever) the pulse comes within some clearly calculable number, and remains steadily within it, notifying the steady recovery of the nervous system. Not to be resumed, if the pulse goes on fluttering, although many days have yet to pass before the nervous system has collapsed into death. It is curious how disease thus under the all-subduing constraint of the nervous system, and halting for one, two, three, or four days, will, when that constraint is taken off, take up its course again from the stage at which it was arrested, and duly proceed to its end.

What took place in the remarkable case before cited is a specimen of the same thing in kind as that which now engages our attention; only there the disease was latent in its state of incubation; here the disease is manifest and already formed. There the disease had not yet begun, and the failing nervous system still withheld it from beginning during several days; here the disease being already formed, the failing nervous system withholds it from proceeding during several days.

**MILK.** Milk has been so often analysed, that it would seem no further facts could be elicited regarding this important liquid. Professor Boedecker, however, has just completed a series of experiments conducted on quite a new principle. The question he proposed to himself was whether milk obtained at any hour of the day always presented the same chemical composition or not; and he has arrived at the result that the milk of the evening is richer by 3 per cent. than that of the morning, the latter containing only 10 per cent. of solid matter, and the former 13 per cent. On the other hand, the water contained in milk diminishes by 3 per cent. in the course of the day; in the morning it contains 89 per cent. of water, and only 86 per cent. in the evening. The fatty particles increase gradually as the day wears on. In the morning they amount to 2.17 per cent.; at noon, to 2.63, and in the evening to 3.42 per cent. This circumstance, if true, would be very important in a practical point of view. Let us suppose a kilogramme of milk to yield only the sixth part of its weight of butter; then the milk of the evening may yield double that quantity. The caseous particles are also more abundant in the evening than in the morning—from 2.24 they increase to 2.70 per cent., but the quantity of albumen diminishes from 0.44 to 0.31. The serum is less abundant at mid-night than at noon, being 4.19 per cent. in the former case and 4.72 in the last.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM AND MIDLAND EYE HOSPITAL.

#### DISEASE OF THE EYELID IN CHILDREN.

Under the care of J. Vose Solomon, Esq., F.R.C.S.

**CASE I.** *Phlegmonous Inflammation of the Eyelids, excited by Alveolar Irritation.* An Irish girl, 2½ years of age, came under the care of Mr. Solomon, on the 18th of November, 1852, with phlegmonous inflammation of the left eyelids; they were red, tense, and very tumid. The conjunctiva, of a bright red colour, afforded a discharge of purulent colour. The cheek on the same side was swelled. On examination of the mouth, the right canine tooth was found just above, and the left nearly through, the gum, which was much inflamed. The two upper incisors were carious; and, on taking hold of the left one with a pair of forceps, it proved to be loose, and from its side (fang?) a quantity of pus was discharged. This examination indicated the nature of the case, and the treatment of the alveolar abscess by removal of the dead and loose bone.

Several points of practical and physiological interest are presented by the above narrative. It shows the importance of examining the mouth where the cause of an ophthalmic disease is not apparent. The cases are by no means very exceptional where irritation of the dental branches of the fifth pair has, by reflex action, caused retinal blindness, or paralysis of the motor oculi nerve, with its attendant vertigo, diplopia, inability to judge of the distance of objects, and consequent uncertainty in the walk of the patient while both eyes are maintained open. When investigating such cases, we must not allow the absence of pain in a carious tooth to deceive us; as, although it may never have ached, yet, according to Mr. Solomon's experience, it may be the sole cause of reflex mischief.

As to whether the phlegmonous inflammation of the lids and the purulent conjunctivitis were referable to reflex action, or to the extension of inflammation by the continuity of a mucous surface, is a fair question for debate. The reporter is disposed to refer the symptoms to the former.

Another point deserving of notice is the late period to which the projection through the gum of the canine teeth was delayed; namely, the *thirtieth* month of the patient's age. Bell fixes their eruption as occurring between the sixteenth and twentieth month; Hunter, so late as from the twentieth to the twenty-fourth; and Tames, at from the sixteenth to the twentieth month.

The late development of the canine and the premature decay of the superior incisors are suggestive of the presence of an hereditary syphilitic taint. As regards the periostitis, which led to the formation of an abscess at the fang of the left incisor, it was an eliminative act on the part of Nature to get rid of the dead bone, which had become a foreign body in the mouth.

**CASE II.** A delicate child, 7 years of age, was attacked with catarrhal ophthalmia on December 14th, 1852. On the 15th, the upper eyelids were swollen; and on the 16th they were red. The swelling gradually increased until the 21st of December, the right suffering the most, when the patient was brought to the Eye Hospital, and the preceding description obtained from the mother. At this time, infantile purulent ophthalmia was prevalent.

On admission, there was enormous swelling of the

upper eyelids, which were of a livid red colour. They overlapped the lower lids, and projected considerably beyond them. The tumescence arched up the lid from one canthus to the other, and extended from the brow to the tarsal margin. There was considerable mucopurulent discharge. The eyelids, when everted (which was effected with difficulty), presented a concaved semicircle. The conjunctiva was of a dirty light red colour, eroded, and covered at points by false membrane (?). The sclerotic conjunctiva was slightly congested. The inferior eyelids were healthy.

The patient's constitutional power was below par. Dyspepsia and constipation were present.

The appropriate treatment of this class of cases consists in the application of collodion to the skin of the lid, injections of nitrate of silver to the conjunctiva, and the administration of tonics, etc.

CASE III. A fat infant, 2 months old, was brought to the Eye Hospital on November 18th, 1852. The upper lids were much swollen and *indurated* from infiltration. On eversion, which was performed with difficulty, the conjunctiva presented a jaundiced hue and patchy redness; it was covered by a film of lymph, which was removed with some difficulty. The surface was excoriated in places, and exuded a straw-coloured serum. The cornea of the worst eye, which had been affected seven days, was slightly turbid—opalescent. The other eye was only attacked the day before the patient's admission.

In answer to questions, the mother said she was now, as previously to her confinement, suffering from a vaginal discharge, and scalding during micturition. She had no reason for believing that any of the discharge had come into contact with her infant's eyes.

The palpebral conjunctiva was brushed over with a ten-grain solution of nitrate of silver, and small doses of calomel with quinine were ordered to be taken twice a day. Under this treatment the case did well.

## Original Communications.

### A QUESTION AS TO PATHOLOGICAL DISTINCTIONS IN CASES OF DIABETES.

By DANIEL NOBLE, M.A., M.D., Manchester.

The ordinary pathological distinctions recognised in cases of what is called diabetes, rest upon the presence or absence of sugar in the urine, when this excretion happens to be unusually abundant; and whilst the so-called *diabetes mellitus* has always been regarded as a formidable malady, *diabetes insipidus* has been considered a comparatively unimportant ailment. And, thus, the detection of sugar to any extent in the urine commonly gives rise to the most serious apprehensions. Up to within the last few years, this was unavoidably the case; because, generally, it was but when the graver constitutional symptoms of a severe form of diabetes revealed themselves, that the urine was at all tested for sugar, the presence of which was looked for as giving a definite certainty to a previous diagnosis. And as, sooner or later, excessive discharges of urine, accompanied by thirst, voracity, dry skin, emaciation and debility, were ordinarily followed by dissolution; and as these conditions of imminent danger were so often associated with the renal excretion of sugar; saccharine urine became, not unreasonably, regarded as a most formidable feature of the disease, and as one threatening death at no very distant period.

But in these days, when an examination of the urine is so universally practised in the diagnosis of disease, the presence of sugar is discovered at much earlier

stages of diabetes than was formerly the case; and this circumstance, I apprehend, should lead to a more accurate appreciation of its true pathology than when the earlier phenomena so often eluded observation. I have, myself, been induced to think that saccharine urine does not necessarily constitute that very formidable symptom in disease which it was formerly considered to be; and that, in fact, it need not be regarded as the sure precursor of that particular diabetic condition which almost invariably has a fatal termination. I will illustrate my meaning, however, by narratives of certain facts somewhat incomplete, but nevertheless showing a contrast which supplies the grounds upon which I submit a question as to a probable pathological distinction, and which at the same time furnishes an occasion for suggesting a direction to the inquiries of those whose aptitude and opportunities more especially qualify them for investigations of this kind. In this view of things, I subjoin a brief account of two cases of diabetes, representing a well-known class; and then some account of two others, the pathological significance of which, I suspect, is essentially different.

A young Greek, about 17 years of age, was brought to me some years ago, by the proprietor of a boarding school in the neighbourhood of Alderly. The complaint was that the patient had become gradually listless and weak, incompetent alike for physical exertion and mental application; and that this state of things had, for a few weeks, been almost imperceptibly making its way. On inquiry, I ascertained the existence of thirst, voracious appetite, dry skin, and large discharges of urine—symptoms which, of course, suggested the diagnosis of diabetes. I directed that the young man should not return to school, but should remain with relatives who resided in the immediate neighbourhood, intimating at the same time to the gentleman who accompanied him, that I regarded his case as very serious, and that he ought to go to bed and have constant and systematic attendance; that, if my own services were further demanded, I must be informed, and, in that case, should visit him on the following day, and would wish to see the quantity of urine voided after a given hour. It was soon afterwards intimated that I was to render him such attendance and aid as the circumstances might require, and I called upon him accordingly on the following day. I found the poor youth much weaker than on the previous day even, and ascertained that he had parted with immense quantities of urine possessing an odour and other characteristics rendering the presence of sugar very probable. I took some of it away with me, and submitted it to simple tests; it may suffice to say that the urinometer manifested a very high specific gravity, and Trommer's copper test exhibited a very large proportion of sugar. On the succeeding morning, the debility and exhaustion had very alarmingly progressed, and I gave the worst prognosis, stating that it would be agreeable to myself if they should wish to call in some other assistance—a suggestion which, it was said, should be considered. I paid an evening visit on the same day, and was told, without seeing the patient, that, in consequence of my opinion expressed in the morning, I had been superseded; that my successor, moreover, should be replaced in like manner, if he did not speedily effect an improvement; and that, in fact, doctor after doctor should be tried upon this principle. Early the following morning, however, the patient died.

Now, in this instance, there was obviously a collapse of so speedy and decided a character, that little can be said of its specific nature; the peculiar perversion of function indicative of diabetes mellitus so rapidly carried with it a destruction of all vital energy as to preclude the attempt at any special ascription of its origin and cause.

In the course of last year, a lady consulted me on account of her daughter, who for some weeks had been



losing flesh and strength; she was not more than about thirteen years of age, and had been under the care of a well-known homœopathic practitioner in this city, who did not appear to have made any definite diagnosis. On directing my attention to the young lady, my first impression was that she was labouring under some obscure form of phthisis, but a physical examination of the chest and a quiet pulse, excluded the idea; I next thought, on learning that her appetite was unusually good, of possible mesenteric disease, but I could obtain no corroboration of this notion on extending the inquiry; it was when excessive thirst was mentioned, that I thought of diabetes. The skin was dry, the appetite voracious, and the urine extraordinarily abundant; I had brought to me the same day a specimen of the urine, and found it of high specific gravity, and containing large proportions of sugar; the nature of the case was thus put beyond doubt. For about a week I saw this patient on alternate days at my own house, and she was seen once also by Sir James Bardsley. After some seeming improvement, which did not continue for more than a day or two, she began rapidly to decline, and was unable to leave her room; therefore I attended her at home, and in three days she expired—ten days from the period when she was first brought to me.

In this case, the invasion of the malady could be traced to no particular cause; it appeared that the decline in strength had shown itself slowly and insidiously; and it was only the persistence and augmentation of the debility with notable emaciation, that led the parents to regard the illness in any serious light; for, indeed, they had been encouraged by the homœopath, they said, to feel every confidence that time and his own treatment would bring about recovery. This instance, like the preceding one, constitutes a fair illustration of a class of cases familiar to practitioners and dependent upon conditions of the system but little understood,—cases which alone, probably, at no very remote date, would have had their diabetic character made out, and the general symptoms of which would alone have suggested the importance of testing the urine for sugar in order to settle the diagnosis.

But there is another class, which I proceed very briefly to exemplify. A gentleman between fifty and sixty years of age, of great mental endowment, one who had through life pursued a thoughtful and laborious career, had, for upwards of twenty years been accustomed to consult me when requiring medical aid; his ailments having generally been some feverish cold, or a slight degree of gastro-enteric irritation that rendered his digestion habitually weak. For four or five years prior to the summer of 1860, he had been deeply engaged in labours demanding much brain-work, of a kind, moreover, that involved considerable worry and anxiety. About the period just specified, he became troubled with neuralgic pains about the head, with broken sleep and gastric irritation to an unwonted extent. I was constantly urging detachment from business-cares and labours, but this recommendation was but imperfectly carried out; yet, to the extent to which it was so, the symptoms were always relieved. Late in the autumn the ailment assumed severer features; for great debility and some emaciation ensued. At this stage of affairs the patient, having a demand for his presence in London, asked if I would advise him whilst there to consult any one and whom, and I named to him a physician of well-earned distinction for his successful labours in pathological chemistry; my recommendation was acted upon, and the physician in question was seen; and, immediately on the patient's return home, my attendance was again requested. On inquiring if he had seen the London physician, and if he had, what had been said, I was told that he had done so and was glad of it, for the ailment had been found to be diabetes. I must confess, that upon hearing this statement I was somewhat startled, for there neither was nor

had been any excessive discharge of urine, nor any dryness of skin, nor any voracity; neither had the urine exhibited that greenish straw colour so often suggestive of diabetes, but, on the contrary, had displayed the same superficial characters which I had noticed for years in connexion with disordered digestion—a somewhat higher colour than usual, and lithic deposits on cooling. However, I could not doubt, after what had been said, that the urine at this time contained sugar, and, having procured a specimen, I took it to an analytical chemist, that it might be quantitatively as well as qualitatively examined. It was found to contain about eight per cent of sugar, and the specific gravity was 1.031. I had already said to the patient that, although the urine should contain sugar, I did not think it quite correct that the case should be designated diabetes, if by the term was understood that grave form of it, which, undermining by degrees the forces of life, terminated in death by a sort of gradual decline; and that, indeed, I wished him to rid his mind of such a notion, as being, at least in my judgment, not only not true, but calculated in itself to do him serious physical mischief. I had explained to him, moreover, that it had of late years been discovered that mental irritation, by its action on the brain, might give rise to saccharine urine, and that this phenomenon was not always of that momentous and fatal significance which the popular estimation of diabetes might lead him to think. However, he had received from his metropolitan adviser both medicinal and dietetic prescriptions—all *secundum artem*, and these, I said, he must in fairness carry out *au pied de la lettre*; I let him understand, nevertheless, that I gave preference to my own practical views, which involved detachment from harassing occupation and thoughts, change of air and recreative amusement, with such medicines and diet as his own particular experience might suggest to be the best calculated to restore the integrity of his digestive functions. After a trial of what I will call the systematic treatment for about a fortnight, he was obliged to give it up alike in its medicinal and dietetic items, for both appetite and digestion became still weaker; and, altogether, he was put more and more out of order; but, all this time, neither the skin nor the quantity of urine gave any of the usual indications of advance in the direction of diabetes as ordinarily understood. Early in 1861, all *system* of treatment was laid aside, my own more general views were carried out, and he began to improve; the quantity of sugar in the urine and the specific gravity also were diminished, varying however from time to time. In a few weeks the percentage of sugar was reduced to five, when, for what I deemed to be good and sufficient reasons, the urine ceased to be examined; the patient had possessed himself of an urinometer and was in the habit of using it himself; and in this way, I thought, he was exercising a prejudicial influence upon his physical condition by unduly fixing his attention upon it; therefore, subordinating my scientific interest in the case to anxiety for the patient's recovery, I urged that he no longer notice the urine, that he forget it, and, so long as he continued to improve, neither make nor have made any more examinations of this excretion. Through the spring the improvement went gradually on, appetite and digestion better, and the strength increased; by the summer, he might almost be regarded as well. In the month of July, however, he had a most serious attack of summer-cholera which, after some days very severe suffering, abated; I only saw him once during this illness as it occurred upwards of forty miles from Manchester; but from what I did see, and from the account furnished by the local surgeon, I am enabled to describe it as most enervating in its effects, and he was for some time much shattered by it; still, neither at the time, nor during the ensuing convalescence, was there any manifestation of the constitutional symptoms of diabetes. This gentleman when sufficiently well during the autumn went to Mal-



vern, sanguine from what he had been told that the water-treatment would invigorate him and perfect his cure; and, for my own part, recognising the benefit to arise from this very mental prepossession, I raised no objection; and, certainly, on his return home, towards the end of the year, he appeared quite well. For reasons, however, already stated, I neither made nor procured any chemical examination of the urine. During the spring of the present year, the patient had another very severe break-down, in the old way and from the old causes,—head-ache and functional disturbance of the stomach from excessive brain-work and irregular diet; still no suppression of perspiration, no excess in the quantity of urine, no voracity. Perfect recovery followed. At this time the gentleman is in excellent condition, looking perfectly well and cheerful, and is said by his friends to have a more healthful appearance than he has presented for some years.

A gentleman of my acquaintance, of high intellectual endowment, and, moreover, of great sensitiveness of disposition, has for the last seven or eight years had saccharine urine—a symptom which ensued upon much anxious mental effort. As he is a resident at a considerable distance, I cannot exactly speak of this gentleman as my patient, although on several occasions I have had conversations with him on the subject of this particular derangement of his health. I think it was about the year 1854 or 1855 that sugar was first discovered in the urine, but he had for many years had an imperfect digestion, evidenced very often by lithic deposits, and he had been a bad sleeper. In this case, there has been none of that steady progress in a downward direction so commonly happening when there is saccharine urine. From the time of its detection to the present there have been several attacks of illness, and on two occasions the patient had been all but given over. I saw him about three years ago labouring under irritable heart as the chief malady; he was in bed and much exhausted, so much so, indeed, that his friends, having regard to the diabetes, scarcely expected that he would rally; yet, at this time the specific gravity of the urine was not high, below 1,030 I think. The gloomy forebodings were not realised, and recovery took place, enabling him to fulfil important and responsible duties. In this instance, there was, for the most part, a somewhat inordinate appetite, but not any particular dryness of skin nor any great excess of urine. I select for illustration a case, with which I am but imperfectly acquainted however, mainly because the connexion in degree between mental wear and tear and saccharine urine was on several occasions quite notable; for example, about four months ago, the patient was abroad accompanied by an intimate friend, from whom I had shortly afterwards the information that, during this absence from home, circumstances occurred to produce great stress of mind, breaking down the health for a brief period; that, apparently in consequence, the diabetic symptoms became very much aggravated, the specific gravity of the urine running up to 1,051 from 1,025. On the enjoyment of quiet and the restoration of mental calm, the *status quo* was very speedily recovered; and, since this occurrence, the patient has been better than for a long time before. Indeed, a gentleman well acquainted with him, writing about a month ago to me on another subject, refers to our common friend as follows: "He keeps well; I suppose there never was known such a case."

I think there can be no doubt that the class of facts, very imperfectly exemplified by the preceding accounts, demand the inference that some causal relation subsists between certain pathological states of the brain and the excretion of sugar by the kidneys; showing, as it would appear, that mental perturbation is one of the first links in the chain of diabetic phenomena, and showing, moreover, that the degree of mischief exhibits some correspondence with the intensity of the presumed cause. Indeed, so

obvious is the relation in question, that it has been suggested by some, that diabetes mellitus is essentially of encephalic origin; and, certainly, if pathological distinctions cannot be established, there is much evidence that may be cited in maintenance of some such thesis. The well-known experiments of Claude Bernard, repeated and confirmed by Dr. Pavy in this country, furnish no little plausibility to the doctrine; they shew that saccharine urine can be artificially produced by mechanical irritation of the floor of the fourth cerebral ventricle. And other experimental lesions of the nervous system, moreover, have been found to produce diabetic symptoms since the one first practised by M. Bernard. Ordinary brain-disease will sometimes develop for a time a saccharine condition of the urine. The case of the late Mr. Hopwood, which attained so much notoriety in the year 1855, on a trial affecting the validity of a will, supplies an excellent illustration of this position. In 1840, five years before this gentleman's death, it appeared from the evidence given on the trial by his very intelligent medical attendant, Mr. Abraham Wood, of Rochdale, that at the period mentioned he began to suffer in his head, complaining of pain, somnolence, and intolerance of light—symptoms attributed by Mr. Wood to congestion of the brain, and which later on were followed by paralysis and dementia; "he had also another ailment", said Mr. Wood, "an affection of the kidneys". On cross-examination, he was told to say what this affection was, and he stated that it was "diabetes mellitus", and then that this was recovered from in ten days or a fortnight. Hereupon, Sir Fred. Thesiger, the cross-examining counsel, seemed to think that he had got hold of a good point for weakening the force of Mr. Wood's evidence, for, echoing the general popular impression concerning the necessary fatality of diabetes, he observed: "That (diabetes mellitus) is the incurable kind, is it not?" To this interrogatory Mr. Wood very sensibly replied, "It depends upon the cause." Sir Frederick, however, pursued the topic, resting upon the position that the ailment in question could never be recovered from, and that Mr. Wood did not know what he was about; but that gentleman was quite a match for the clever counsel, stating that he had not merely been led to the diagnosis by the general symptoms, but that he had tested the urine and detected the presence of sugar.

Now, the question which I would propose for this evening's discussion, and the question to which all that has preceded is introductory, is this: Is it possible to establish pathological distinctions in cases of diabetes, according to their *origin*, the *course of the symptoms*, and their *curability*—characteristics which, under many circumstances, supply the basis of such distinctions? In all these particulars, there would seem to be a wide difference between such instances as those last cited and those which I sketched in an earlier portion of this paper, the presence of sugar in the urine being almost the only phenomenon common to the two sets. May we not expect that, in further prosecution of our investigations in this direction, we may be enabled to determine distinctions in cases exhibiting sugar in the urine, just as now we can and do, but could not formerly, in the analogous instances of albumen in the urine? When Dr. Bright demonstrated the pathological connection between granular kidney and albuminuria, it was for some time afterwards regarded as constant; and albuminous urine was consequently regarded as possessing a much graver significance in all cases than it is now known to have in many; for, at the present day, this symptom is known to be expressive of pathological states various in their kind, and involving great differences alike in their origin, course, and curability; hence, we estimate the general character of albuminuria, not by the amount of albumen in the urine, but by the morbid causes which have brought this irregular excretion about. Is it not practicable, then, to establish, or to discover, in like manner, scientific as

well as practical distinctions in cases of diabetes? I would venture, myself, to express the conviction that modern researches are tending in this direction; and it is to stimulate attention to this view of the subject, that I have brought forward the question upon the present occasion, not, I need hardly say, in the form of a clinical contribution scientifically complete, but rather in that of an exposition of a course of thought initiated by the incidents of a casual experience.

## Transactions of Branches.

### SOUTH MIDLAND BRANCH.

#### CHRONIC INFLAMMATION OF THE OS AND CERVIX UTERI.

By GEORGE P. GOLDSMITH, Esq., Bedford.

[Read October 23rd, 1862.]

CHRONIC inflammation of the os and cervix uteri is one of a group of disorders, very common, indeed, in their occurrence, but to which comparatively few, I think, pay much attention during the time in which they are attending the medical practice of the hospitals. One reason for this neglect is, perhaps, to be found in the fact that, although it entails severe and long continued suffering, this is not a fatal disease, and we do not therefore frequently have an opportunity of examining the morbid changes produced by it; and, as it does not generally wholly incapacitate the patient from following her usual avocations, we do not often see her as "in-patient."

I must here, at the outset, state that the few observations I have to offer will be far from forming anything like a complete thesis upon this subject, but will merely embody the most prominent impressions made upon my own mind, while daily witnessing the complaint in a considerable number of cases. When I first undertook the duties of my position in the hospital, I had heard and read of the disease, but imagined it to be a rare affection, with which I should probably hardly ever meet; and I confess I was both astonished at, and unprepared for, the frequency with which it presented itself.

When we consider the important part played by the uterine functions, their periodic recurrence after intervals of comparative inactivity, and the complicated character of the structures by which they are maintained, namely, an organ comprising a serous, parenchymatous or muscular, mucous and glandular or follicular apparatus, we shall neither be surprised at the frequency with which some of these functions are liable to disturbance, nor at the gravity of the results attending it. The greater frequency of congestive diseases of the cervix uteri over those of the fundus, may be partly explained by the anatomical difference of the vascular return of the venous blood in these parts; the blood from the body and fundus uteri being conveyed back chiefly through the ovarian veins, passing directly to the vena cava, or a primary branch of it; while the blood from the cervix is returned by the uterine and hypogastric plexuses, branches contributing to form the internal iliac, and more liable to congestion from their proximity to the rectum and bladder, organs continually becoming distended, and thus, to some extent at least, exercising pressure on the cervix.

A patient, during the period of life when the sexual functions are active, comes complaining of general ill health and exhaustion; the complexion being pale, and, as is frequently the case, of a peculiar dusky hue, quite distinct from the cachectic sallowness of carcinoma, looking more smoky, if the expression may be allowed, and often presenting well marked dark areolæ round the eyes, so expressive of an exhausted and tried condition

of the system. The pulse is generally of low power and increased in frequency; while the patient's whole manner is often nervous, excited, or irritable, the depression of spirits being sometimes extreme, and the ordinary symptoms of chronic hysteria more or less present. The patient seems bereft of the feminine fortitude we so much admire in her sex when suffering from disease in general, and readily enters into a long and emphatic description of her sufferings, foisting it by a shower of tears, and evincing much fretfulness and impatience at one's close questions. There is not, as a general rule, much disturbance of stomach; we do not meet with that distressing nausea and vomiting so commonly accompanying the earlier stages of schirrus; but there is frequently dyspepsia and flatulence; the bowels being for the most part costive, and often refusing altogether to act without the continual use of purgatives.

*Leucorrhœa* is generally of early occurrence; and this discharge, so commonly present in most uterine ailments, presents in this disorder somewhat peculiar characters, arising from the anatomical structure of the part in which it is situated. In the cervical canal, the mucous membrane is thrown into longitudinal rugæ, an appearance forming the "arbor vitæ uterina"; in these folds the membrane is studded with large mucous crypts, called the *glandulæ nabothi*; these being stimulated to undue action, secrete a thick gelatinous mucus, as after the stimulus of impregnation; but, instead of remaining in the cervix and closing the canal, these pledgets are ever and anon discharged with the other matters thrown off by the uterus. I have had these masses shown me by patients, who have regarded this symptom with alarm. Of course the thin white vaginal discharge often accompanies; but, as far as I am aware, the above mentioned secretion is characteristic of this affection.

An almost constant and important symptom, also, is *menorrhagia*. The patient complains that the menstrual periods are accompanied by a more profuse discharge than natural, and that the interval between each period becomes gradually shorter, so that, in the worst cases, they say that there is an almost constant draining.

But the symptom most prominent, and that which, with the last mentioned, especially leads the patient to apply for relief, is *pain* of a peculiar heavy, dull, aching character, referred to the upper part of the sacrum, sometimes extending round the pelvis and into the groins. This I have found, in the cases I have treated, to be almost continually present; not always in the same degree, but generally amounting to a settled uneasiness, subject to occasional exacerbations, especially upon exertion.

The *internal examination* reveals an enlarged, tumified, and hypertrophied state of the os; the lips of which are frequently everted, leaving the aperture large and gaping, so as easily to admit of the introduction of the tip of the finger, while the body of the uterus is slightly increased in size and weight, as may be estimated by poising it on the finger. The engorgement of the os varies much in extent and character. Sometimes there is so much hardness and irregularity, that the diagnosis between this condition and the first change produced by carcinoma is attended at first with some doubt. To this point, as being one of great practical importance, I shall again presently revert.

The frequency of ulceration as an attendant upon this disease has been attested by so many observers of undoubted character and authority, that, although it is still disputed by some, for whom we entertain all respect, yet we cannot entertain any doubt as to the fact. These ulcerations are often mere excoriations of the epithelial layer, and can hardly be detected without the aid of the speculum, even by those most skilled in digital examinations: that these do exist, however, and that they are the proximate causes of many of the symptoms, such as *leucorrhœa* and *menorrhagia*, which attract

the patient's notice, and compel her to apply for advice, we cannot but be satisfied.

Another kind of ulcer, perhaps not so common, but more easily detected by the simple touch, is that which presents a granular surface, more or less rough, and attended by much the same symptoms as the former variety; the great difference being, that these are really erosions or ulcerations in the substance of the lips, which are granulating, and they therefore readily bleed upon being touched.

I have no doubt that this condition has existed in many more cases than those wherein I have been able to satisfy myself as to its presence; having frequently suspected it, from the pain produced at a certain circumscribed spot by the pressure of the finger.

As to the *causes* of this affection, they are very obscure, and I cannot say much about them. Sometimes, I have no doubt, it is primarily induced by the abuse of the sexual functions, the uterus being kept in a constantly irritated and congested state, which the constant repetition of the exciting cause maintains, and prevents the organ from righting itself. This is a condition very commonly observable among prostitutes, and occasionally also among married women.

It is a question that I have often revolved in my own mind, whether abortion is more frequently a cause or a consequence of this disease. Certain it is that, in not a few of the cases that have come under my notice, the patients have referred their first appreciable loss of health to a miscarriage, from which they have never entirely recovered. It is also equally beyond a doubt that, while this condition of cervix does not absolutely prevent conception from taking place, it nevertheless renders it highly improbable; and should it notwithstanding transpire, almost certainly ensures the premature expulsion of the fetus.

One important point, to which I would draw special attention, is, with what other morbid states we are likely to confound that which we have been considering. It is a matter of every day observation that, when the processes are normal, the uterus after parturition should contract, so as to render the organ about the size of an infant's head, after which it gradually undergoes a process of interstitial degeneration and absorption, coincidently with a discharge from the lining membrane, whereby, after a few weeks, it assumes nearly the same bulk and dimensions as before impregnation.

Now it sometimes happens that, from some cause or other, this process of disintegration and removal is arrested or retarded; so that, if an examination be made, the lips and cervix are found in a condition very similar in many respects to that which I have been attempting to describe.

The distinction, however, lies in the fact, that in defective involution of the recently gravid uterus, the *body* of the organ is also enlarged considerably beyond the natural size, while in chronic inflammation of the cervix, the body is generally the subject of only trifling enlargement.

There is a condition sometimes to be met with, in which the cervix uteri is the seat of constant uneasiness, but which at periodic intervals, gives place to paroxysms of excruciating pain; this is the "irritable uterus," described in a monograph by Dr. Gooch, which occurs chiefly in young women, and consists of nothing more or less than neuralgia of the organ; a rare affection, which from the constant wearing uneasiness, might possibly at first be confounded with this chronic inflammation. It is, however, distinguished by several marks; for instance, in the "irritable uterus," there is no appreciable change of structure, while the suddenness, violence, and, above all, the periodic recurrence of the exacerbations without inflammatory symptoms, render the disease easy of diagnosis.

But the most frequent source of error arises from the

extreme similarity which often exists between the condition of uterus presented by the disease we are considering, and that which we so frequently meet with in the early stage of scirrhus, before the occurrence of ulceration or much disorganisation, when the cervix is infiltrated by the dense, hard, unyielding tissue, but too familiar to us; and perhaps the best means of illustrating the difficulty which sometimes exists in arriving at once at a satisfactory decision, will be to read a brief abstract from the histories of two cases which were under observation about the same time.

M. D., aged 28, was admitted into the Burton Ward, July 10th, 1861. She was a strong and tolerably healthy looking person, but with depressed manner and dusky complexion. She was a servant, and unmarried, and had a child nine years since. The catamenia always recurred at the regular periods, and she always enjoyed good health until six months ago, when she suffered from pain in the right inguinal region; this was relieved by treatment, and she continued pretty well until two months ago, at which time she began to suffer from a hot burning pain, referred to the sacral region, and passing round the pelvis. She had had a yellow inodorous discharge, not so profuse at present as it had been. She had been under treatment at the Brixton Dispensary, the diagnosis of the case being written on the dispensary paper, "scirrhus uteri." She had been examined with the speculum by a leading surgeon-accoucheur, who said that she had ulcerated womb.

Dr. Robert Lee examined, and found the anterior lip of the os uteri hard, enlarged, and irregular; he said that he could not at present decide whether this was due to carcinoma or not. A few days afterwards, on repeating the examination, he found that much of the hardness previously noticed, had disappeared. She soon left the hospital, continuing for some time under my care as out-patient, and improved so much that she soon asked permission to marry; the symptoms being all relieved.

The second case is that of A. M., aged 42, married fifteen years, and having had three children. The patient though stout and in good condition, bore a pale and unhealthy appearance, with intensely dark areolæ round the eyes. She enjoyed good health until two years ago, when the catamenia, which had hitherto been regular, gave place to profuse menorrhagia, accompanied with severe pain all round the pelvis. She recovered partially for a time, but the symptoms continued in a mitigated degree until three weeks before her admission, when they returned with all their former severity. She was seen by a physician-accoucheur of much experience, and he pronounced her to be labouring under carcinoma uteri. When, however, Dr. Robert Lee examined, he found the os hard and irregular, but decided at once that the disease was not malignant. She improved much while in the hospital, and soon left it convalescent.

In these cases (and many similar ones might be quoted), the only symptom wanting to complete the history of scirrhus, was the offensive discharge which almost invariably marks the progress of that terrible scourge; but there were in each case, circumstances that might have excited doubts of the correctness of the diagnosis which had been formed. The age of the first patient, only 23 years, made it unlikely that she should be the subject of scirrhus uteri, although while she was under treatment another patient of mine died of it at the age of 32. And, in the second case, the long period during which the symptoms had existed, induced the suspicion that had the disease been malignant it would have run its course more speedily.

Whatever doubt we may entertain as to the nature of the case when we first see it, is however soon dispelled when the patient has been a little while under observation. Rest and treatment generally make so much improvement in the case of chronic inflammation as to enable us quickly to determine its nature. The unnatural

hardness of the os gradually disappears; the pain in the back is relieved; the engorged and infiltrated tissue of the cervix is relieved by the absorption and removal of the morbid matter to which its enlargement was due, and it shows evident signs of responding to treatment, though to get rid of it altogether is a task tedious enough.

The carcinomatous cervix, on the other hand, gets perhaps slowly, but surely worse; hæmorrhage and ulceration, destruction of tissue, pain, and the cancerous cachexia, pursue their too well known and fatal course.

It is with considerable diffidence that, so young as I am in my subject, I venture to say a few words on that which is the object of all our observation and research, namely the *treatment* of this troublesome malady.

In the first place, *absolute repose* of the inflamed tissue is one of the first principles of our ordinary rules of treatment in diseases of other parts; and therefore, everything tending to promote or provoke irritation and congestion is to be carefully avoided, when possible; it is expedient to enjoin "change of air," in other words, separation from the husband's society. Sometimes, however, intercourse is so painful that it has been already discontinued, and in one well marked case, it was this symptom which led the patient to apply for advice.

As the bowels are generally costive, I have found it serviceable to commence the treatment by a dose of blue pill or calomel, with an active vegetable cathartic, as colocynth; and subsequently give, two or three times a week, a gentle stimulant to the sluggish intestine in the shape of ten grains of the aloes and myrrh pill, or the compound rhubarb pill. If there be no febrile disturbance of the system, and the induration be considerable, I generally prescribe a drachm of solution of bichloride (*Pharmacopœia*) of mercury, in an ounce and a half of decoction of cinchona twice a day; or four grains of iodide of potassium, in an ounce and a half of decoction of cinchona or infusion of gentian three times a day.

If there be any hardness about the pulse, I generally set the kidneys acting by salines and mild alkaline remedies, before commencing with the more active constitutional sorbefacients. Sooner or later, however, tonics, in some form or other, will be found necessary.

But as the chief anxiety on the patient's part is to get relief for the symptom which distresses her most, viz., the pain in the back, we must do something for this; and I have for this purpose, extensively and successfully used a liniment, at once simple and efficacious, and really valuable. I got it from Dr. West's book on the *Diseases of Women*. It is formed of a drachm of croton oil and eleven drachms of camphor liniment. The relief afforded by this application is in many cases truly surprising. I have been told that as soon as the skin became sore, the deep-seated wearing pain disappeared; and when the cuticle is renewed, another slight dabbling of the surface continues the effect. With regard to local applications to the ulcers of the cervix I can say nothing, having had no experience of them; but astringent and soothing injections, such as the lead lotion, the liquor aluminis compositus, and the decoction of oak-bark, are of the greatest use in toning and bracing up the diseased parts; checking the leucorrhœa; correcting and removing irritating discharges, and promoting the healing of the ulcers where they exist.

The most severe, however, of these means are mild indeed by the side of the heroic and dashing treatment introduced by some of our energetic brethren across the Atlantic.

I some time ago came across a pamphlet by Dr. Marion Sims, surgeon to the Women's Hospital, at New York. He cuts the Gordian knot literally enough, and removes the disease root and branch by "amputation of the cervix uteri," which is the title of his little brochure. According to his account, the operation appears to be

productive of but little constitutional disturbance, and his process is, to cut straight through the cervix with a pair of scissors, as producing less hæmorrhage than the knife, in a kind of *écraseur* fashion; and then covering the cut surface of the stump, if I may call it such, with vaginal tissue, which is retained in position by sutures, until union by first intention has taken place; this is Dr. Sims' improvement; as previously the wound used to be left to heal by granulation, a process occupying several months, and attended by a good deal of suffering and inconvenience. Dr. Sims speaks very favourably of the good results which he has been able to obtain by this operation, which, however, will hardly gain ground in British practice, as it would be reprobated by the heads of the profession, and could hardly be submitted to by English ladies.

## BATH AND BRISTOL BRANCH.

ON DISEASE OF THE ASTRAGALO-CALCANEAL JOINT PRODUCED BY INJURY.

By R. W. COE, F.R.C.S.E., Senior Surgeon to the Bristol General Hospital.

[Read April 29th, 1862.]

THE diseases of the larger joints have been successfully studied by some of our best surgeons; whilst those of the smaller ones, as of the foot and hand, have met with less attention; and but little care has been bestowed, in the discrimination of the particular joint or bone affected.

Indeed, up to the present time, it has appeared sufficiently accurate for practical purposes, to characterise all the affections of the tarsal and carpal bones and joints, however various their origin, course, and termination, by the generic term, disease of the tarsus or carpus; occasionally, however, qualifying the vague appellation by the use of the words strumous, syphilitic, gouty, etc.

From my observation, during the last ten years, of the diseases of the tarsus, more especially of those following upon slight blows or strains, I may safely assert that the astragalo-calcaneal joint is more frequently affected than either of the other tarsal joints; that, from the functions and anatomical character of the astragalo-calcaneal articulation, the bones entering into its composition very frequently and early participate in its diseases; that from its proximity to the ankle-joint, the latter articulation is generally looked upon as the seat of the mischief, which is really situated in the astragalo-calcaneal joint; that the signs of the beginning of mischief in the astragalo-calcaneal joint are very early to be appreciated; that a careful attention to the history of the cases I shall relate, and the results of the treatment had recourse to, point out what course should be adopted in their management; and finally, that a consideration of the anatomy and function of the astragalo-calcaneal joint, more especially when compared with those of the ankle-joint, renders it very probable that the view I shall bring before you of the affections of the former is a correct one.

The following cases are related not in their chronological order, but in the one best fitted to illustrate the history of the disease.

CASE I. (From the notes of my dresser, Mr. James.) Elizabeth Brown, aged 23, married, was admitted into Ladies' Ward of the Bristol General Hospital, on November 2nd, 1861.

*History.* Up to July 1861, she was servant at a public house, where she had to walk a great deal, and was in the habit, in the performance of her duties, of frequently jumping from a height of three steps; she had had weakness of the right foot for about eight months, also swelling, and a very slight aching pain sometimes.

*Present Appearance and Condition.* There was a good deal of swelling and puffiness on both sides of the foot,

just over the line of junction of the astragalus and calcaneum, accompanied with increase of temperature; much pain on pressure of the swelling; great pain on seizing the astragalus firmly in one hand, and moving the calcaneum with the other; or on striking the heel sharply with the hand, so as to press the calcaneum against the astragalus. She had no pain on moving the ankle-joint; nor was there any swelling except over the line mentioned.

The treatment consisted in perfect rest from November 2nd, 1861, to February 10th, 1862.

December 14th, 1861. The increase of temperature and swelling still continuing, two leeches were applied below each malleolus, and iodide of potassium was given internally.

December 16th. The leeches were repeated.

December 24th. The swelling was very much diminished. The leeches were again applied.

February 10th, 1862. No discomfort remained; the swelling and increased temperature were entirely gone. The foot and leg were strapped with soap plaster from the toes to the knee, and bandaged. She was made an out-patient; and requested, when desirous of walking, to do so either with the knee resting on a wooden leg, or with the help of crutches, and not on any account to rest the weight of the body on the affected foot.

I have seen her recently, and am enabled to report her well.

This case was specially interesting to me, because it gave an illustration of a condition, which I felt pretty certain, must have preceded those states of the joint with which I was more familiar. I would beg to point out the line of swelling immediately beneath the malleoli, yet nearer the outer than inner one; the extension of the outer swelling forwards to the hollow beneath the neck of the astragalus; the extension of the inner swelling backwards, so as to bulge out the spine in front of the tendo Achillis; the pain produced by attempting to move the calcaneum on the astragalus; or by pressing on the heel, and the entire freedom from swelling and pain in the ankle-joint.

CASE II. John Bilby, aged 32, collier, was admitted into Eaton Ward of Bristol General Hospital, February 24th, 1859.

*History.* He sprained his left foot about three years since, by slipping off a metal rail underground. He worked up to seventeen weeks since. He had not any treatment for his foot until November 5th, 1858, when he went into the infirmary, which he left in seven weeks (on account of his wife's illness), his foot being then worse.

*Present Appearance.* He was thin and pale. The left ankle was swollen. The swelling was not in the ankle-joint, but in a line corresponding to the astragalocalcaneal articulation; it projected on each side below the corresponding malleoli, also posteriorly above the projecting part of the calcaneum, thrusting out the tendo Achillis. On grasping the calcaneum and attempting to move it on the astragalus, a grating was felt, as if the bones were rough; there was sufficient motion to give the idea of weakening, if not entire destruction of the interosseous astragalocalcaneal ligament. He could move his ankle-joint without pain; but he felt pain when he put his foot to the ground. The pain complained of was exactly in the situation of the astragalocalcaneal joint.

March 2nd, 1859. I made an incision, beginning a little below and in front of the external malleolus, carried it under the external malleolus at the distance of an inch, and brought it up to the inside of the tendo Achillis, an inch above the insertion of the latter. A dépôt of pus in the neighbourhood of the tendon was opened; a probe could be passed deep into the astragalocalcaneal joint and rough bone felt. I dissected on, and exposed the joint, and found it clearly diseased; and determined, if

possible, to remove the articular surface of the os calcis. I made a second incision, one inch and a half in length, across the dorsum of the foot, which fell on the anterior extremity of the first, so as to enable me to divide any fibres of the interosseous ligament that might be remaining.

I dissected up the side flap for a short distance, and opened into the articulation without injuring the peroneal tendons. I found the articular surface, especially of the calcis roughened, and a number of white soft granulations between the bones; these were seen especially in front. I succeeded, partly with Hey's saw and partly with the chisel and gouge, in removing the articular surface of the calcis, and eventually obtained a moderately smooth surface. The bones were drawn into position by the tendons; the flap was fastened down by sutures; and the limb laid upon its outer side.

For some time the case promised fairly; indeed, I think might eventually have recovered; but the man became impatient, as his wife and child depended solely on himself, and he begged to have his foot removed; to which, much to my annoyance, I was obliged to accede.

I removed his foot at the ankle-joint; he quickly made a good recovery.

When this man came under treatment, I had determined that ankylosis of the joint was the termination to be sought for in this disease, when the mischief had advanced to suppuration; and that in the majority of cases this result was hindered or prevented by the difficulties in the way of the escape of the products of inflammation, and of the *débris* of the broken down tissues.

I thought that if I gave free exit to those products, and in addition a new surface to the bones, I might possibly succeed in bringing about this desirable result. In the present instance, I now believe, that too much was attempted; it would have been better merely to have made free openings into the articulation for the escape of morbid products, leaving to nature the preparation of the bony surfaces, especially as they were smoothed with so much difficulty.

CASE III. The succeeding case, which was admitted into the Bristol General Hospital, under the care of my colleague Mr. Marshall, is important as shewing what should be sought for in the treatment of the disease.

I am indebted to Mr. Marshall for notes of this patient. "John Daniel, aged 22, was admitted into the Bristol General Hospital, November 25, 1861, with disease of the ankle-joint of the left leg. He stated that he had been more or less troubled with his ankle since he was 8 years old, when he was a patient at the Infirmary; the ankle being then swollen and painful; that he remained there several weeks; leaving unrelieved for Clevedon, when he continued to get worse; that an abscess ultimately formed in the neighbourhood of the joint, which broke, and after discharging freely for some weeks, healed up; and that then he felt much better. The improvement did not, however, continue long; and some months subsequently, he was again admitted into the Infirmary, when he remained several weeks, and then left relieved and able to return to work. Ever since this period, he had been compelled to lay up at frequent intervals, on account of abscesses forming and breaking about the ankle. For five months previously to his admission into the hospital, he had suffered an unusual amount of pain, and the discharge had been very profuse. When he was admitted there was considerable swelling on both sides of the joint, but little or none over its anterior aspect. There were two sinuses on the inner side of the joint, one a little below, and the other below and posterior to the internal malleolus. A probe passed into either of the two sinuses, and readily reached diseased bone."

Thus far Mr. Marshall's report. I saw the case with him in the hospital; and stated that I believed it origin-



ally to have been disease of the astragalo-calcaneal joint, for the following reasons: from the form of the swelling; from the sinuses leading to bone in the situation of the joint itself; and finally, from the fact of the true ankle-joint having been free from disease up to a very late period.

It was thought advisable to remove the limb at the ankle, which was done by Mr. Marshall, on November 28th, 1861. He kindly allowed me to examine the amputated foot. I found the astragalus and calcis nearly everywhere firmly ankylosed, and the strong interosseous membrane absorbed; and thus an almost perfect cure of the original disease accomplished; but, unfortunately, a small portion of the joint in front of the inner malleolus had not been able to free itself easily of its purulent secretion. This diseased part was in close relation with the synovial membrane of the ankle-joint, which at last became affected, though nature had been struggling manfully on for fourteen years for a successful result, which, in truth, was just within its reach.

The history of this case extending over so long a period of time; the ankle-joint, though so near the disease, remaining so long unaffected, taken in connection with the appearance of the amputated part, must shew clearly where the seat of the disease had been.

Had the case been my own, I confess I should have been inclined to have tried some measure short of amputation of the foot, bearing in mind the reason of the failure in the last case read.

CASE IV. I am obliged to give this case from memory, being unable to find the written notes. Mary Ann Browning, a middle-aged woman, was admitted under my care at the Old Guinea Street Hospital, for disease of the right astragalo-calcaneal articulation and of the bones forming the joint, the ankle-joint not being affected. There was the same character of swelling as in the former cases; the same pain on moving the calcis on the astragalus; the same uneasiness on pressing up the heel, with sinuses leading into the joint and on to the exposed and diseased surfaces of the adjoining bones, which were involved, apparently, to a considerable extent.

I removed from this patient both the astragalus and the os calcis; and though she was a long time recovering, from her health having become seriously affected in consequence of a large chronic abscess which formed in the opposite thigh some time after the operation, she ultimately did get well with an useful and shapely foot.

I received a letter of thanks from her last November, telling me how well able she was to perform her household duties. Before preparing this communication, a friend kindly saw her for me and reported very favourably of her condition. This is only the second recorded case in which both these bones have been removed. The appearance of the removed part confirmed the above diagnosis.

REMARKS. I have chosen the four foregoing cases to bring under your notice, because they appeared to me to well illustrate the symptoms and natural progress of the disease, and to afford hints for a more successful treatment than that hitherto adopted; a treatment not new in the management of diseased joints, but to a certain extent new in its application to the particular articulation I have been speaking of. It admits of division into five degrees of severity, according to the advances made by the disease.

1. Whilst the joint (and by the term joint is meant, not only the two synovial sacs between the bones, but also the interosseous ligament) is simply irritated or inflamed, compel perfect rest through a long period of time—say months—and the occasional application of leeches or warm soothing applications; and when the recovery is sufficiently advanced to allow the patient to leave the bed, insist upon the foot being relieved from the weight of the body for many weeks or months, as by

the use of a wooden leg or of crutches. This plan is to be used in every case.

2. When there is evidence of the presence of pus in the articulation without any external opening, or when an external opening exists leading down to the joint or bare bone, but not affording a free exit to the discharge, then open the joint by as free incisions as possible, in hope that, by relieving the parts from all irritation, they may recover. The great probability of this occurring being demonstrated by Case III.

3. When the disease has made still further progress, and the bones become so involved as to render it unlikely that the last plan would answer; or after the failure of that treatment; then I would very strongly advocate the propriety of removing the os calcis; thus giving the under surface of the astragalus the best chance of recovery, and preserving to the patient a most useful and shapely foot.

4. When both bones are apparently immediately affected, I would advise their removal, as also that of the projecting malleoli of the ankle-joint. So far as regards the disease, this proceeding is as completely eliminative as amputation at the ankle-joint itself, but has the great advantage of preserving a very useful and assuredly a more slightly extremity than the stump of an amputation.

5. When, from the long continuance of the disease, many of the neighbouring joints and bones are affected, as the ankle-joint and bones and joints of the tarsus; or when, superadded to the original disease, there is a well marked constitutional or scrofulous diathesis, of such a nature or to such an extent as to render it probable that the restorative powers of the patient would not be able to bring to a favourable result the designs of the surgeons in some of the foregoing plans; then, and not till then, do I think amputation of the ankle is justified.

As regards the frequency of the disease, it is accounted for by the accidents to which the joint is liable, taken in connection with its structure and functions. Flexion and extension of the foot are performed at the ankle-joint, which admits of no other motion; the strong ligaments which connect the tibia and fibula with the bones of the foot, pass on the inside from the tibia almost entirely to the astragalus and scaphoid bones, and on the outside from the fibula to the astragalus, though it is true that some fibres pass down from each malleolus to the os calcis; but they are few in number, though sufficiently strong to assist to hold the os calcis in position. The movements of abduction and adduction of the foot are performed entirely at the astragalo-calcaneal articulation.

The structure of the joint may be briefly stated as consisting of two synovial sacs covering opposed surfaces of bone so shaped as to admit of the movements of adduction and abduction; and also of two strong interosseous ligaments placed diagonally between the bones and separating the two synovial sacs from one another; the articulation being further strengthened by those portions of the internal and external lateral ligaments of the ankle-joint which pass between the malleoli and os calcis.

Now, what happens in forcible adduction of the foot? The interosseous ligament is put on the stretch, the astragalus is thrust against the outer malleolus; the ligaments of the ankle-joint are not then affected, but the shaft of the fibula is; and if the adduction be continued, or if it have taken place forcibly and suddenly, the fibula breaks; the tension, up to the time of the snapping of the fibula, is entirely borne by the interosseous ligament.

The same order of events occurs in forcible and quick abduction; when, however, the inner malleolus, as well as the fibula, is liable to be broken.

But if, in this class of accident, the fibula should not



give way, then the whole or greater part of the strain falls upon the interosseous ligament between the os calcis and astragalus, causing stretching or partial rupture of the ligament.

Thus are sown the seeds of the future irritation and inflammation of the joint, which bring about the grave consequences that so frequently necessitate operative interference; consequences all the more likely to occur from the sufferer thinking he has only had a strain which need not require any great care.

I have purposely left out of consideration in this communication all reference to constitutional predisposition, thinking to simplify the matter, by treating only of those cases in which the local ailment has throughout required the greatest attention.

Since the foregoing paper was read, I have seen two similar cases.

I subjoin brief histories of them, as one well illustrates the earlier stages of the disease, the other its slow progress.

CASE V. On October 14th, 1862, I was consulted by Miss —, a very stout lady, but with small bones, for an injury of the left foot, occasioned on the previous night by stepping on the outside of the foot from a railway carriage to a station platform, the floor of the platform being much lower than she imagined.

The whole foot was swollen and painful; but the principal pain was caused by pressure upon the heel, or by firmly grasping the astragalus and slightly moving the calcis, or by thrusting the finger against the front of the interosseous ligament. She remaining only three days in bed; the treatment, she being of a very gouty habit and requiring a good deal of fresh air, was a compromise; I obtaining for the foot as much rest as I could. In exact proportion to the rest was the improvement in the joint.

The case went slowly but favourably on till after extra exertion, when the peculiar swelling I have attempted to describe made its appearance, but was subdued by rest for a day or two and leeches, leaving behind it only the general swelling of the outer tissues caused by the strain.

On December 24th, she left this for London, unable to bear the weight of the body on the foot; that is suffering from pain when the joint was used. Her treatment now, under advice, is to be "hot douches and shampooing."

This case was under my care from Oct. 14 to Dec. 24, with but slight improvement; in fact, it is a condition which must have time for its recovery, as witness the next case.

CASE VI. Joseph Needorm, aged 55, was kindly brought under my notice by my friend, Mr. Henry Grace of Kingswood. Twenty-nine weeks since, the patient stumbled over a man laying on the floor, and struck the ground sharply with the outer edge of his right foot; he strained his foot, was in bed a month, felt so much better after this time that he attempted to walk; but on his return home found his foot as bad as it had been at all. For these last twenty-five weeks he has not been fully resting the foot, getting up every day, and using external application, but without any benefit.

Dec. 27th. I saw him for the first time. He had pain on pressing the heel bone upwards, pain on grasping the astragalus and moving the calcis on it, pain on pressing the anterior part of the interosseous ligament, and the peculiar swelling underneath each malleolus; he was unable to bear the weight of his body on the foot, and was obliged to walk with crutches. I recommended rest and patience.

These cases are of importance as confirming the conclusions arrived at in the paper; and, further, as showing how frequently the astragalo-calcaneal joint is affected in apparently slight injuries of the foot.

## British Medical Journal.

SATURDAY, JANUARY 17TH, 1863.

### THE THROES OF HOMŒOPATHY.

WE have received, with our other literary new year's gifts, a pamphlet from a practiser of the art of homœopathy. There are things in it worthy of notice, because they exemplify in a very striking manner the benefits which have been bestowed upon the medical profession by the British Medical Association and its JOURNAL in the matter of consultations of medical men with homœopaths.

In this pamphlet is let loose upon the Association and its JOURNAL the excessive wrath of homœopathic fulmination, because, as is asserted, through its influence has the determined stand against these homœopathic consultations been made and effected. The pamphlet is entitled *Remarks upon Archbishop Whately's Letter on Medical Trades' Unions*, and is from the pen of a gentleman who writes himself "M.D. (Hon.)". On referring to the *Directory* for the explanation of this ambiguous title, "M.D. (Hon.)", we find that our author was dubbed "M.D." by his Grace the Archbishop of Canterbury in 1850. No wonder, therefore, that having passed an examination necessarily so homœopathic in its scientific and medical qualities, he should feel himself bound to defend the vagaries of homœopathic practisers and of all eccentric archbishops.

We need not again refer to the archiepiscopal epistle of logical Whately, which this gentleman defends, having only a week or two back said our few words about it. What we wish is, that the Association should have the satisfaction of knowing what grave charges the homœopath lays to its door.

"The persecuting policy of the *British Medical Association* goes further than this. It not only deters the heads of the profession from the investigation of homœopathy, by threatening to deprive them of their well-earned honours, if their investigation should end in the acknowledgment that *homœopathy is medical truth*; but it forbids the heads of the profession to consult with members of the homœopathic school, or to extend to them their professional aid. The British Medical Association is not content, like the *Irish College*, with ordaining that its members shall not consult with homœopaths; but by recent enactments it forbids its members to consult with those heads of the profession who give homœopathic physicians and surgeons their aid."

The homœopathic pamphleteer then goes on to show how the Association "has intimidated the boldest surgeons"; and laments over the fatal conclusion that surgeons of the highest grade one after the other have found themselves forced to "succumb" to this professional, or, as he calls it, "unprofessional" opinion. He relates how they were "compelled either to give way or to suffer continued

annoyance, vexation, and pecuniary loss"; and he relates how they have given way, rather than subject themselves to such loss and annoyance. Could any greater praise be given to our Association? Could any greater homage be paid to the power and integrity of this Association? The homœopath knows well enough, and by his silence recognises the fact, that, so far as the *Lancet* was concerned, he might to this day have enjoyed his consultations with the "boldest" surgeons in the profession. He has, therefore, not one word to say against that journal for the part it played in the memorable struggle. The disgrace or the credit of arresting the commercial union of surgeon and homœopath lies solely to the account of the will of the British Medical Association, as expressed through its JOURNAL.

We think we may venture to rest for a moment with complacency upon this immense service done to the profession by the Association—this strangling, at a most critical period of its growth, of the produce of the hybrid conjunction which was then coming into vigorous life.

One word to the homœopaths. We would gladly, if it were possible, make them understand how little there really is of any "medical terrorism" or of "trades-unionism" in our method of dealing with the golden image which they have set up for their own especial worship. We never interfere with homœopaths or homœopathy. We never interfere between the victim and the victimiser, as we regard his patient and him. We never attempt to persuade an admirer of homœopathy not to consult a homœopath. We leave homœopaths, adviser and advised, to their own unlimited inclinations. The reason is obvious. Every man of experience knows well enough that to argue with any one on a point of credulity is simply to confirm him in his credulity. When a man believes in homœopathy, he believes in that which is beyond the reach of reason. He believes first, and finds his reasons afterwards. And the natural consequence is, that in all matters of credulity, the more absurd—*i. e.*, contrary to reason—the thing believed in is, the more firmly does it take hold on the credulous mind. To argue, therefore, with the credulous is, as we have said, first of all utter waste of time, and secondly only makes the credulous more deeply dyed in his incredulity. But what we do is simply this: we affirm that no medical man can honestly consort with homœopaths, because, homœopathy being acknowledged by all medical men to be a delusion and a gross evil, he who does so consort with homœopaths indirectly and *knowingly*, by his presence and countenance assists in the propagation of the delusion and the evil. We, therefore (and, as it seems to us, according to the plainest rules of medical morality), are forced to affirm that such consultations are acts of high professional immorality, and demand the

stringent censure of professional opinion. We affirm that no professional man has a right to play fast and loose with the art of medicine. Let him choose to stand by his calling, by his Hippocratic art; or let him choose to fall away with those who practise a mockery of it. But far off may the day be when the profession will sanction the indirect patronage of homœopathy, or of any other quackery, by any of its members; when the profession will stand unmoved while men, of high position it may be, for the love of gain, meet in consultation those whom they know and admit are victims of and practisers of a dangerous delusion. To call upon the profession at large to withdraw their confidence from such men is plainly the inevitable duty of the Association; and to call upon the men themselves to abstain from such practice is plainly to recall to their minds the duty which they owe to themselves and to their profession.

#### THE REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES IN IRELAND.

THE following remarks on this subject have appeared in the *Dublin Medical Press*. The subject, as many of our readers are aware, is one which is at present exciting particular attention, and which, for many obvious reasons, demands an early and definite settlement:—

"It must be evident to all, from the fact that within the last three years three measures for the registration of births and deaths in Ireland have been presented to the House of Commons for their acceptance, and also from the strong expressions of opinion which have been recorded through the *Press*, and more recently at the meeting of the Irish Medical Association at the Limerick Junction, that a general system of registration is peremptorily demanded by the public. It is plainly the opinion of most persons that none of the three measures which have been already before Parliament would be likely to afford a satisfactory mechanism for the carrying out of such registration, and we have therefore endeavoured, profiting by the arguments adduced by speakers at the late meeting of the Association, and after a careful analysis of the Registration Bills of Lord Naas, Mr. Cardwell, and Sir Robert Peel, to frame a measure which may effectually carry out the desired objects without imposing unremunerated labours or vexatious duties on the medical profession. The first point, one in which the three Bills coincide, and to which we take the strongest exception, is the injudicious course proposed to be adopted of combining the registration of births and deaths and that of marriages in one central office and under one administration. Now one of the most important features of the measure is the registration of causes of death. Is the whole machinery of the Bill to be rendered nugatory by compelling the results to pass through the hands of a non-professional man? We propose, instead of raising the present Registrar-General of Marriages' salary to £1000 a year, to appoint a Medical Registrar-General of Births, Deaths, and Causes of Deaths, whose knowledge and experience may enable him to turn the valuable statistics which will pass through his hands to the public good. We propose, secondly, to dispense entirely with the services of the Superintendent-Registrars. Thirdly, we propose

to remunerate the medical profession at large for the disagreeable duties which this measure must entail on them, by awarding every medical man who may be called on to register a birth or death the fee of one shilling. We need not say that we consider such a fee as entirely inadequate; but bearing in mind the number of deaths, the depressed state of the country, and the fact that such fee must be paid out of the union funds, it would only defeat our object to demand a larger one. Under the provisions of the draft Bill, the fees paid to the medical practitioners of the district would correspond in amount to those paid to the registrar, and one would check the other; the profession would be remunerated for their labours, and the registry would be efficiently carried out."

### THE EXAMINATION IN SURGERY AT THE LONDON COLLEGE OF PHYSICIANS.

THE announcement that the London College of Physicians has appointed an Examiner in Surgery may fall strangely on the ears of those who were not prepared for the fact; but the fact is, in reality, only a necessary accompaniment of the part which the College has played of late years in medical affairs. The College has, and most properly, assumed its ancient position as the leading examining body of the medical practitioners of this country. It has proved itself equal to the occasion. Emerging from the condition of demi-clubbism into which it had previously lapsed, it has opened its doors to the whole profession, and invited them to enter. One of its most particular privileges, which it had allowed to become obsolete, was the power of examining in surgery. This privilege and right it now once again assumes. It examines in surgery; and we may fairly infer that all the privileges at present accorded by various governing bodies, and in the army and navy, etc., to members of Colleges of Surgeons, will be equally granted to those who have passed the examination in surgery of the College of Physicians.

We would, however, suggest that the College, in this matter of electing an Examiner, has not gone far enough. The importance of the proceeding is such, that the position requires the presence of at least two Examiners in surgery, for the more dignified and solemn carrying out of such examination. We have no doubt that the College will eventually recognise this, and supply the deficiency in their present arrangement.

It may be asked, What will be the effect produced generally, in the practice of the profession, by this novel proceeding? Will it have any influence over the future relations between what are at present called the different classes of the profession? Will it tend more to their unity, or to their further separation? We believe it will have a very important influence, much greater than might be supposed from a mere superficial view of the matter. It seems to us that it cannot fail in promoting the

tendency to one general scheme of professional examination, which is visible at the present time; and, above all, that it will have a powerful influence in removing the unnatural barriers which at present exist in high places between the practice of medicine and the practice of surgery.

It must be remembered that all professional men licensed by the College of Physicians to practise are, *de facto*, physicians; and, therefore, the College issues its licenses to those who, it admits by the fact of its examination, are capable of practising surgery. The London College of Physicians, then, distinctly admits that its Licentiates (who pass the surgical examination) are fit and proper persons to practise surgery; and hence we may fairly conclude that the College does not see anything morally or ethically out of order in the fact of a physician performing surgical manœuvres. We must say we are glad to find things regarded by so high an authority from this point of view. Surely the time has gone by when a President of the College of Physicians could rather allow a friend to depart quietly from life than attempt to save him by condescending to the indignity of performing venesection.

The position which hitherto physicians have taken up, in this matter of surgical interference with disease, has always struck us as a very great absurdity. We have never yet been able to fathom the reason of the thing; nor could we ever understand wherein lay the ethical crime of the man who, having studied surgery as a student, ventures, for example, to pass a catheter as a physician. We all know how our colleagues the surgeons respond to this extreme delicacy and niceness on the part of the physician. Surgeons refuse the treatment of nothing in the way of diseases; all is fish which falls into their hands. Half (we dare say two-thirds would be nearer the mark) the practice of what are called pure surgeons is purely medical practice. The pure surgeon, who has passed no medical examination whatever, does not hesitate to undertake the cure of any disease that falls on mortal flesh; whilst, on the other hand, the physician, who has usually passed through the very same routine of education as the surgeon, and in addition gone through a severe medical examination, is deemed by fashion incapable of performing the most trivial surgical operation! Really, it is time that this absurdity was fully exposed and practically put an end to; and especially so when we come to consider the immense importance which now attaches to the *medical* treatment of surgical diseases. Conservative surgery means nothing but this—it is the medical treatment of surgical diseases. Every day operations and mutilations are becoming less frequent in constitutional affections; and solely because it has been discovered that medical treatment can cure where surgery once mutilated. All this is the great boast of modern surgery, as Mr.

Paget so eloquently explained in his Address in Surgery delivered before the British Medical Association. We believe that there is no class of surgical diseases to which these remarks are not applicable. We would ask the oculist, for example, whether a large percentage of his patients are not of those whose defect of vision depends, not upon any local, but solely upon constitutional causes; and, therefore, solely require medical treatment. We would ask the same question of the aurist, in his department. In uterine diseases, again, the constitutional, the medical treatment—with all respect to the speculum-worshipper be it said—is of as great if not greater importance than the local. In that large class of strumous affections, again, which fall under the surgeon's hands, is not the constitutional the all-important treatment? Has not constitutional treatment saved, for example, many a joint which the surgeon had condemned to the knife?

If, then, as is a fact, medical treatment plays so large a part in the cure of surgical diseases, why is the physician to be excluded from giving his services to their cure? And why, again, what degradation is there, or impropriety, in the physician performing those operations in surgery which he knows he has the skill and the power of performing as well as his surgical neighbour? The pure surgeon, having, it may be, no proof to give of his medical knowledge, is considered capable, and by custom permitted, to cure every disease under the sun; and yet the physician, who may be an excellent anatomist, who may be deeply versed and practised in pathology, who may have had great practice in the use of the scalpel, is to be told that there is a sort of custom (as strong as law) which forbids his performing the most trivial operation on the living body. But, still further to show the absurdity of our customs, we find that a pure physician, if he be an accoucheur, may perform the most formidable operation *in parte obstetricâ*; and that he may become and practise as a first-rate surgeon, if only he keep to the uterus and its appendages!

Let us hope that this new proceeding of the London College may tend to remove the absurd anomaly which now distinguishes our professional relations; and the fact is, that physicians have, indeed, already begun to do surgery in a small way, and we know what may result from such beginnings. Physicians of the most orthodox position may, for instance, "mop out" a throat with nitrate of silver. Physicians may employ the laryngoscope; and we suppose, when they have got the knack of using it, will (without permission from the College of Surgeons) not hesitate to remove growths or "tumours" from the vocal chords, should an opportunity offer for their so doing. We believe, again, that there are *pure* physicians who do not hesitate to apply

caustic to a chancre, for example; and we have even known physicians to pass a catheter (at a pinch), and to do it as well as the rest of the world. We are certain, moreover, that there are physicians, pure ones, we mean (nominally, at least), who would not hesitate to reduce a dislocated shoulder, if suffering humanity required it at their hands.

All this shows that the College has stepped in at the right moment, and has now tacitly said that it will no longer be a party to this absurd division of the body into medical and surgical departments. It now declares (as we read the matter) that medicine comprises surgery, midwifery, etc.; and that, as the major includes the minor, so the physician may consider himself, when properly qualified, justified in treating all diseases that fall under his hands, according to his conscience and his powers. We sincerely trust that the time has now come when a pure physician, not being an accoucheur, may attend a woman in labour if he choose, or perform any other operation, medical or surgical, which he is equal to, without infringing the ethical or other rules of the profession.

#### THE VINEGAR-EEL AND QUACKS.

An interesting paper on the Vinegar-Eel, from the pen of Mr. Jabez Hogg, appears in the last number of the *Popular Science Review*. After giving the natural history of these curious animals, Mr. Hogg points out the uses to which these animals are put by the rascality of our modern quacks:—

"This minute and curious eel is not unfrequently made the means of practising upon the unwary a gross but very characteristic imposition by the advertising quacks who infest this great metropolis. A victim offering himself to be fleeced is usually received in a well made-up room, lined by book-cases and illuminated diagrams of the organic structures in the human body, healthy and unhealthy. Instead of the old-fashioned stuffed alligators suspended from the ceiling, the Paracelsus of modern times ostentatiously parades the most showy and expensive microscope obtainable, in closest consultation with which he takes care to be found by the patient, just as an ant-lion may be supposed to be studying nature as he reposes at the bottom of his conical trap, the sloping sides of which, made up of the finest sand, prove a very *facilis descensus* to his unsuspecting prey who ventures on the treacherous surface. Proceeding to business, after some preliminary anxious inquiries, the doctor (!) gravely proposes to aid his diagnosis by that crucial test, the microscope. The dismay of the poor victim may be more easily imagined than described, when, on being pressed to see for himself, the state of affairs is revealed to his agitated mind, in a mass of wriggling little worms, disporting themselves in the smallest drop of fluid derived from his natural juices. The doom of Herod—"and he was eaten of worms"—to him needs no more elucidating commentary, and if the conscience smitten patient does not, like the tetrarch, presently give up the ghost, he is in a very apt mood to part with all the cash he may have about him, in order to be kept out of a situation, the horrible nature of which, had it not thus been demonstrated to his senses, he could never have conceived. I have sketched no overdrawn picture, but rather one, I fear, of daily oc-

currence; and the manner all this is effected is exceedingly simple. The smallest particle of *sour paste*, previously placed on a slip of glass, lies imperceptible to the unpractised eye, until a single drop of any fluid secretion from the body supplies the required conditions of moisture; and, accordingly, the little paste-eels are immediately aroused to life and activity, reversing the fable of the frogs and boys, as the lively enjoyment they exhibit is apt to prove a very serious matter to the human being so shamefully victimised."

### THE CHLOROFORM COMMITTEE.

WE beg to call the special attention of the profession to the following document, which has been forwarded to us for publication. We need hardly say that the inquiry into the effects produced by chloroform is one of deep interest to humanity; and we are satisfied that the profession generally will give their best assistance to the Committee who have undertaken to carry out the investigation.

"The Committee of the Royal Medical and Chirurgical Society, appointed to investigate the effects produced by the administration of chloroform, consider that the cooperation of the profession is necessary to enable the Committee to pursue their investigations in a satisfactory manner; and they are, therefore, desirous it should be generally known that their primary object is to inquire into the use of chloroform by inhalation, and its results (a) in the treatment of internal diseases, such as tetanus, delirium tremens, asthma, epilepsy, and infantile convulsions; (b) in surgical operations; (c) in obstetric practice.

"The points on which the Committee at present especially desire and ask for information are the following:

"1. Reports of any unpublished cases of death during the administration of chloroform, or of any other anæsthetic.

"2. More complete reports of fatal cases already published.

"3. Notes of any accidents with chloroform in which death has been threatened but averted.

"4. Facts as to the effects of chloroform employed by inhalation as a remedial agent in disease; the mode of its administration; the quantity used; and the results, both immediate and subsequent.

"5. Notes as to the comparative results of operations before and since the introduction of anæsthetics.

"Gentlemen who may be disposed to oblige the Committee by furnishing information on these subjects are requested to address their communications to Mr. Callender, Reporter to the Committee, Royal Medical and Chirurgical Society, 53, Berners Street, W."

### THE WEEK.

THE January number of the *Journal of Mental Science* contains some interesting and valuable papers. Dr. C. L. Robertson (the editor) contributes one on "The Want of a Middle Class Asylum in Sussex". Dr. H. Maudsley treats of "Hereditary Influence". Dr. Kenneth McLeod, in a paper entitled "Practicable Mental Science", examines two important communications from the pens of Dr. Laycock and Dr. J. S. Bushnan, on "The Principles and Method of a Practical Science of Mind", and on "the Practical Use of Mental Science". Dr. J. Crichton Browne

concludes his remarks on "Personal Identity and its Morbid Modifications". Dr. Arlidge gives a "Quarterly Report on the Progress of Psychological Medicine", containing a vast amount of very interesting information. Under the head of "Medico-legal Cases", the trial of Hall v. Semple is referred to at length by Dr. Harrington Tuke. We are glad to find that the *Journal of Mental Science* takes very much the same view of the case as has been expressed in the *BRITISH MEDICAL JOURNAL*. The following remarks, as to the non-presence of lunacy doctors, are well put, though we cannot say we agree altogether with their purport.

"It is with no spirit of bitterness or sarcasm that we would mark this painful case as one which illustrates the danger the public must incur, if the administration of the Lunacy Law is left solely to medical men, who, however well meaning, are without sufficient experience to decide a doubtful case, and are, through ignorance of technical forms, liable to involve themselves and others in serious legal difficulties. It is but a few months ago that physicians engaged specially in the study of insanity were exclaimed against as theorists, their evidence was to be excluded from courts of justice, it was recommended that their asylums should be handed over to intelligent laymen, and it was gravely asserted that men of common sense and knowledge of the world were equally competent with them to decide as to the existence or non-existence of insanity.

"With certainly no amicable feeling towards 'mad doctors,' an amendment of the Lunacy Act passes through the legislature, and by a sort of poetical justice, the first trial that occurs after this becomes law presents us with the spectacle of an apparently sane man who, upon the informal certificates of two gentlemen who are not 'mad doctors,' is dragged off in the most barbarous manner to an asylum, whose proprietor, again, is not a 'mad doctor,' but who nevertheless keeps the patient, whose sanity he says he recognised, till his discharge by the Commissioners in Lunacy on account of the hopeless invalidity of his certificate. In all these proceedings, from first to last, no 'mad doctor' appears upon the scene, and we are surely justified in expressing an opinion that, if the advice of a physician experienced in cases of insanity and accustomed to weigh evidence, had been sought, a grievous wrong might have been avoided and a great public scandal prevented.

"But this does not seem the view of the public, who, although the lunacy law was in this case broken, and cannot, therefore, be said to have failed—although the Commissioners in Lunacy promptly redressed the wrong that had been committed, for which no 'mad doctor' was responsible—renew their clamour against our profession, and ask angrily for new laws and for vindictive punishments."

We cannot agree with the writer that *special* knowledge is requisite on the part of the examining medical man. No man is forced to give a certificate of lunacy; and we say, let every man abstain from giving such a certificate who has not personal proof of the insanity of the individual the state of whose mind is questioned. We disbelieve in the fine subtleties of psychological pathology, just as we disbelieve in the use of fine-drawn, hair-splitting signs, in stethoscopic diagnosis, as indications of internal diseases. We are inclined to believe that any properly educated medical man can (if not led away by his

feelings or his trust in others) determine whether the words or actions of an individual savour or not of lunacy. At the same time, we willingly admit as, indeed, *primâ facie* evident, that medical men who are constantly dealing with the speciality of lunacy must acquire special and peculiar powers for dealing with its treatment and management. We congratulate the Association of Medical Officers of Asylums and Hospitals on the vigour and life of their journal.

DR. ARTHUR FARRE has resigned the appointment of Professor of Midwifery in King's College, and of Physician-Accoucheur to King's College Hospital. This is another of the many good examples of resignations of public hospital appointments by senior members of the profession which have of late been recorded.

THE *American Medical Times* gives the following summary of medical events during 1862:—

"The civil war, which rages with undiminished violence, has, during the past year, made still further draughts upon the profession. The addition of another assistant surgeon to each regiment drew largely upon the young practitioners of the country, but the corps was promptly filled with, in general, well qualified surgeons. The subsequent immense increase of the army, demanding three surgeons to each regiment, has called from civil life another, and, we believe, a still more competent class of surgeons.

"During the past year our military hospitals have gradually increased in number and extent, until they form a grand and imposing system such as has never before been witnessed. The aggregate of sick is now never below 50,000, and has reached the enormous figure of 90,000.

"The re-organisation of the Medical Department of the army was happily effected in the early part of the year, and the good results have been incalculable. The important precedent is now firmly established, that its chief officer shall be selected on account of merit and qualifications, and not on the score of his age. The vigour and efficiency which General Hammond has infused into every branch of the medical service are sufficient evidence that this was a vital element of the reform sought. The Medical Staff also gained rank, which has given it a more respectable, as well as commanding position.

"It would be pleasant to extend to our 'Southern brethren' the courtesies of the season, and learn the state of the medical sciences in that tabooed region yeapt 'the Southern Confederacy.' But the land and water blockade is so effectual, that we are as ignorant of the medical affairs of C. S. A. as of Japan. Occasionally we see an old familiar name among army news, but it disappears for ever in the impenetrable gloom that overhangs that devoted country. We inquire in vain for its medical periodicals and its medical colleges. A London contemporary has, indeed, noticed the second edition of a work on military surgery, by our former correspondent, Professor Chisholm, of Charleston, S.C., issued at Richmond. This is the only contribution to medical literature in the Southern States, of which we have any knowledge.

"Since the commencement of the rebellion, with the exception of the American Medical Association, the medical societies, State and local, have exhibited commendable activity. They have all had their stated meetings, and the discussions have, in general, been unusually interesting.

"Medical publishing has suffered even greater depression than during the preceding year. Periodical literature has been but poorly sustained, and the pressure which scarcity in paper now produces threatens complete suspension. But few books have been issued, and those, almost without exception, have been small works on military surgery.

"The Medical Schools are very well sustained, and in some instances largely increased classes have been the result of the demands which the army and navy are now constantly making upon the profession."

Oppolzer's numerous students have determined to establish a marble bust of their favourite teacher.

## THE SALPETRIERE AND BICETRE.

DR. LEE of Philadelphia, who has lately visited these establishments, writes as follows on them:—

"The great Hospice *Salpêtrière* is both an almshouse and a hospital, chiefly for incurable, epileptic, or lunatic female patients, and patients advanced in age. It contains 5,204 beds, of which 2,917 only are occupied by real patients. It is an immense establishment, consisting of forty-five distinct buildings, extending 1,680 feet in length. The hospital receives, first, the *reposantes*, women who have been in its service thirty years, and who are upwards of sixty; second, indigent old women, upwards of ninety, afflicted with incurable maladies; third, insane and epileptic females. The lunatics, of whom three-fourths are considered dangerous, are kept in separate infirmaries and treated with the greatest care. I saw several hundred of them sitting at the supper-table, each with an ample allowance of wine, and a plate of ripe plums and apricots, besides bread, etc. It was a delightful sight to see the cheerfulness of the old ladies, and hear their merry chat as they partook of their evening meal.

"The *Bicêtre* is situated on lofty ground, differing in this respect from the *Salpêtrière*, and enjoys a more salubrious air than most of the Parisian hospitals. It is an asylum for indigent old men and male lunatics, and receives about two thousand patients. It presents a square of nine hundred feet on each side, and contains three courts. The indigent and infirm old men occupy the greater part of the building. They have no private rooms, but there are large rooms with workshops and dormitories, as also several gardens and court-yards for exercise. They are obliged to work three hours a day at their respective trades, or other occupations, and receive in return a share of the profits; the rest goes towards defraying the expenses of the establishment. The daily allowance to the indigent is a portion of soup, a pound and a quarter of bread, four ounces of meat for dinner, vegetables or cheese at night, and a quarter of a pint of wine. The average daily cost of each is nine sous (cents), and the total annual expense about nine hundred thousand francs. The number of lunatics, idiots, and epileptics is about nine hundred, who have the same allowance as paupers, except a larger allowance of bread. Physical restraint, by strait jackets, etc., is very common. Generally, however, the treatment is very mild, and daily employment is given on a model farm and bleaching-ground, where there are also sties for breeding swine of superior breeds. This farm not only supplies the establishment, but produces sufficient to partly supply the other Parisian hospitals. There are various kinds of schools in the establishment for lunatics of all ages. Instrumental concerts are often given by the patients. Voisin, Delasiauve, and Moreau, are the physicians having charge of the lunatics."



## Progress of Medical Science.

**CONGENITAL CERVICAL FISTULA.** F. Mayr found in a little girl, aged 6 years, a double congenital cervical fistula. On each side of the trachea, symmetrically placed at the inner border of the sterno-mastoid, at a distance of two *centimètres* from the origin of this muscle, was a small depression of the size of a hemp-seed, in the midst of a circular projection; from this point a cord could, especially on the left side, be felt under the skin, proceeding towards the hyoid bone. At the upper limit of the depression, the skin formed a falciform projection, beneath which a pig's bristle or a fine sound could be introduced through a scarcely perceptible opening into a tolerably roomy canal, and passed along in the direction of the subcutaneous cord,  $2\frac{1}{2}$  German inches on the right side, but only  $1\frac{1}{2}$  inch on the left. The introduction of the sound on the right side to the distance of about an inch produced violent coughing, which increased when the instrument was passed further on, and ceased when it was withdrawn. The communication of the canal on the right side with the trachea was proved by injecting fluid, which, without producing cough, was either swallowed or spat up. The end of the sound could neither be seen nor felt in the mouth; and it was not possible to use a laryngoscope. The matter discharged from the canals at first consisted of two or four drops daily of a serous fluid; but afterwards it became more copious, thick, and purulent. The presence of a diverticulum of the œsophagus above the bifurcation of the trachea was also rendered probable by the fact that the child, who was greatly emaciated, was often unable to swallow anything, and for days together would reject all food, during which time not even the finest bougie could be introduced into the stomach; but, at last, this condition would spontaneously disappear. Mayr believes that the œsophagus became compressed by the filling of the diverticulum with masses of food; and that the dysphagia disappeared spontaneously when the food, softened by maceration, was discharged into the œsophagus by the movements of the parts. (*Jahrb. für Kinderheilkunde*; and *Archiv für Klin. Chir.*, Band 3, Heft 3, 1862.)

**PERIPLEURITIS.** Under this name, C. A. Wunderlich describes an affection in which the subserous tissue of the costal pleura and the adjoining soft parts become the seat of inflammation and suppuration, while the serous membrane and its cavity is only secondarily affected. In such cases, a remarkable train of symptoms are manifested, which cannot be well understood without a knowledge of the anatomical origin of the disease. Wunderlich relates two cases in support of his theory. A healthy man, aged 27, had a severe attack of some affection of the chest (probably pleuropneumonia), which passed away spontaneously; three months later he had peripleuritis. The abscess communicated with the lung; there was cutaneous emphysema on the left side; the pleural cavity contained no air, but there was fluid at its lower part; there was also Bright's disease. In the other case, a man aged 55, who had bronchial dilatation, was attacked with peripleuritis on the left side; a hard swelling also formed in the walls of the chest. At first there was fever with prostration, and at a later period a pseudo-typhoid state without fever; bronchitic *râles* were heard; and there was slight albuminuria. He died at the beginning of the fourth week. There was a large peripleuritic abscess, with secondary destruction of the costal periosteum and erosion of the ribs; numerous abscesses were found under the left costal pleura, one under the right. The serous lining of the pleural cavity was much injected, and the cavity

contained an exudation which agglutinated its walls. There was bronchial dilatation on both sides. The portion of lung lying beneath the peripheric abscess was healthy. There were small purulent deposits beneath the endocardium, and scattered abscesses in the liver. The spleen was large and soft. Both kidneys contained numerous purulent deposits both on the external parts and internally. (*Archiv für Heilkunde*; and *Archiv für Klin. Chir.*, Band 3, Heft 3, 1862.)

**CONGENITAL BIFID BLADDER: CALCULUS.** M. Angelo Scarenzio relates the case of a cretin lad, aged 19, who had a largely developed penis, with hypospadias in the first stage, and division of the prepuce into two lateral lobes. The patient had been six times submitted to lithotripsy; but, as he still suffered very much from the pieces of stone remaining in the bladder, lithotomy was performed at the end of six months, and three large and two small calculi of phosphate of lime were removed. No other fragments could be discovered by the finger. Three weeks afterwards, a new calculus was discovered; but the patient would not allow it to be removed either through the opening in the perinæum, which was still fistulous, or by lithotripsy. Two months after the operation, he died of peritonitis. On *post mortem* examination, a large quantity of sero-purulent fluid was found in the peritoneal cavity. The bladder was divided into two halves by a deep furrow on the middle line from before backwards; the middle coat was hard and hypertrophied. In the interior were two well-marked cavities, each seven or eight *centimètres* in diameter, communicating by an opening of about three and a half *centimètres*. At the mouth of the right cavity was an oval fragment of calculus, about thirty *millimètres* in diameter. The mucous membrane was livid, and ulcerated in parts; and between it and the muscular coat were several small abscesses. Below the divided part of the bladder, next to the urethra, was a third cavity, oval in form, including the neck of the bladder, and having a long diameter of four or five and a transverse diameter of three *centimètres*. (*Annali Universali di Medicina*; and *Archiv für Klin. Chir.*, Band 3, Heft 3, 1862.)

**STATISTICS OF LITHOTOMY.** Dr. Zett has contributed to the statistics of lithotomy the results of his practice, extending over a period of fifty-two years. He has performed the lateral operation 108 times; viz., in 103 men and 1 woman, with a fatal result in three cases only. The operation was performed three times on one man, and twice on each of two others. Seventy-three of the patients were from one to twelve years of age, and of these twenty-two were from two to four years old. Of men between thirty and seventy years old, only ten were operated on. The number of calculi extracted was 199 in 107 operations. In one case, 73 were removed; viz., 23 by extraction through urethra; 43 by incision of the urethra; one large calculus by lithotomy, and five two days later; and in another instance ten were removed. The success of M. Zett is attributed to the following circumstances; the general good health of the people; the youth of most of the patients; the absence of excessive hæmorrhage and urinary infiltration; and his practice of drawing the skin to the right so as to form a covering to the wound. He also kept his patients without drink for some days before and after the operation. (*Wurtemb. Zeitschr. für Wundärzte*; and *Archiv für Klin. Chir.*, Band 3, Heft 3, 1862.)

**FRACTURE OF THE SPINE: RECOVERY WITHOUT PARALYSIS.** Dr. J. Stein, in an inaugural dissertation, relates the case of a plasterer who had fallen six times from scaffolds or high beams. On the third occasion, which took place nine years before his death, he fell on his rump from a beam in the third story of a house. He was unable to rise, and showed signs of paralysis of the

lower limbs and of the pelvic organs; at the middle of the back there was an angular projection backwards of the spine, indicating fracture. He, however, improved; and in nineteen weeks was able to walk on crutches, and partially resumed his work in six months. After some years, he was perfectly able to work; but he remained bent, and felt pain in the seat of fracture during changes of the weather. He subsequently had two severe falls, in one of which he dislocated his thigh. At last he fell from a beam thirty feet high, which produced fracture of the ribs and pelvis, and laceration of several internal organs. Death took place in an hour and a half. The *post mortem* examination was made by Kussmaul. At the part corresponding with the seat of fracture, the body alone of the twelfth dorsal vertebra was found to have been broken; its anterior part was narrowed, so that there was an interval of two lines only between the last dorsal and the first lumbar vertebra. The part of the vertebral canal corresponding to the twelfth dorsal vertebra was somewhat narrowed, principally at the upper part, where its diameter was four lines, while at the middle of the eleventh dorsal vertebra the diameter was seven lines. The cord and its coverings appeared quite healthy. (*Archiv für Klin. Chir.*, Band 3, Heft 3, 1862.)

**ACTION OF ELECTRICITY IN THE METAMORPHOSIS OF ORGANIC SUBSTANCES.** Herr Van Deen has for some time carried on a series of researches with the view of ascertaining whether the chemical changes which take place in the animal body can be produced artificially by subjecting the materials to be changed to the influence of an electrical current. He has therefore submitted to a continuous current various substances which form part of the body or are used as food; viz., serum of blood, milk, urine, albumen of eggs, biliary and urinary acids, glycin, starch, dextrin, sugar, glycerin, etc. He here relates especially the result of his experiments on uric acid. A little uric acid (which is ascertained to be free from urea) is mixed up in a large quantity of water, so that a part is dissolved. The apparatus employed consists of two elements of Bunsen's pile, with platinum electrodes, which are immersed (being separated by a piece of glass) in the vessel containing the substance. In ten or fifteen minutes, even though the current has been weak, urea can be detected. If warm water be added, the action becomes more rapid and intense. The quantity of urea formed is in direct relation to the time during which the current has acted on the uric acid. If the current were continued for a sufficient length of time, he found distinct crystals of urea, the nature of which he confirmed by forming nitrate of urea. He believes that carbonic and oxalic acids are formed with the urea, but is not positive on this point, although he sometimes found crystals resembling those of oxalate of urea. (*Archiv. für die Holland. Beiträge zur Natur-und Heilk.*, Band 3, Heft 2, 1862.)

In the same number is contained a summary of the results of Van Deen's experiments. He has obtained by means of the continuous current—1, from *albumen*; cells resembling cytoïd corpuscles; a substance insoluble in water (fibrine?); urea; allantoin; and uric acid (very probably); 2, from *mucus*; morphological elements; uric acid; and urea; 3, from *uric acid*; urea and allantoin; 4, from *glycin*; urea; 5, from *thein*, urea; 6, from *glycerine*; sugar and lactic acid; 7, from *inosite*; lactic acid; 8, from the *lactate, formate, acetate, and butyrate of lime*; carbonate of lime and water; 9, from *tartrate of lime*; carbonate and oxalate of lime; 10, from *gum*; carbonate and oxalate of lime, and water; 11, from *mannite*; sugar; 12, from *amygdalin*; sugar; hydrocyanic acid; and probably volatile oil of almonds; 13, from *tannic acid*; sugar and gallic acid; 14, from *sallein*; sugar and saligenin or saliretin. Electricity has no influence on starch, dextrin, glycogen, or sugar.

He has also subjected various substances to the action of ozone, with the following results: 1, from *uric acid*; urea and allantoin; 2, from *glycin*; urea; 3, from *glycerine*; sugar, and very probably lactic acid. Ozone appears to have influence on starch. Nitric acid and heat produce sugar from starch, the *corpora amylacea*, mannite, and gum. The fresh pancreas of a dog, whether the reaction was or was not acid, produced fatty acids, glycerine, and sugar from butter; and sugar from glycerine. At a temperature of 104° Fahr., calves' liver produced glycogen and sugar from glycerine, sugar from starch, and, at the ordinary temperature, sugar from dextrin.

**ACETATE OF LEAD IN PNEUMONIA.** M. E. Leudet of Rouen gives the results of his experience in the treatment of pneumonia by acetate of lead. He has given this remedy in forty cases, of which thirty-seven recovered and three died. The mean age of the patients was 36½ years. Of those who died, one was 56 and the other 57 years old; the third, whose age was 37, had been previously treated by tartar emetic in large doses, and presented symptoms of inflammation of the mouth and pharynx. The mortality has thus been 7 per cent. Five of the patients were from 16 to 20 years old; twelve from 21 to 30; six from 31 to 40; six from 41 to 50; eight from 51 to 60; and two above 60. Of the whole number, thirty-one were males and nine females—a favourable circumstance, according to the statistics of Huss and others. The pneumonia was double in one case only. Of the thirty-nine unilateral cases, the base was affected in twenty-three cases, the apex in ten, the middle of the lung in one, and the entire lung in five cases. The amount of acetate of lead given in twenty-four hours varied from a grain and a half to twelve grains. The total quantity administered in the course of the disease varied in different subjects from seven grains and a half to eighty grains; the average quantity was nearly two scruples. The duration of the use of the medicine varied from one to fifteen days, the average being six days. The medicine was always given in the form of pill. M. Leudet has not observed in his patients any signs of lead-poisoning, nor the "lead-line" on the gums, nor constipation. On the contrary, diarrhoea was observed in more than half of his cases, most of whom were taking large doses of the acetate of lead. He gives reasons for believing the diarrhoea to have been a result of the treatment, and not of epidemic influence, or other causes. When the treatment was commenced in the first four days of the disease, a cure was obtained, in thirteen cases out of thirty-seven, before the twelfth day; and when the medicine was first given between the fourth and the eighth days, the average date of cure was the fifteenth day. The effect on the pulse was to diminish the number of pulsations from 100 and upwards (to 120) down to 70, 60, and even 50 or 40, on the fourth day after commencing treatment. In most cases, M. Leudet has not found the pain in the side relieved by the acetate of lead, but has been obliged to employ local bloodletting. In twenty-seven cases, the period at which the sputa lost their rusty colour was observed. In twenty cases, the decoloration was complete from the sixth to the ninth day. In one-half of the cases, the returning crepitant rhonchus was heard after the first day of treatment. In nine cases out of thirty, the stethoscopic signs remained stationary for two or three days, when resolution manifested itself. In six cases out of thirty, the symptoms increased in intensity after the treatment was commenced; but this state continued one day only in five cases, and two days in another. Where once resolution has commenced, it is useless to continue the acetate of lead. In two cases, M. Leudet observed relapses, one of which occurred while the lead was still being given. Convalescence was very rapid; and the appetite returned as soon as the fever disappeared, even

before the resolution of the disease was well established. (*Bulletin Génér. de Thérap.*, 15 Nov. 1862.)

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
NORTH WALES. [Ordinary.]	Dudley Arms Hotel, Rhyl.	Tuesday, Jan. 27, 1.22 P.M.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

### NORTH WALES BRANCH.

An ordinary meeting of the members of this Branch will be held on Tuesday, January 27, 1863, at 1.22 P.M., at the Dudley Arms Hotel, Rhyl.

Gentlemen having papers or cases to communicate, will please to give an early intimation of the same to the Secretary.

D. K. JONES, *Hon. Sec.*

Beaumaris, January 13th, 1863.

## Correspondence.

### PUBLIC VACCINATION.

LETTER FROM A. B. STEELE, Esq.

SIR,—The suggestions for an amended Vaccination Act, contained in Mr. Fletcher's letter in the JOURNAL for January 3, appear to me to be based upon a misconception of the real difficulties of the case; and, as the subject is of considerable importance, perhaps you will afford me space for a few remarks.

For the purposes of vaccination, the public may be divided into two classes. The first comprising those whose social position enables them to secure the services of a "family doctor," and who for the most part duly appreciate the benefits of vaccination, and may safely be left to take care of themselves. The second class consists of those who are unable to provide medical attendance at their own cost, and therefore, are necessarily the objects of gratuitous vaccination; and, it is to this class that the operation of the Vaccination Act is almost exclusively limited.

The long and extensive experience of the National Vaccine Establishment has conclusively shown, that the most certain and successful plan for keeping up efficient vaccination in a district, is a concentration of the work, so as to secure the establishment of one or more public stations, at which regular periodical vaccination from arm to arm can be continuously maintained, and from whence a constant supply of reliable vaccine lymph can at all times be procured. When these conditions are complied with, it is found that the great mass of the poor will bring their children to the station where they know they can be properly vaccinated. The medical practitioners in the locality can obtain a supply of lymph whenever they require it; and on the whole the system works well. Some, of course, from ignorance, prejudice, and other causes, do not avail themselves of gratuitous vaccination; but my experience as a public vaccinator in

a densely populated district, leads me to believe that the neglect on the part of the poor to bring their children to be vaccinated arises, in the vast majority of instances, from their habits of indolence, procrastination, and want of foresight, which so much prevail amongst them, rather than from any antipathy or prejudice against the proceeding itself. This difficulty would, in my opinion, be most successfully overcome by the appointment of an officer, whose special duty should be to visit from house to house, and to point out to the people the importance of vaccination, using chiefly persuasive means, and only resorting to the powers of the law in extreme cases, which I believe, would but very rarely be met with. The poor would soon discover that the intention of government is not so much to compel them to be "vaccinated, when, where, and by whom the law says they shall," as to place within their reach the full benefits of free efficient vaccination. At two stations with which I am officially connected, not fewer than 1,200 children in a year are brought weekly for vaccination, and this without recourse to the compulsory powers of the Act. Such a system can, of course, only be carried out efficiently in large towns, but the nearer any scheme approaches to this model, the more successfully it is found to work; in thinly populated districts, it is necessary to modify the arrangements in accordance with the suggestion of the inspector as quoted by your correspondent, and I have personally observed the satisfactory results of such a plan in a rural district.

The proposal of Mr. Fletcher, to require under a penalty or imprisonment, that parents should sign certificates of vaccination, is simply impracticable; inasmuch as a large proportion of such people are unable to read and write, and as it is, they often fail to understand, or to make a proper use of the certificate they receive from the Registrar of Births.

The great objection, however, to Mr. Fletcher's scheme is, that it entirely ignores the conditions which have been proved to be essential to the maintenance of efficient public vaccination, namely, regular periodical arm to arm vaccinations by competent operators, and a continuous supply of recent lymph.

In support and confirmation of these views, I would refer your correspondent and others who are interested in the question, to the admirable and comprehensive report of Mr. Simon, in a blue book on Vaccination issued by the General Board of Health in 1857, and also to a paper published in the JOURNAL, March 8, 1862, in which I have drawn attention to the importance of the subject, which is far too comprehensive to be disposed of in a letter.

I must take exception to some of the reasons named by Mr. Fletcher for exemption from penalties, or rather to the terms in which those reasons are stated. For example "(1). Should the child be incapable of taking the vaccine disease"; and again, "(3). Should they (?) be unable to procure satisfactory lymph." The latter contingency ought never to occur in a well arranged system of vaccination, and therefore, should not be officially recognised; and, as to the incapacity for taking the vaccine disease, although I will not venture to assert that such a condition may not exist, yet I believe it to be in the practice of competent vaccinators extremely rare, and the suggestion of such an occurrence on every certificate would be better avoided or provided for in some other way. It is very probable that, in a system of what I should designate irregular and promiscuous vaccination, this particular cause of exemption might frequently be assigned, and this is just one of the many disadvantages which would inevitably accompany such a scheme as that involved in the recommendations of your correspondent, who possibly is not aware of a fact abundantly evident from official records, and to which Mr. Simon, in his report emphatically alludes, namely, that the course of education and the medical and surgical qualifications

of the present generation of practitioners in this country do not necessarily imply a practical acquaintance with the subject of vaccination. Under these circumstances, the government having rendered vaccination compulsory, felt that they were bound to take care that it should be performed in the best possible manner, and under the surest guarantees of competence in the operators, as well as of purity and genuineness in the lymph used in the public service; and it is quite evident that neither of these conditions could be secured if vaccination were left entirely on the hands of the profession generally, without any responsible directing body to watch its progress, and to take such steps from time to time as might be necessary to sustain its efficiency.

I am, etc.,

A. B. STEELE, *Mem. Nat. Vacc. Estab.*

Liverpool, January 5th, 1863.

## AMERICAN AND ENGLISH ASYLUMS.

LETTER FROM JOHN HITCHMAN, M.D.

SIR,—In prominent type, and in a prominent part of the BRITISH MEDICAL JOURNAL, you have placed on record the opinion of Dr. Lee of Philadelphia, on the comparative merits of the English and American asylums. Upon the extravagance of language in which that opinion is couched, I have no desire to comment. It may be, that upon the question, whether the "Americans are the most practical people in the world," and free from "the unreasonable and obstinate prejudice which exists in Great Britain against adopting anything new from foreign countries," neither Dr. Lee nor myself is sufficiently unbiassed to argue fairly. But, perhaps, as the editor of the BRITISH MEDICAL JOURNAL, you may not be unwilling to give equal prominence to the following opinion of another American physician on the comparative merits of the asylums of the two countries. Dr. Butler, the Superintendent-Physician of the Hartford Asylum, Connecticut, thus reports in the Thirtieth Annual Report to the Directors:—

"During the six months vacation which was so kindly granted me by the liberality and indulgence of your Board, I had the pleasure of being able to visit many of the most prominent lunatic hospitals in England and Scotland.

"It is evident, that from a variety of causes, a spirit of improvement is pervading these hospitals. A great impetus has of late years been here given to this department of human effort, and the most beneficial and gratifying results have been attained.

"It is not expedient, in the narrow limits to which I desire to restrict this Report, to go into a consideration of these causes. It is sufficient for my present purpose to say, that notwithstanding a few years since our leading institutions were not surpassed by the best of theirs, *it is very evident to me that we have now none which will compare with some of those lately erected there.*

"In the older hospitals, there was manifest improvement in the buildings, where original defects could never be wholly remedied.

"In the new institutions, those erected within a very few years, or just now going into operation, I found a beauty of structure with a thoroughness and perfection of arrangement which I have never seen equalled elsewhere. Among these it will not, I hope, be invidious to mention the asylums at Prestwich and Cheadle, near Manchester; at Mickleover, near Derby; at Clifton, near York; and the new asylum at Stafford.

"It was evident that in these new asylums no pains or needless expense had been spared to obtain, in the first place, the most unexceptionable plans. The highest authorities were consulted, and their conclusions referred to the scrutiny of other practical men; the errors of preceding structures were avoided, and every im-

provement as readily adopted, with the single desire to obtain the best. It is evident that generally each succeeding structure contains improvements on its predecessors.

"Once adopted, the plans have been carried out without that curtailment and distortion which sometimes, in this country, has produced such unfortunate results.

"In some instances, it is evident that undue expenditure has been incurred to produce external effect; but in the internal arrangements especially, it is clear that while in county asylums everything is plain and simple and unpretending, that is deemed in all the best and wisest economy which, in the long run, shall best effect the desired object.

"The chief points of excellence were extensive, well laid out, and carefully planted airing-courts and pleasure-grounds, and sufficiency of cultivated land for out-of-door employment. Spacious, airy, and well-ventilated apartments, the extensive application of steam to every available purpose, cooking, pumping, heating, ventilating, etc., and open fire-places in every admissible room. The most important of all was the extensive arrangements made for the manual employment of the inmates both within doors and without. There were workshops for the different trades, in some of which these trades had been successfully taught, and in many the amount of work performed showed that the shops were sources of profit to the institution, as well of beneficial employment to the patients.

"Another feature which struck me most pleasantly was the construction in several hospitals of a large and handsome room expressly for the social gatherings and amusements of the patients. My attendance at some of these festival occasions is among the most pleasant reminiscences of my visit. A large amount of profitable out-of-door labour was insisted upon in many, and the amount accomplished in some instances was highly creditable.

"It is very evident that if the American institutions are to maintain the comparatively high rank to which they have justly heretofore had claim, a more liberal expenditure than has been adopted in most in regard to occupation, both of body and mind, amusement, etc., must be adopted."

From the statements of Dr. Lee in your last number, and from the Report of Dr. Butler, it is pleasant to observe that both these nations have been making great progress in a humane direction; and all good men must earnestly desire a cessation of that civil strife which is now absorbing the attention and resources of the American people.

I am, etc.,

JOHN HITCHMAN.

Mickleover, near Derby, January, 1863.

## TRIPLETS AND THE ROYAL BOUNTY.

LETTER FROM JOHN WALSHE, M.D.

SIR,—In the JOURNAL of January 3rd, a paragraph appeared headed "The Royal Triple-Birth Donation", from which it might be inferred that some institution of the kind exists; or, in other words, that any female giving birth to triplets needs only to have that circumstance brought under Her Majesty's notice in order to become the recipient of a bounty for such cases made and provided. This is, indeed, a very wide-spread belief. It is, however, a pure delusion: there is no such Royal Bounty.

On the 4th of May, 1858, I attended Mrs. T., of this city, who on that occasion was confined of triplets. The friends were very anxious that the honour of the Royal gift should be obtained, and application was made accordingly. The result was a communication from Sir Charles Phipps requesting to be informed if the woman, in whose behalf the application had been made, was a person in indigent circumstances, as otherwise the case

could not be submitted to Her Majesty. He also stated that there was no special fund set apart for cases of this kind, and that it was not at all a matter of course that every such case should receive a gift from the Queen.

This "popular error" having been thus demolished, perhaps you will afford me space for a word or two touching the medical aspects of this case of mine—the second, by the way, which has fallen within my own experience, and which may not be uninteresting to some of my brother-members.

The triple birth comprised two boys and a girl. The latter weighed, immediately after birth, 7 lbs. avoirdupois; the boys, 6 lbs. and 5 lbs. respectively. The placenta, which was single, weighed 6 lbs. Thus the entire solid contents of the uterus amounted to 24 lbs. This exceeds anything within the knowledge of my friends here. Even the immense obstetric experience of Mr. Robertson cannot follow it. I should be glad to know if any of our members could report a similar case, as I deem it an important practical point. Mrs. T. had a fair recovery in this confinement, and has since been confined of a single birth. The triplets are still living, and are remarkable in their neighbourhood no less for their great beauty than for their fine healthy development. The girl, however, maintains her congenital superiority in this latter respect.

I am, etc., JOHN WALSH.

42, Oldham Street, Manchester, January 4th, 1863.

## Medical News.

UNIVERSITY OF ST. ANDREW'S. List of gentlemen on whom the degree of Doctor of Medicine was conferred, on December 20th and 24th, 1862:—

Adams, Joseph Dixon, M.R.C.S., L.S.A., Martock, Somerset  
Allanson, Henry George, M.R.C.S., L.S.A., Sheffield  
Angier, George A., M.R.C.S., L.S.A., Ipswich  
Ashforth, George Morris, M.R.C.S., L.S.A., Westmill, Herts  
Aspray, Charles Owen, L.S.A., London  
Aubin, Thomas John, M.R.C.S., St. Clements, Jersey  
Bacon, Mackenzie, M.R.C.S., L.S.A., Norfolk  
Bangsy, Richard, M.R.C.S., Corbridge  
Barrow, Thomas Samuel, London  
Bate, Abraham, L.R.C.S.I., L.M., Donegal, Ireland  
Bennett, James Edward, M.R.C.S., L.S.A., London  
Beuson, Henry, L.R.C.S.I., Dublin  
Beviss, Charles, London  
Biddle, Charles Henry, M.R.C.S., L.S.A., Leeds  
Bloxxam, William, M.R.C.S., L.S.A., London  
Bolton, Andrew, M.R.C.S., L.S.A., Newcastle-on-Tyne  
Booth, Lionel, M.R.C.S., L.S.A., Greenwich  
Booth, Samuel, M.R.C.S., L.S.A., Huddersfield  
Brabazon, William Philip, L.R.C.S.I., L.K. & Q.C.P., Liverpool  
Brecknell, J., M.R.C.S., L.S.A., Durham  
Buckle, William Henry Fleetwood, L.S.A., Royal Mint  
Bucknill, Ebenezer, M.R.C.S., L.S.A., London  
Campbell, Robert L., F.R.C.S.Lond., L.R.C.P.Lond., Inverness  
Chittenden, J. F., M.R.C.S., L.S.A., London  
Clarke, A. G., Calcutta  
Cooper, Wm., M.R.C.S., L.R.C.P.Ed., L.S.A., Bury St. Edmunds  
Costine, David Dunlop, Liverpool  
Coulton, Henry Joseph, L.R.C.S.I., L.M., Dublin  
Cowan, Robert, L.F.P.S.Glasg., Glasgow  
Cross, William, Liverpool  
Dale, George C., F.R.C.S.Eng., L.S.A., London  
Davis, Robert Alexander, L.R.C.P.Ed., L.S.A., Stafford  
Day, Horace, M.R.C.S., H.M. Bombay Army  
Dickinson, James Bathgate, M.R.C.S., L.S.A., Howden-on-Tyne  
Dillon, Patrick William, M.R.C.S., L.S.A., Ennis, Ireland  
Diver, Ebenezer, London  
Dow, William B., L.R.C.P.Ed., L.F.P.S.Glasg., Fifehire  
Downie, Thomas, L.R.C.P.Ed., L.F.P.S.Glasg., Blantyre  
Dunderdale, Wm., M.R.C.S., L.S.A., L.M., Boulton-le-Fylde  
Edwards, John, M.R.C.S., Birmingham  
Elias, Daniel, L.S.A., Southport, Lancashire  
Elliot, George Stokoe, Southwell, Notts  
Elliston, William Alfred, M.R.C.S., L.S.A., London  
Erskine, William, L.F.P.S.Glasg., Dunfermline  
Ferguson, John, M.R.C.S., Cove Nigg  
Fitzgerald, Charles E., M.R.C.S., Folkestone  
Foote, Charles Newth, M.R.C.S., L.S.A., Couisbro', Doncaster  
Ford, James, M.R.C.S., Barnstaple  
Gimblett, John, M.R.C.S., L.S.A., Lydney, Gloucester  
Gimson, Wm. Gimson, M.R.C.S., L.S.A., Witham, Essex

Goss, Samuel Day D., L.R.C.S.Ed., L.S.A., London  
Great Rex, Adolphus Burnell, L.S.A., Eccleshall  
Greenless, Alexander, L.R.C.S.Ed., Glasgow  
Griffith, Alfred Leete, M.R.C.S., L.S.A., L.M., Swindon  
Grimby, Owen, L.S.A., Banbury, Oxon  
Grove, William R., M.R.C.S., L.S.A., Huntingdon  
Harding, Charles Fincham, M.R.C.S., Woolwich  
Harrison, Arthur Robert, M.R.C.S., L.S.A., London  
Hawkins, Henry Mortimer, M.R.C.S., Peckham, Surrey  
Hayward, George, M.R.C.S., L.S.A., Leeds  
Hayward, Sidney, M.R.C.S., L.S.A., London  
Heath, Edward, M.R.C.S., Arklow, Ireland  
Hetley, Frederic, F.R.C.S.Eng., L.S.A., Norwood, Surrey  
Hibbert, Edward, M.R.C.S., L.M., Tunbridge Wells  
Hicks, Charles C., M.R.C.S., L.S.A., Dunstable  
Hill, John Daniel, M.R.C.S., L.S.A., Market Harborough  
Hillyard, Alexander, L.R.C.S.I., L.M., L.S.A., Falcarragh  
Hilton, Caleb S., L.S.A., Preston  
Holt, Richard, London  
Howsin, Edward Arthur, M.R.C.S., Newmark  
Hume, Henry, M.R.C.S., L.S.A., London  
Hutchinson, William, L.F.P.S.Glasg., Loughborough  
Hes, Francis Henry Wilson, M.R.C.S., L.S.A., Watford, Herts  
Irvine, George R., M.R.C.S., L.S.A., Portsmouth  
Isherwood, Felix Wm., L.R.C.P.Ed., M.R.C.S., L.S.A., Hayes  
Jackson, Robert, Newcastle  
Johnson, Thomas M., L.S.A., Salford, Lancashire  
Kernot, Charles Noyce, M.R.C.S., L.S.A., L.M., Cowes, I. Wight  
Kerr, Benjamin C., L.R.C.S., H.M. Service  
King, Thomas William, M.R.C.S., London  
Lane, John William, L.R.C.S.I., Bellaghy, Ireland  
Lee, Matthew, M.R.C.S., Bradford  
Loftus, William, L.R.C.S., Glasgow  
Long, Charles F., M.R.C.S., L.S.A., Barham, Kent  
Loughurst, Arthur E. T., M.R.C.S., L.S.A., Royal Navy  
Lynn, Christopher C., M.R.C.S., Newcastle-on-Tyne  
Macbrinje, James, L.F.P.S.Glasg., Glasgow  
Mackenna, J. William, L.F.P.S.Glasg., London  
McLean, Hugh, M.R.C.S., L.S.A., Newcastle  
Madden, Christopher J., L.R.C.S.Ireland, Bourton-on-Water  
Magill, Martin, M.R.C.S., Royal Navy  
Masson, Donald Ptolemy, M.A., Edinburgh  
Matterson, William, M.R.C.S., L.S.A., York  
Maurice, James Blake, M.R.C.S., L.S.A., London  
Maxwell, Hustor, M.R.C.S.I., H.M.S. Pembroke  
Medwin, Aaron George, L.S.A., London  
Meller, Charles Matthias, M.R.C.S., L.S.A., London  
Milsome, John R., M.R.C.S., L.S.A., London  
Mitchell, Robert Nathaniel, M.R.C.S., L.S.A., New Cross, Kent  
Moor, William Henry, M.R.C.S., L.S.A., Buntington, Herts  
Moore, Edwin, M.R.C.S., L.S.A., Preston  
Moore, Francis, M.R.C.S., L.S.A., Hadham  
Morley, Edward S., M.R.C.S., L.S.A., Blackburn  
Mumford, William L., M.R.C.S., L.S.A., Cornard Parva, Suffolk  
Murray, John C., L.R.C.S., Gateshead  
Neal, James, M.R.C.S., L.S.A., Birmingham  
Needham, Frederick, M.R.C.S., L.M., York  
Nicholas, George Edward, M.R.C.S., L.S.A., L.M., Wandsworth  
Nichols, Robert Thomas, L.S.A., Rotherhithe  
Nightingall, Robert Salisbury, M.R.C.S., L.S.A., London  
Noad, George William, M.R.C.S., L.S.A., Wokingham, Berks  
Norris, Richard, M.R.C.S., Birmingham  
Norton, William Augustus, M.R.C.S., Alderton, Suffolk  
Noyce, Elisha, L.S.A., London  
O'Connor, Frederick, L.F.P.S.Glasg., Dublin  
O'Flanagan, Henry, L.R.C.S., Milfont, Ireland  
O'Ryan, Edmund, L.S.A., L.M., Clonakilty, Ireland  
Owens, Henry, M.R.C.S., Croydon  
Owles, James Allden, M.R.C.S.Eng., L.S.A., Bungay, Suffolk  
Peatson, Joseph C., M.R.C.S., L.F.P.S.Glasg., Manchester  
Phillips, Howell Charles, M.R.C.S., L.S.A., London  
Pietchall, John, L.R.C.P.Lond., L.R.C.S., Bengal Medical Service  
Pierpoint, A. Bradford, M.R.C.S., L.S.A., London  
Pole, Alexander, M.R.C.S., L.M., Greenbank, Shetland  
Popham, Robert, L.F.P.S.Glasg., London  
Prichard, John Lewis, London  
Prythreth, John, M.R.C.S., L.S.A., Liverpool  
Ramsbotham, Joseph Meredith, M.R.C.S., L.S.A., London  
Ranson, Wynne Staton, Edinburgh  
Ray, Edward, F.R.C.S.Eng., L.S.A., Dulwich  
Reckitt, Edward, M.R.C.S., L.S.A., Vainfleet  
Remington, Thomas, L.S.A., Brixton, Surrey  
Rentrew, Robert, L.F.P.S.Glasg., Glasgow  
Rhodes, Charles, M.R.C.S., L.S.A., London  
Richards, Henry Ebenezer, L.S.A., London  
Richardson, Charles S., M.R.C.S., L.S.A., London  
Ritchie, William, London  
Roberts, John S., L.R.C.P.Ed., M.R.C.S., L.S.A., Sheffield  
Roberts, Anthony Tucker, M.R.C.S., London  
Robinson, Charles S., M.R.C.S., L.S.A., L.R.C.P.Ed., London  
Robinson, Edmund, M.R.C.S., L.S.A., Birmingham  
Roche, John, M.R.C.S., L.S.A., Fermoy, Ireland  
Roland, John, M.R.C.S., L.S.A., Strata Florida, Wales  
Rudyard, Alfred, Macclesfield, Cheshire  
Sands, John Lee, L.R.C.S.I., L.M., Royal Navy  
Sargeant, David Maurice, M.R.C.S., Ramsay, Huntingdon  
Sargent, George Pearce, L.F.P.S.Glasg., London

Saul, William, M.R.C.S., L.S.A., London  
 Savage, Thomas, L.R.C.P., M.R.C.S., L.S.A., Newport, I. Wight  
 Savory, Charles T., M.R.C.S., L.S.A., London  
 Saxby, Henry L., L.M., Ballasound, Shetland  
 Sayer, William, M.R.C.S., L.S.A., Liverpool  
 Seccombe, John T., M.R.C.S., L.S.A., London  
 Semple, Andrew, L.R.C.S., Army  
 Shaw, William, L.F.P.S.Glasg., L.S.A., Lurgan, Ireland  
 Sheen, Alfred, London  
 Sheridan, Michael J., L.R.C.S.I., Wexford, Ireland  
 Simmons, Benjamin, M.R.C.S., L.S.A., Watchet, Somerset  
 Skirishire, George, L.S.A., London  
 Smith, Charles, L.R.C.S.I., L.M., Derry, Ireland  
 Smith, Henry, M.R.C.S., L.S.A., Rudgwick, Surrey  
 Smith, Samuel Wagstaff, M.R.C.S., L.S.A.  
 Spencer, Lionel Dixon, Newcastle-on-Tyne  
 Spratley, Samuel, M.R.C.S., L.M., L.S.A., Rock Ferry, Cheshire  
 Stainthorpe, Thomas, M.R.C.S., L.S.A., Hexham  
 Stewart, Daniel, L.R.C.S. & L.M.Ed., Auelcherarder  
 Stiles, Henry Tournay, M.R.C.S., L.M., L.S.A., Spalding  
 Stone, William Domett, M.R.C.S., L.S.A., Fulham, London  
 Strong, Henry J., L.R.C.P.Ed., M.R.C.S., L.S.A., L.M., Croydon  
 Thompson, John, M.R.C.S., L.S.A., Snaith, Yorkshire  
 Tiffin, Robert, M.R.C.S., L.S.A., Wighton, Cumberland  
 Toffs, Henry, M.R.C.S., L.S.A., Cambridge  
 Trimmer, Henry Beesly, M.R.C.S., Gloucester  
 Turnour, Henry E., M.R.C.S., L.S.A., Market Rasen, Lincoln  
 Tuson, John Edward, M.R.C.S., H.M. Bengal Army  
 Wake, Edward G., M.R.C.S., L.S.A., Collingham, Notts  
 Wallace, Robert, L.F.P.S.Glasg., Saltcoats  
 Watchorn, Isaac, London  
 White, Arthur Calcutta, M.R.C.S., L.S.A., Rawreth, Essex  
 White, Edward, M.R.C.S., L.S.A., L.M., Birmingham  
 Wilkinson, Frederic Eachus, L.R.C.P.Ed., M.R.C.S., L.S.A.,  
 Sydeham, Kent  
 Willett, Matthew, M.R.C.S., Bristol  
 Williams, W. Rhys, L.R.C.P.Edin., Baldoch  
 Williamson, James, M.R.C.S., L.S.A., South Shields  
 Willis, Thomas, M.R.C.S., L.S.A., Dublin  
 Wilson, John Wyse, M.R.C.S., L.M., L.S.A., London  
 Wiltshire, Alfred, London  
 Wimperley, Conrad Christopher, M.R.C.S., Louth  
 Woods, Henry Charles, M.R.C.S., Godalming, Surrey  
 Woolridge, Edward, M.R.C.S., L.S.A., London

## Examination for Honours.

<i>First Class.</i>	
Bloxam, William, London	} Equal.
Ray, Edward, Dulwich	
<i>Second Class.</i>	
Bright, John M., Forest Hill	Irvine, John W., Lancaster
Prichard, John L., London	Steele, James, Witham
Phillips, Charles H., London	

## APOTHECARIES' HALL. On January 8th, the following Licentiates were admitted:—

Mann, Allen Græme Cheek, Grenada, West Indies  
 Thelwall, William, Farndon, near Chester  
 Trimmer, Henry B., Gloucester  
 Waghorn, Frederick, 34, Soho Square

## APPOINTMENTS.

ALDRIDGE, Russell, M.D., of Yeovil, appointed Certifying Surgeon under the Factory Act.  
 GRAHAM, George, Esq., appointed Senior Assistant Medical Officer to the Surrey County Asylum, Wandsworth.  
 ORANGE, William, Esq., appointed Deputy Superintendent and Surgeon to the Broadmoor Criminal Lunatic Asylum.  
 WYER, Otho F., Esq., of Nunentun, appointed Certifying Surgeon under the Factory Act.  
 POOR-LAW MEDICAL SERVICE.  
 GROVES, Charles, H., M.B., elected Medical Officer to the Ballylough District of the Mallow Union, Ireland.  
 HUGHES, William H., Esq., Resident Medical Officer to the Chorlton Union Workhouse, Manchester.  
 M'BRIDE, Andrew, L.R.C.P.Ed., Medical Officer to the Poyntzpass District of the Newry Union, Ireland.  
 NUGENT, Edmund, L.R.C.P.I., Medical Officer to the Carlingford District of the Dundalk Union, Ireland.

## ARMY.

CAY, Assistant-Surgeon C. V., Coldstream Guards, to be Battalion Surgeon, *vice* J. Wyatt.  
 HENDLEY, Staff-Surgeon J., to be Surgeon 7th Foot, *vice* T. Moorhead, M.D.  
 JAZDOWSKI, Staff-Assistent-Surgeon B. J., M.D., to be Assistant-Surgeon 93rd Foot, *vice* S. Hope.  
 KEARNS, Staff-Assistent-Surgeon W. R., to be Assistant-Surgeon 90th Foot, *vice* S. H. Macartney, M.D.  
 MOORHEAD, Surgeon T., M.D., 7th Foot, to be Staff-Surgeon, *vice* J. Hendley.  
 WYATT, Battalion Surgeon J., Coldstream Guards, to be Surgeon-Major, *vice* J. Monro, M.D.

## To be Staff-Assistant-Surgeons:—

ALSTON, Assistant-Surgeon W. E., M.D., 70th Foot.  
 HOPE, Assistant-Surgeon W. A., M.B., 57th Foot.  
 MCSHANE, Assistant-Surgeon E., 65th Foot.

## ROYAL NAVY.

BAROWING, Benjamin, Esq., Assistant-Surgeon, to the *Cumberland*.  
 BURNETT, Thomas S., Esq., Assistant-Surgeon, to the *Adelaide*, for Plymouth Hospital.  
 GRAHAM, Andrew, Esq., Surgeon, to the *Edinburgh*.  
 MITCHELL, John T., Esq., Assist.-Surg. (additional), to the *Victory*.  
 O'TOOLE, R. B., Esq., Assistant-Surgeon (additional), to the *Forte*.  
 SANDS, John L., Esq., Assistant-Surgeon, to Greenwich Hospital.

## VOLUNTEERS. (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

GILMOUR, A., Esq., to be Surgeon 1st Administrative Battalion Linlithgowshire R.V.  
 PYLE, T. T., Esq., to be Assistant-Surgeon 3rd Durham R.V.  
 To be Honorary Assistant-Surgeon:—  
 BLAIR, D., Esq., 7th Argyleshire R.V.

## DEATHS.

BRISCOE. On January 12th, at the Royal Arsenal, Woolwich, Edith, infant daughter of Henry Briscoe, M.D., Surgeon Royal Artillery.  
 GUNNING, John, Esq., C.B., Inspector-General of Hospitals, at Paris, aged 89, on January 11.  
 JONES, George H., M.D., at Hambleden, Hants, aged 72, on Jan. 3.  
 KINGDON, William, Esq., Surgeon, of Bank Buildings, Lothbury, at Abbey Wood, Kent, aged 74, on January 8.  
 \*MORT, Charles, Esq., at Church Shelton, Shropshire, aged 73, on January 11.  
 NEWINGTON, Charles E. H., M.D., at Ticehurst, aged 50, on Jan. 6.  
 RATCLIFFE, Richard, Esq., Senior Assistant-Surgeon H.M.S. *Melpomene*, at sea, off Bermuda, aged 34, on December 8, 1862.

PLYMOUTH MEDICAL SOCIETY. Dr. J. C. Cookworthy has been elected treasurer and secretary, and Dr. C. R. France librarian, of this society.

NORTH STAFFORDSHIRE MEDICAL SOCIETY. The following officers have been appointed:—*President*, John T. Aldridge, M.B.; *Treasurer*, James Yates, Esq.; *Secretary*, W. H. Davis, Esq.

SUNDERLAND MEDICAL SOCIETY. Dr. H. O. Bowman has been elected president, Mr. G. B. Morgan secretary and treasurer, and Mr. E. A. Maling librarian, of the society.

ROYAL COLLEGE OF SURGEONS. At the recent *preliminary* examinations of candidates, on commencing the study of the medical profession, one hundred and five gentlemen presented themselves, of which number ninety-five were successful.

DENTISTS at RIO JANEIRO. The medical college of Rio has lately made arrangements to instruct and graduate dentists, but in a very imperfect manner. The Philadelphia Dental Cosmos, states that there are about twenty dentists in Rio, most of whom are graduates in medicine, and the Americans, adds Dr. Vegas, are considered the best.

VACANCIES. The following appointments are vacant:—Professor of botany in Anderson's University, Glasgow; medical officer to the west district of the parish of Wednesbury, in the West Bromwich Union; resident medical officer to the Leith Hospital; parochial medical officer for the parish of Abovne, Aberdeenshire; medical officer and public vaccinator for District No. 1 of the Market Harborough Union, Leicestershire.

EXTRAORDINARY SILVER MINE. In the Geological Museum there is a lump of silver—about as much as would make forty shillings—which has been taken from the stomach of a mule in Mexico. It appears to be a common occurrence to find quantities of silver in the stomachs and intestines of the mules working in the Mexican silver mines, and its presence is accounted for by the mules eating mud, which contains much silver, for the purpose of obtaining the salt which is mixed up with it also. The silver is said to accumulate to a considerable extent without proving injurious, and this



furnishes us with another fact to indicate how living tissues tolerate the presence of metallic substances. A correspondent of the *Veterinary Review* facetiously suggests that the Mexican veterinary surgeons will find their fees for *post mortem* examinations in the stomachs of their patients.

**THE HUNTERIAN ORATION.** The biennial oration in honour of the immortal genius of John Hunter will be delivered in the theatre of the Royal College of Surgeons, on Saturday, the 14th proximo, by Professor George Gulliver, F.R.S., a member of the Council of the College.

**INFANTICIDE IN LONDON.** Dr. Lankester has again been calling attention to the frequency of infanticide in London. He says that of seventy-two inquests which he held when he first became coroner, sixteen were on the bodies of murdered infants. Since, then, however, the number had decreased until now he found that there were only twenty-six cases of infanticide in two hundred and fifty-two inquests. This proportion, however, he very rightly spoke of as being discreditable to the metropolis, and he expressed an opinion that much of the prevalence of the crime was owing to the inertness of the police. They had come to regard cases of child murder as things into which it was no use to inquire, and he believed the result would be that familiarity with the crime would soon breed apathy in regard to it so far as the public are concerned.

**DEATH OF JOHN GUNNING, Esq., C.B.** Mr. Gunning, Inspector-General of Army Hospitals, died on Sunday morning, at his house in the Rue du Colisée, Paris, in the ninetieth year of his age. He was, as was observed in the memoir of Sir Benjamin Brodie published in the *JOURNAL* of November 15th, 1862, "probably the only surviving pupil of John Hunter. He was in St. George's Hospital at the time of Hunter's death, and walked at the side of the sedan chair in which Hunter was conveyed to Leicester Square." In 1793, he was elected a Member of the College of Surgeons; and in 1800 was elected surgeon to St. George's Hospital, which office he resigned in 1823. He was attached to the medical staff of the Duke of York's army so far back as 1792, and resumed active service on the outbreak of the Peninsular war—Sir Benjamin (then Mr.) Brodie doing duty for him at St. George's Hospital in his absence. He was also present at the battle of Waterloo, where he amputated Lord Raglan's arm. The *Express*, in noticing his death, says:—"His house was a joyous rendezvous for his own countrymen, at which he delighted to mix with young people and promote their amusement. There was scarcely anything of the old man about him. His sight, hearing, memory—all his faculties, indeed—were perfect to the last; and his friends confidently predicted that he would live to a hundred. On New Year's-day he had a dinner-party; and cards for one of those little friendly dances which he loved to see were issued so lately as last week. An attack of bronchitis prevented him from receiving his friends on the day expected. His medical attendant, Dr. Davison, thought it serious; but it got better, and within the last two or three days was considered to be out of danger. On Sunday morning, however, he expired in his armchair without pain, and with scarcely any previous symptoms to denote an approaching end. His daughter, Mrs. Bagshawe (the wife of the Queen's counsel), and two of his granddaughters, were with him at time of his death."

**THE BLUE GUM TREE.** The *Eucalyptus globulus*, a native of Australia, where it is known under the name of the blue gum tree, was first discovered and described by Labillardière in 1792. This tree only bears blossoms at its very top, so that to get at its flowers the above botanist was obliged to have one cut down. Its dimensions were prodigious, the circumference of the base being 90 feet, and 65 feet at the height of five feet from

the ground; its total altitude was 300 feet English measure, and the section presented upwards of 800 concentric rings. In 1854 Dr. Mueller described it more minutely, and stated that he had met with specimens upwards of 100 metres in height. Although its growth is extremely rapid, being as much as three feet per month in young subjects and during the summer months, its wood is nevertheless extremely hard, so that at Hobart Town and other places it is used as timber for shipbuilding, dykes, piers, etc. Its leaves, moreover, emit a delightful perfume, which is considered extremely conducive to health, especially in marshy districts. In 1860 Dr. Mueller sent over some seeds of this tree to the French Minister of Marine, who immediately dispatched them to M. Hardy, director of the nursery at Algiers. Some of these seeds were also given to the Jardin des Plantes, where a few good subjects are now being reared from them. There is every reason to believe that this remarkable and beautiful tree will be acclimatised in France, or at least in Algeria.

**THE EXTINCTION OF SPECIES.** Mr. Owen, in regard to the extinction of animals assigns the chief weight to "gradual changes which must have accompanied the slow alternations of land and sea brought about in the *æons* of geological time." And he explains, by a reason which is as striking as it is obvious when once pointed out, the phenomenon of only small species of animals existing in countries where much larger species of the same natural families formerly existed; which the ancients, and probably many of the moderns, would be disposed to attribute to a degeneration in the powers of growth. If in consequence of any climatic change the due supply of sustenance for animals in a state of nature falls short, the stress falls upon a species very much in proportion to the bulk of the individuals composing it. Thus, if a dry season is prolonged, a large mammal will suffer from the drought sooner than a small one; and if such prolongation become, by the alteration of climate, habitual, and the quantity of vegetable food be in consequence diminished, it is the bulky herbivora that will first feel the effects of stinted nourishment. A *Bison priscus* or a *Bos primigenius* would starve where a whole herd of Kerry cows might do very well. Hence the diminutive appearance of living species by the side of the enormous fossils extracted from the very soil over which they are feeding is so far from indicating deterioration, that it is, in fact, the characteristic which constitutes their superiority, and has enabled them to accommodate themselves to changes to which their gigantic congeners have succumbed. Extinction, as the operation of a natural law, implies insufficient self-adjusting power to resist the results of climatic variation. Instances of the gradual disappearance of species occur even in the present time. A peculiar amphibious animal which inhabited the mouths of the great Siberian rivers, and fed on seaweed, is supposed to be now extinct, although it existed in the last century. The Great Auk is on the verge of extinction, if not extinct. The bones of this bird exist in numbers on the shores of Iceland, Greenland, and Denmark, but of late it has only been seen on some rocky islets in the vicinity of the first, and of these one—specially named from this bird "*Geirfugla Sker*"—sank to the level of the sea during a volcanic disturbance in the year 1830, and thus diminished the already limited extent of the Auk's breeding ground. The *Dodo* and the *Dinornis*, and the hook-billed parrot of Philip's Island, west of New Zealand, are instances of rare species finally extirpated by the hand of man; and Professor Owen seems to believe the same of the fossil elephant and rhinoceros, which formerly inhabited this part of Europe. The primitive race which effected this result are those who fashioned the flint weapons which have been found in the valley of the Somme near Abbeville, near Hoxne in Suffolk, and at Brixham in Devonshire.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—  
St. Mark's for Fistula and other Diseases of the  
Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical  
Demonstration and Operations, 1 P.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University  
College, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic,  
1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—  
London Surgical Home, 2 P.M.—Royal Orthopædic,  
2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—  
King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE  
NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Richardson,  
"Alcoholic Phthisis."—Anstie.

TUESDAY. Junior Medical Society of London, 8 P.M. (Whittington  
Club.) Mr. H. Cooper, "On the Treatment of Fever."—Patho-  
logical.—Ethnological.—Statistical.

WEDNESDAY. Meteorological.—Geological.—Society of Arts.

THURSDAY. Royal.—Zoological.—Antiquarian.

FRIDAY. Royal Institution.

SATURDAY. Royal Botanical.

POPULATION STATISTICS AND METEOROLOGY  
OF LONDON—JANUARY 10, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1024 Girls.. 330 }	1954 1535
Average of corresponding weeks 1853-62 .....		1946 1492

**Barometer:**  
Highest (Tu.) 29.951; lowest (Wed.) 29.134; mean, 29.253.

**Thermometer:**  
Highest in sun—extremes (Th.) 72.3 degs.; (Mon.) 51.0 degs.  
In shade—highest (Mon.) 45.6 degs.; lowest (Fri.) 29.9 degs.  
Mean—40.1 degrees; difference from mean of 43 yrs. 4.2 degs.  
Range—during week, 18.7 degrees; mean daily, 9.5 degrees.  
Mean humidity of air (saturation=100), 90.  
Mean direction of wind, S.W. & S.E.—Rain in inches, 0.77.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed  
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communica-  
tions, should authenticate them with their names—of course not  
necessarily for publication.

ERRATUM.—In the number of the JOURNAL for January 3rd, 1863, at  
p. 11, line 45, in review of Dr. Chambers's work, *Renewal of Life*,  
etc., for "See if quinine will stop ague," read "See if quinine will  
produce ague."

T. S.—The remedy referred to in the note of the wiseacre in the  
*Times* is as old as the hills. We need hardly say that it is as  
capable of warding off and of curing typhus, as the famous curry-  
powder of a noble lord is in curing starvation. That the *Times*  
could admit such nonsense into its pages—nonsense, by the way,  
which, from its admission there, is sure to have effect—only indicates  
the ignorance of educated minds on the subject of medicine.  
The benevolent wiseacre writes:—

"I think it desirable to make generally known a very cheap and  
simple remedy for typhus or other low fever. The remedy is yeast.  
A tablespoonful of this administered in a case where life was all  
but extinct, repeated every ten minutes till the cure was effected,  
restored the patient to such perfect health that he was at his work  
in a few days' time. A small quantity, infused in the common  
drink of those who cannot obtain a sufficiency of nourishing food,  
might infuse such an amount of vitality in the constitution as  
might enable it to resist the depressing tendencies to the dis-  
ease."

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND:  
TITLE OF M.D.—We have been requested to print the following:

[COPY.]

"King and Queen's College of Physicians in Ireland,

"Dublin, Nov. 10, 1862.

"Sir,—In reply to your letter of the 4th of April, I am directed  
to forward you a copy of the opinion of the Attorney-General for  
Ireland; from which you will see that as a Licentiate of the Col-  
lege, you are legally entitled to assume the title of 'Doctor'; and I  
am further instructed to inform you that if any authority or indi-  
vidual desire to try the question legally, the College is prepared to  
defend the privileges of its Licentiates. The College being in re-  
cess prevented an earlier reply to your letter. You are at liberty  
to make any use you please of this communication.

"I am, sir, your obedient servant,

"LOMBE ATTHILL, M.D., Fellow and Registrar.

"J. Styrap, Esq., M.D., Shrewsbury."

"King and Queen's College of Physicians in Ireland,

"Dublin, Nov. 24, 1860.

"Sir,—I am instructed by the President and Fellows of the  
King and Queen's College of Physicians in Ireland to forward to  
you, for your information, the subjoined copy of the opinion of the  
Right Hon. Her Majesty's Attorney-General for Ireland as to the  
power of the King and Queen's College of Physicians to confer  
the Degree of Doctor of Medicine.

"I have the honour to be, sir, your faithful servant,

"WILLIAM MOORE, M.D., Fellow and Registrar.

"The two Charters of the College, and the several Acts of Par-  
liament bearing thereon, having been submitted to the Attorney-  
General, his opinion was requested on the following query:—

"Whether the Licentiates, as such, of the King and Queen's  
College, are entitled to the Degree and Title of Doctors in Medi-  
cine, and to use the abbreviation or initial letters M.D. after their  
names."

"Answer.—I think the Licentiates and Fellows, as such, of the  
King and Queen's College of Physicians are entitled to the Degree  
and Title of Doctors in Medicine, and to use the letters M.D. after  
their names. (Signed) 'R. DEASY.

"November 21, 1860."

[We understand, and have always understood, that the King and  
Queen's College of Physicians in Ireland rests its claim to the  
power of bestowing the title of M.D. on its Licentiates on some  
special and peculiar clauses in the charter of the College. We  
apprehend that our esteemed correspondent Dr. Styrap will agree  
with us that the charters of the sister Colleges of London and  
Edinburgh contain no such powers. Certainly, the Colleges of  
London and Edinburgh claim no such powers. We have already  
fully explained our reasons for the conclusion which we have ar-  
rived at; viz., that a Licentiate of a College of Physicians who  
demands the courtesy title of Dr. cannot be denied it. Of course,  
we are also equally ready to admit that the King and Queen's Col-  
lege has the peculiar power of granting the degree of M.D., if so  
it be proved and admitted. EDITOR.]

ONE EXAMINATION ONLY.—A correspondent writes:—

"I cannot think the body of the profession have made much  
advance in their position or standing; and the cause, I am in-  
clined to think, is at home amongst ourselves. It is impossible  
that anything like unity can take place when the qualifications  
are so diverse and the examinations so numerous. The man who  
has gone through his legal curriculum, and obtains his double  
qualification, is in no better position than with the single; and he  
with the M.R.C.S. and M.D. Scotch, looks down on the Hall and  
College man, who is the only legal practitioner, and has gone  
through a far more searching examination; and then the multi-  
plication of titles by the Colleges only added to the confusion.  
What more simple than to make it compulsory for all entering the  
medical profession to enter at one portal, and first obtain a medi-  
cal and surgical diploma, and then, after some years experience,  
take the Physicianship or Fellowship of the College of Surgeons,  
to practise as a physician or surgeon, as he may seem to in-  
cline?"

[The idea of admission to the profession through one portal has  
long been entertained by several ardent medical reformers. Our  
correspondent is in error when he supposes that the "Hall and  
College man" "is the only legal practitioner." According to the  
Medical Act of 1858, the graduate of a Scotch University who also  
holds the diploma of a College of Surgeons is as legal a practi-  
tioner in any part of the United Kingdom as a Hall and College  
man. It may also be fairly questioned, whether our correspondent  
acts in good taste in endeavouring to disparage the Scotch Uni-  
versity degrees for the purpose of exalting the Hall license—and  
whether, indeed, his statement of the relative merits of the exa-  
minations is correct.—EDITOR.]

M. BAZIN thus defines a parasite:—"We give the name of parasite  
to an organised being, vegetable or animal, which, when fixed on  
another being, draws from it the elements of its subsistence."

# General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

### THE HEART AND ITS AFFECTIONS, NOT ORGANIC. (*Continued.*)

#### IV.—*The Frequent Pulse at its Lowest Degree of Significance.*

It is a fallacy to conceive that disease, as represented by its symptoms, is difficult to know and to treat in proportion as it is a thing of more danger and severity and altogether more extreme. The contrary would be nearer the truth. In the cases which have been considered, the symptom of the frequent pulse, as the single representative of the disease and of the vast peril involved in it, and as the single indication of what is to be done to save life, if life can be saved, was comprehended in all its bearings at a glance. But, in the vast majority of cases, this same symptom will be found less salient, and therefore more to be searched after; less standing alone, and more one of a multitude, and therefore needing to be compared, contrasted, and weighed with other symptoms, before its value can be ascertained. For, indeed, it always has a value, small or great, though it be a variable value in different cases of the same disease, and variable, too, in the same case at different times. These are things not to be seen through at a glance, but contain matter for patient thought to work upon.

Now, as we have hitherto dwelt upon the class of cases in which the frequent pulse is at the greatest and highest computation of danger, so we will next touch upon the class in which it is at the least and the lowest, and reserve for our last consideration the class which is intermediate between the two. And this last we shall have a better chance of understanding aright by previously knowing the two extremes.

Take twenty cases, and let the symptoms in each be characteristically different enough to show that they represent twenty several forms of ailment or disease; but let all the twenty have one symptom in common, and let that be the frequent pulse. Such are realities which are presenting themselves day by day to the experience of physicians. Further, let the symptoms differencing the nature of the ailment or disease in each particular case be so little severe in any, and the one symptom common to all—viz., the frequent pulse—be in all so little above the natural standard, that no apprehension is felt about any single case from first to last; and all the twenty do, in fact, according to anticipation, come to a favourable result. And such, too, are happy realities familiar to our experience.

Now what is it which makes the number of the pulse worth the reckoning in such cases as these,

that we should take so formal an account of it as we probably should and ought to do in our daily intercourse with the sick? Perhaps some of us might not easily be got to trouble ourselves about the meaning of a symptom which occurred in twenty patients, all of whom got well, as we expected they would, be its meaning what it may. But the frequent pulse, as the accompaniment of disease, is never without a meaning; and, whether it be of great or small degree, whether it denote a great present danger or no danger at all, its meaning is always the same in kind. In all these twenty supposed cases, the pulse, being a little above the standard of health, denoted that the disease was making itself felt by the nervous system. In none did it represent any present peril; but in all it contained the germ capable of possible increase to the greatest magnitude and the greatest danger.

There are other things belonging to feeling and function, in our vital economy, which follow the analogy of the frequent pulse in this respect, that whether they be much or little, or great or small, they preserve the same meaning in *kind*; yet, according to their *degree*, they notify and prepare the way for very different results, even as different as life and death.

Hunger and thirst may amount to nothing more than a little sense of physical impatience, natural, wholesome, and not unpleasant to feel, about dinner-time; or they may reach the fierce craving which is ready "to demolish stone-walls". But they are the same hunger and thirst, after all. The first are the hunger and thirst by which we live; the last the hunger and thirst by which we perish. And it is the chief business of our lives to provide that the first become not the last; and every day we are acknowledging practically the possibility, though we have neither thought nor fear about its being realised. Nevertheless, we do sometimes find it realised in single instances of shocking notoriety. And the fate of large armies in war, and of some smaller "armies of martyrs", missionaries for man's enlightenment or for God's truth, shows that hunger and thirst should be the care of nations and governments, and that they who put human life to its hardest uses should study to preserve it.

The same may be said of pain. There is the pain which scarcely disturbs the equanimity of a child, and there is the pain which kills; and the first contains the germ of the last.

#### *The Frequent Pulse of Acute Inflammation in the Strong and previously Healthy.*

There are diseases, then, almost too much for medicine to combat with, and diseases almost too little for medicine to care about; and the frequent pulse is an ingredient of both. In the former, it is the one ingredient which is the very gauge of their formidable character; in the latter, it is that which should at least always prevent us from regarding them with indifference. But there are many diseases far less appalling than the one class, and less trivial than the other, which hold their place between the two, and have a greater practical interest than either. They are uncertain enough in their event to keep both hopes and fears alive during their progress, and amenable enough to remedies to encourage and reward the study of a whole life how to use those remedies aright. These many diseases

have still the pulse, and its qualities and number, to present as chief objects upon which such practical study can be profitably bestowed.

Let the patient be in the prime of life and health, and let his disease have nothing specific or malignant in it, but proceed from some common accidental cause, such as exposure to cold, or mechanical injury, or a blow; also let the inceptive rigor or chilliness be past, and the disease have now plainly declared itself, both what it is and where it is—in fact, that it is acute inflammation in some vital organ. And now, before the disease has had any treatment to interfere with it for good or for evil, or to alter it in any way, the pulse will denote the morbid action in which the blood and blood-vessels are engaged by its new quality of hardness, and the sympathy of the nervous system by the increased number of its beats.

Recollect, it is assumed that the patient was previously in perfect health and the prime of life. At this stage, when the great trial of the constitution from the disease and its treatment is yet to come, the pulse will be more or less frequent from a given amount of inflammation, according as it occupy a part more or less nearly allied with the nervous system by sympathy. To speak generally, the pulse will from the first be more frequent when the inflammation is of the organs within the abdomen, than when it is of the organs within the thorax. Moreover, the inflammation, though just emerged, will produce a greater frequency of the pulse according to its extent; and if its extent be very great, and the part it seizes upon be in close sympathy with the nervous system, the coincidence may even be fatal. Strange events occur in the course of a long experience, taking one by surprise at the time, but, when duly considered, finding their place in the order of things to which they naturally belong. I have seen, in the young and robust, inflammation (apparently common inflammation) seizing upon the peritoneum, and the pulse at once becoming countess and almost imperceptible, and rapidly sinking into death; and examination has disclosed the disease pervading the entire surface and every flexure and fold of the membrane. And still it has been in its earliest stage. The membrane has been entirely injected with red; but scarcely a trace of fluid or of lymph—the proper products of inflammation—has appeared upon any part of its surface or in its cavity.

But to what order of things does such an event as this naturally belong? Truly it belongs to the same order with those two remarkable cases already cited. *There* the disease was in its germ or first development; but already the nervous system felt it, and was overwhelmed by it. *Here* the same event is brought to pass in the same way. *There* the disease partook of a specific poisonous quality, pus-poison in the one, scarlatina-poison in the other mingling with the blood. *Here* it is of the nature of common inflammation; but its vast extent and the part it occupies are equivalent for evil with a malignant quality. It is no figure of speech, but a literal expression of the fact, to say that the disease destroys itself and destroys life at the same time.

This is a most rare event of inflammation, yet much too interesting not to fix our attention for a moment. Well, but suppose the inflammation acute,

and the reaction complete and vigorous, there will be found wrapt up together in the same pulse these two cardinal symptoms—a quality of hardness, representing the disease; and a more frequent beat, representing how the constitution bears it. Such an inflammation will require remedies of much force; and, at every stage and step of the treatment, the pulse will still denote by its quality the need of the remedy, and by its number the power of bearing it. Let *venesection* be the remedy. Upon every use of it, a very strict judgment must be held upon its immediate effects; and that judgment is still to be centred upon the pulse. What *now* of its hardness, which called for the venesection? What *now* of its number, which said that the constitution would bear it? If, an hour or two afterwards, the pulse has lost much of its hardness and many of its number, then assuredly the venesection has told remedially upon the disease, and not hurtfully upon the constitution; and, should it return to its former hardness and its former number, venesection may be employed again. After the second venesection, the like strict judgment must be directed to the same points; and, should the pulse again show an abatement of its hardness and its number diminished, then has the venesection again fulfilled its immediate purpose of good, with no contingent evil.

I cannot determine how often venesection may be safely repeated as a remedy for acute inflammation, the hardness and the number of the pulse thus rising and falling in constant harmony with each other. But as soon as that harmony ceases to be maintained, or is much disturbed; as soon as, whether it be after a first or second or third venesection, the pulse, while it has lost its unwonted hardness, is found to retain its unwonted number, or to have it increased, even greatly increased,—henceforth venesection will become a very doubtful or an absolutely forbidden remedy. Thus far it has exercised a salutary check upon the inflammation. And the hard pulse reduced to softness testifies as much. But it is now beginning to have, or it has had already, some hurtful influence upon the powers of life, or upon the nervous system; and the pulse, remaining as frequent as it was, or becoming still more frequent, is sponsor for the fact.

Now at this point the inflammation may cease altogether; and there may be no further need of remedies properly antiphlogistic, either great or small. The last depletion brought it to an end, and so did its work upon the disease well, very well. But it would have done it work, upon the whole, better, much better, if, in carrying off the disease, it had not left the pulse as frequent or more frequent than when the inflammation was present and progressive. The thing may be of no consequence when we have constitutions naturally vigorous and healthy to deal with; only, in now reviewing the treatment, our just judgment of it must be, that we have pushed our great remedy a little further than the necessity of the case required. But the inflammation may not cease at this point; it may still call for treatment. And the treatment of the inflammation now making progress, with a pulse of more frequency and less power, is no easy task. Of this something may be said hereafter. At present, let it be further remarked, that not only when we use venesection, but when we take blood in any way, whether by venesection, or cupping, or leeches; and, moreover, not

only when we bleed, but when we seek to arrest a rapidly progressive inflammation by a rapidly impressive remedy, be that remedy what it may, whether mercury, or tartar emetic, or colchicum,—the number of the pulse still mediates between how much is needed and how much can be borne. It balances between the force of treatment, as bearing salutarily upon the disease on the one hand, and as bearing hurtfully upon the nervous system and the powers of life on the other. And yet it is not the number of the pulse taken absolutely. It is not any certain number; but its number as it is increased, or is diminished, or remains the same, day by day, under the working of means and agencies powerful alike for good and for evil.

*The Frequent Pulse of Acute Inflammation in the Weak and Cachectic.*

But inflammation does not befall the young and strong exclusively; it is much oftener found in the weak and cachectic. In them, too, it is more generally incident to all periods of life, and comes from slighter provocations of injury and accident from without. Indeed, its connexion with any external exciting cause at all is, in the weak and cachectic, frequently so slight, so uncertain and unapparent, that we are led sometimes to deem it altogether spontaneous and engendered from within, and coming direct from the pravity of the constitution itself.

Now it is a general truth that, in these weak, these cachectic and often seemingly spontaneous inflammations, the frequency of pulse begins earlier and abides longer, and runs up to higher degrees, than in the strong and healthy; or (to look through the sign to the thing signified) the sympathy of the nervous system and the trial to the powers of life are now felt sooner and more constantly, and are carried to greater extremity.

Now, for brevity's sake, let us use the terms "inflammation of strength" and "inflammation of weakness"; for a little more must yet be said of both in their contrast with each other, if we are to get at the true meaning of the frequent pulse in connexion with either, and gain from it all the help it can give us in their treatment.

In all that anatomy discloses after death, and, if the part affected be within reach of the ear, in all that auscultation teaches during life, the inflammation of strength and the inflammation of weakness are the same thing; no mere anatomist or auscultator can tell which is which. But the same treatment which saves in the one case will kill in the other; for their treatment is determined, not by the conditions in which they agree, but by those in which they differ. Now they agree in all that is organic; they differ in all that is vital. What is organic consists in what can be seen, heard, or dissected. What is vital consists in what is felt and acted, and in modes and degrees of feeling and action—preeminently in pain; preeminently in fever and its attributes of cold and heat and perspiration; and preeminently, and above all, in the movements of the heart and arteries, the qualities and number of the pulse.

It is remarkable how health and strength can entertain inflammation, and go through with it, and yet show few or no signs of being vitally hurt by it. I have seen a few cases of inflammation requiring bloodletting, and giving its characteristic hardness

to the pulse, where the number has not been increased a single beat beyond the ordinary standard. Indeed, where there are health and strength, while the inflammation denotes its severity by the force of the remedies needed, the number commonly falls short of 100, and seldom exceeds it. But where there are cachexy and weakness, though the inflammation appertain to no part in strict alliance with the nervous system, the number of the pulse is commonly very frequent throughout. It often rises at once to 120, and in the end it often exceeds it.

Thus strength seems to answer the stimulus of inflammation vigorously, but temperately. It puts its characteristic hardness into the pulse, without greatly multiplying the movements of the heart and arteries. It feels the disease, and bears it well. But weakness seems to answer it with (at most) only a show of vigour, and impatiently. It may give something like its characteristic hardness to the pulse, but not without multiplying exorbitantly the movements of the heart and arteries. It feels the disease, and bears it ill.

But the inflammation of strength and the inflammation of weakness, albeit they are by nature the same things organically and different things vitally, may, by force of accident and circumstances, become *vitality* equalised and the same.

The inflammation of strength is very liable to mischance in respect of its treatment. Opportunity is lost; and when a severe and rapidly progressive disease needs a severe and rapidly impressive remedy, opportunity is very precious, and the loss of it may be the loss of everything. Many a fine robust fellow have I seen who has suffered acute inflammation of an internal organ two or three days without seeking or without being able to procure medical aid; and then, when he has procured it, his disease and its treatment have become a puzzle, from the conflicting indications which have arisen in the meanwhile. Three days ago, a venesection would probably have arrested the inflammation, and the patient have been safe by this time, and in a fair way of recovery; but now, if venesection be adopted, it has been because present symptoms have made us rather afraid to omit it than ready to use it. There has still been an inflammatory hardness in the pulse; but, to set over against it, there has been great frequency. There has been enough of heat and enough of seemingly vigorous action still remaining; but, to set over against them, there has been too much of nervous sympathy, too manifest a trial of the powers of life already begun.

Well, venesection has been adopted; and, happily, it has been just in time. It has abated the hardness and diminished the frequency of the pulse, and raised the nervous system and the powers of life. And thus the inflammation has reclaimed the characteristics of the constitution to which it belongs, and been still the inflammation of *strength*.

Or venesection has been adopted; and, unhappily, it has been just too late. It has taken the hardness out of the pulse, but it has greatly augmented its number. Also it has sunk the nervous system and the powers of life. The inflammation has lost the characteristics of the constitution to which it belongs, and become the inflammation of *weakness*.

But the inflammation of strength has been turned into the inflammation of weakness in other ways than by unavoidable mischance. Among the perils

of disease we must not refuse to reckon the errors of physicians. And this truth has had its instances and its proofs when inflammation was to be treated by venesection or some sort of bloodletting. The choice of the remedy, and its time, and its measure, and its iteration, whether often or seldom, or not at all, are confessedly among the difficult things of medical practice; and he must be either very self-complacent or very oblivious who cannot call to mind that herein he has ever fallen into mistake. Amid many possibilities of error, it would be strange indeed to be always in the right. Nor among the perils of disease must we refuse to reckon the interference of friends with its treatment; and this, too, has been seen when inflammation has had to be treated. And, in charity to human feelings, it is hard to blame them. They see a perilous disease and a perilous remedy. They cannot restrain their anxiety. But it is unfortunate when they show it by distrustful questionings at every turn of the disease and on the use of every remedy; thus always aggravating to the physician his sense of responsibility, at the hazard of overruling his judgment, and of withholding him from doing the full measure of what is right. And too often this has been the sad result. What might have been wholly remedied has been only half remedied; and what has remained has been far less tractable now that it is allied with weakness instead of strength. In truth, there is nothing in practical medicine harder to deal with than this inflammation of weakness, whether it be natural weakness, or the weakness of circumstances and accident, or strength abused into weakness by the fault or mischance of medical treatment. It is all practically the same thing, however it come to pass.

Let it be remembered, however, that our subject is not inflammation and its treatment, but frequency of the pulse. Yet this frequency of the pulse was not to be understood in its pathological significance, otherwise than by our becoming acquainted with it in those diseases which display it most conspicuously. Such are fevers and inflammations. For in them the nervous system is most largely engaged. And the nervous system, for the share that it has and the part that it plays, has its surest index and measure in the number of the pulse.

Already, as to the inflammation of strength, we have gone so far into its treatment as was needed to show the number of the pulse guiding and regulating it. And just thus far, and with the same intent, we will now touch upon the treatment of the inflammation of weakness.

In the inflammation of strength and its treatment, we showed the number of the pulse arbitrating between the curative and hurtful effects of great remedies, sanctioning their use up to a certain point and no further, and thenceforth forbidding them. We followed the treatment so far as, under this safeguard, the operation of these remedies was successful. But we ceased to follow it, when the inflammation was found still to continue, and the pulse becoming more frequent no longer sanctioned the use of the same remedies for its cure; when, in truth, the inflammation has assumed the characteristics of weakness, and required another treatment, but still under the same safeguard. For in the inflammation of weakness, as in the inflammation of strength, the number of the pulse does not directly

suggest the use of any remedy or any mode of treatment; but here as there it still serves for an arbiter. Here as there, when other indications have pointed directly to the remedy or mode of treatment, then it sanctions, or forbids, or moderates their use.

Let it always be borne in mind that the progress of inflammation within the part from one stage to another, until it reaches irreparable disorganisation, need not be less rapid when allied with weakness than when allied with strength. It does not move slower, because it moves with less force. And thus it calls as much as ever for a remedy and requires as much as ever that the remedy should be seasonably applied. Only the direct and immediate aim of the remedy is now different.

The ultimate aim of all treatment is indeed the same. Whether the disease be one of weakness or of strength, be acute or chronic, be common or specific, the end and aim is to cure it. But immediately treatment has to do with many an aim which is not the end itself, but only conducive to the end.

When there is much and unremitting heat of skin, and the pulse is hard and yet but moderately frequent, and the vascular system and the nervous system are strongly and steadily reacting, and all that moves and all that feels within the man are (so to speak) doubly alive, then, the fact and the seat of the internal inflammation being once ascertained, it is less absolutely necessary for the success of our treatment to go into its particulars. It is enough, for the present to take the inflammation in its largest sense, without noting its stages and its consecutive phenomena from day to day or from hour to hour. For now the remedy has a less concentrated aim. The indications of treatment are more diffusive and general.

But in proportion as the heat of skin is less sustained and less in degree; and the vascular system, and the nervous system, and all that moves, and all that feels, show less of reaction and less of life, and the pulse is less hard and more frequent, then we have the more need to be acquainted with the exact seat and stage of the inflammation and all its organic conditions; and its shiftings and movements from day to day; its advancing, or receding, or standing still. For now the treatment is more and more drawn towards the part, and more concentrated in its aim.

Between no display of strength in the constitution at large and extreme weakness; between no notable sympathetic reaction and vital surrender and collapse, there are many states and degrees; and the progress, the rapid progress, of inflammation in the part is compatible with them all.

VACANCIES. The following appointments are vacant:—medical officer and public vaccinator for the Clonmel Dispensary district of the Clonmel Union; medical officers for the Newcastle-under-Lyme district; for the Hanbury district of the Droitwich Union; for the parish of Kirkowan, Wigtonshire; for the Colbridge Dispensary district of the Colbridge Union; for the Clifden Dispensary district of the Clifden Union, county Galway; for the Claudy Dispensary district of the Londonderry Union; ophthalmic surgeon to the Aberdeen Royal Infirmary; to the Bellaghy Dispensary district of the Magerafelt Union, county Londonderry; for the Cleckheaton district, North Brierly Union, Yorkshire.



## Clinical Lecture

ON

### THE SUCCESSFUL USE OF IODIDE OF POTASSIUM IN THE TREATMENT OF ANEURISM.

BY

WILLIAM ROBERTS, M.D.,

PHYSICIAN TO THE MANCHESTER ROYAL INFIRMARY.

[Reported by MR. E. DAWSON, Clinical Clerk.]

GENTLEMEN,—I propose to draw your attention to-day to a case of thoracic aneurism, which has been under my care, in No. 68 Ward, for the last six weeks.

The case affords an advantageous example for the illustration of the various points of importance in the diagnosis of aortic aneurism; but I shall pass over these with only a brief recital, in order to bring before you at length certain points of interest bearing on the use of iodide of potassium in the treatment of aneurism.

J. P., a collier, aged 39, unmarried, was admitted into the Royal Infirmary, on October 6th, 1862, complaining of pain in the chest, a troublesome cough, and difficulty of breathing at night. He stated that about four months ago, when in a state of intoxication, he was kicked in the chest by a policeman. From that time he has been subject to paroxysms of excessively severe pain, persisting for several hours at a time, in the back, neck, and running up to the left side of the head and left shoulder. He compared the pain in the latter situation to having pieces of his flesh torn out. There has not been hæmoptysis at any time. About two months after the above occurrence, he observed an unnatural prominence of the upper part of the sternum.

When admitted, the patient had the appearance of good health; the pulse was 96, and the respirations were 22 per minute. The superficial veins of the upper arms, and the external jugulars were somewhat distended; the right radial pulse was slightly feebler than the left. The speaking voice was unaltered, but the cough-voice possessed the peculiar stridulous character distinctive of interference with the function of the recurrent laryngeal nerves.

The pupil of the left eye was motionless from previous accident, the right pupil was natural. There was some dysphagia—when the chest was uncovered, the first bone of the sternum and its immediate vicinities were observed to be bulged out, and to be the seat of a heaving pulsation. On the left side of this prominence, in the second intercostal space, close to the sternum, there was a soft pulsating elevation standing out about a quarter of an inch above the surrounding level. This elevation was conical in shape, and had a base about the size of a shilling. The heart's apex beat in the fifth interspace within the nipple line.

Percussion revealed a considerable area of diminished resonance over the bulging parts. Transversely, in the level of the second interspaces, the dulness measured four inches and a half, extending more to the left than the right of the middle line; vertically, there was dulness for three inches and a half below the sternal notch. There was no fullness or pulsation in the last named spot. The cardiac sounds were normal over the pre-cordial region; they were loudly audible over the seat of dulness above described.

The first sound was faintly murmurish over the soft elevation; and a distinct though faint systolic murmur

existed in the course of the innominate artery; this was intensified over the right carotid and in the acromial angle. No murmur existed over the left carotid and sub-clavian. With such an array of symptoms and physical signs, the diagnosis could not remain for a moment doubtful. The case was one of aneurism of the arch of the aorta making its way forward through the parietes of the chest.

On October 10th, the patient was ordered to take five grains of iodide of potassium three times a day; to keep his bed; and to restrain as much as possible the quantity of liquids taken in the way of drink. Three days later the iodide was increased to seven grains and a half three times a day. Six days after the commencement of the treatment, the patient reported himself a great deal better; the paroxysms of pain no longer recurred; the cough and difficulty of breathing were less troublesome; and the soft pulsating elevation was slightly less prominent. The physical signs remained otherwise unchanged. The iodide was now increased to ten grains three times a day.

From this date (October 16th), to October 27th (a period of eleven days) the patient went on favourably. He continued free from pain, difficulty of breathing, and dysphagia; and the soft elevation had almost altogether subsided to the level of the surrounding parts.

He was now allowed to get up, and the restrictions as to fluids were relaxed. The iodide was increased to fifteen grains three times a day.

On November 4th (twenty-fifth day of treatment), the dulness measured four inches across, and two inches and three-quarters vertically. The dose was now raised to twenty grains.

On November 18th (thirty-ninth day of treatment), the area of dulness was carefully measured again. It had now contracted to three inches and three-quarters transversely, and two inches and a half vertically; so that from the commencement of the treatment, it had diminished three-quarters of an inch in one direction, and one inch in the other. The soft elevation had sunk to the level of the surrounding parts, and had become wholly inappreciable to the eye. Pulsation was still felt over the spot. The patient was free from pain and difficulty of breathing, and felt himself exceedingly well. The cough was still stridulous in character, and the veins of the neck and upper arms were not perceptibly less distended. The inequality of the radial pulses had not disappeared.

This is the sum of the improvement after a treatment of six weeks; and it is certainly a striking result in so unmanageable a disorder as a protruding aneurism of the arch of the aorta.

[Since the delivery of this lecture the patient has continued the use of the iodide of potassium up to the present time (Dec. 23). An obstinate diarrhœa necessitated the diminution of the iodide to five grains three times a day. The bulging of the first bone of the sternum is conspicuously less, and the limits of dulness correspond to the following dimensions: transversely, three inches and a half; vertically, two inches and a quarter.

The state of the radial pulses, and of the superficial veins of the neck and arms, together with the character of the voice, remain unaltered; and there is decided emaciation.]

I will now relate to you the history of two other cases, within my knowledge, of aneurism treated with iodide of potassium.

About a twelvemonth ago, I saw in consultation with Mr. T. Windsor, who first called my attention to this mode of treating aneurism, a lady, 29 years of age, suffering from an undoubted aneurism of the arch of the

aorta, implicating the commencement of the arteria innominata. There were violent pains on the right side of the head, paroxysmal dyspnoea, excessive pulsation at the root of the neck on the right side, and sleeplessness. A dull space extended from a little to the inside of the right sterno-clavicular articulation for a distance of two inches outward. Over this space there was a heaving pulsation. No murmur existed with either sound; but the sounds were intensified over the arch, and towards the clavicle. Repeated slight hæmoptysis had been observed.

For an account of the further progress of the case, and the treatment, I am indebted to Mr. Windsor.

In the succeeding six months the condition of the patient became steadily aggravated in spite of a persevering observance of the recumbent posture and a regulated diet. On several occasions the voice was temporarily lost; in addition to some dysphagia, there was constant troublesome cough, with tenacious scanty expectoration, and occasionally severe paroxysms. The difficulty of breathing and pains were often so severe, that the patient was forced to quit her bed, and to walk about. She had become considerably emaciated, and so weak as to be unable to leave her room. The clavicle also began to project, and at length stood out half an inch beyond its natural level. The pulsation at the root of the neck increased; and the right eye became the seat of a severe congestion.

The iodide of potassium was first administered in April last in the hope of diminishing the pains in the head. The desired effect was speedily produced; and the medicine was discontinued after it had been used a week. In July, the patient growing daily worse, and a fatal termination appearing not to be very far off, Mr. Windsor again administered iodide of potassium in doses of five grains three times a day. This quantity was shortly after increased to ten grains; but owing to the occurrence of violent salivation, the dose was again brought down to five grains. This quantity agreed; and the patient has been taking it until the present time, with great benefit, as you shall hear. The general symptoms subsided quickly; the cough, pain, dyspnoea, and dysphagia, disappeared; the occasional hæmoptysis ceased to recur; the patient gained flesh and strength, and two months ago she was able to walk six miles; and, more important than all, the projection of the clavicle progressively receded, until it has now almost gone back to its natural position.

The third case which has come under my personal notice is a patient of my colleague Dr. Wilkinson.

This man was admitted into the infirmary on October 20th, with a thoracic aneurism coming forward in the neck. In a few days, it formed a tumour as large as a child's head, extending on the left side from the clavicle almost to the angle of the jaw, causing very great distress; and passing on to what appeared a speedy termination by rupture. This man was put under gradually increasing doses of the iodide of potassium until the quantity attained was fifteen grains three times a day. No positive amelioration can be said to have taken place in the condition of the aneurism; but the distress is scarcely so great as it was, and the rapid growth of the tumour seems to have been stayed.

[Seventeen days after the delivery of the lecture, Dr. Wilkinson's patient died. Death took place from pressure of the tumour on the left pneumogastric nerve, and consequent pulmonary mischief. The vagus trunk was flattened out and atrophied for the space of an inch and a half in the neck. Only a few nerve-tubules could be discovered in this part by the microscope. The left lung was the seat of several patches of gangrene as large as hen's eggs, surrounded by areas of consolidation. The pulmonary gangrene had been detected a week before

death. The sac of the aneurism was lined with thick layers of coagulated fibrine; and a large firm blanched clot attached by a somewhat broad pedicle to the upper parts of the parietes, floated freely in the sac.]

So far as I know, the first notice of the use of iodide of potassium in aneurism occurs in a clinical lecture of Professor Nélaton (*Clinique Européenne*, July 1859). M. Nélaton had been consulted by a Pole on account of a tumour in the lower part of the neck. Several physicians of eminence, Bouillaud, Andral, Beau, had previously seen the case, and had diagnosed an aneurism of the innominate artery or of the aorta. The patient stated that while residing in Warsaw, iodide of potassium had been administered to him with great relief. Nélaton took the hint, and prescribed the same. To his astonishment, a very notable amelioration followed, which went on almost to complete disappearance of the tumour, and the patient returned to his country in a satisfactory state of health.

In a late number of the same journal (Aug. 27th, 1859), you may find a very brief account of a number of cases by Bouillaud. One was a woman with aneurism of the carotid artery. Iodide of potassium was administered in *gramme* doses; then in two-*gramme* doses for two months. At the end of that time, the tumour, previously as large as a pigeon's egg, had diminished almost to disappearance. The second was an aneurism of the aorta and innominate in a man. The tumour, which had a very considerable volume, had suffered displacement and very great diminution of size under iodide of potassium. The case was under treatment when reported.

A third instance related to a large aneurism at the point of origin of the carotid and subclavian. The tumour had diminished considerably in a few weeks under the iodide.

A colonel with an aneurism of the carotid furnishes a fourth case in which Bouillaud saw the tumour almost wholly disappear after taking the same drug.

The next reference to the subject comes from a wholly independent source, and is, for that reason, of additional value. It occurs in a paper by Dr. Chuckerbutty of Calcutta, published in the *BRITISH MEDICAL JOURNAL* for July 1862. He gives an account of four cases.

The first of these was an aneurism of the innominate artery growing steadily upward into the neck. The growth ceased on the administration of iodide of potassium in decoction of cinchona, and the sac gradually solidified. The patient, however, was carried off, some months afterwards, by an attack of bronchitis. The autopsy revealed a sac as large as a pear, filled with dense coagula, leaving merely a narrow channel on the outer aspect, through which the right carotid and subclavian arteries communicated with the aorta.

In a second case, marked temporary relief followed the administration of the iodide in an immense aneurism of the aorta. The aneurism finally destroyed the patient by rupture. A *post mortem* examination three hours after death showed the sac to be filled with dense, solid coagula.

In a third case of large aortic aneurism, temporary amendment took place so far that the patient left the hospital, considering himself cured. Three months later, he returned, with intense aggravation of all his symptoms, and died in a few days.

In the fourth example, an aortic aneurism which formed a dome-shaped tumour two inches in diameter, coming forward through the sternum, had been treated in vain by turpentine, sulphuric acid, and other remedies. After the administration of iodide of potassium internally, and the application of the tincture of iodine externally, the patient steadily improved in every respect; the thoracic pain disappeared, the swelling diminished, the hæmoptysis ceased, and the patient ate and slept like any other man. He was still under treatment.

I do not wish to make too much of these facts. The erratic course of aneurismal tumours, and the occasional occurrence of spontaneous consolidation of their sacs are well known. Nevertheless, the twelve cases here brought together form a very remarkable series. In all of them, save one, striking relief of suffering followed the use of the drug; in eight, an undoubted diminution of the size of the sac took place; and in a few, complete subsidence of the swelling seems to have occurred.

The cases of Dr. Chuckerbutty would appear to indicate that the beneficial effect of the iodide was owing to its power (hitherto wholly unsuspected) of increasing the coagulability of the blood. Dr. Wilkinson's case lends support to this view; for not only was the sac lined with layers of fibrine, but a very firm, decolorised, fibrinous mass, attached on one side, floated in the cavity of the aneurism. The value of the above observations, as bearing on the conclusion inferred, is greatly increased by the circumstance that they are derived from two distinct and wholly independent sources.

Enough has certainly been advanced to encourage an inquiry into the power of iodide of potassium as a general hæmstatic; and to demand a fuller trial of its effects in internal and external aneurisms; in the treatment of which no internal remedy hitherto employed has succeeded in gaining even a temporary footing.

**USE OF COMPRESSED SPONGE IN THE PREVENTION OF LACTEAL SECRETION.** Dr. P. Stewart of Peekskill, New York, states that three years ago, he reported in the *New York Journal of Medicine* a case of suppression of the lacteal secretion, in the breast of a lady recently confined, by means of compressed sponge and bandage. Since the report of this case, he has several times had occasion to adopt the same practice, and uniformly with the same happy result. If others have used the method it has failed to come to his knowledge, and as the remedy is easily applied, and the results in his hands, at least, uniformly successful, it may be of some little service, he thinks, to call the attention of the profession once more very briefly to the subject. A flat soft sponge, carefully freed from all foreign substances, large enough to cover the entire breast, with a small hole or depression cut out in the centre for the nipple, is subjected to a pressure of a few pounds for a couple of days, and then applied over the breast; a compress is laid over this, and the whole secured by a bandage passed over the shoulders, and around the waist, so as to produce equal and uniform pressure over the entire surface. The bandage should be tightened sufficiently often to maintain a constant pressure for twelve or fourteen days. The best time to begin the treatment is within twelve hours after the birth, when the sponge is best applied dry; but if it is delayed from any cause until the breast becomes tender, and the milk begins to be secreted, Dr. Stewart's custom is to dip it in warm vinegar once or twice a day. (*American Medical Times*.)

## Addresses and Papers

READ AT

### THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

#### OBSERVATIONS ON THE OCCURRENCE OF MALIGNANT PUSTULE IN ENGLAND: ILLUSTRATED BY NUMEROUS FATAL CASES.

By WILLIAM BUDD, M.D., Clifton; Honorary and Consulting Physician to the Bristol Royal Infirmary.

"Le médecin doit, dans ses premières études, jeter un coup d'œil sur les animaux qui se rapprochent le plus de l'homme."—*Chaussier*. (Adopted from Régnier.)

In France, Germany, Russia, Lapland, Sweden, Italy, and other parts of Europe, under the characteristic name of Malignant Pustule, a disease has long been familiarly known and described, which proves fatal every year to a large number of persons.

Beginning as a minute vesicle, which is seated always on some uncovered part, its special character is to excite a peculiar form of gangrenous inflammation, which, spreading rapidly from the point first affected to the neighbouring tissues, gives rise to local changes of very uncommon aspect, and finally destroys life by general infection.

A disease calculated, by so much that is striking, to arrest attention, has, naturally, been made an object of inquiry by many eminent observers.

Among other distinguished men, Vallisneri, Solander, Pallas, Fournier, Thomassin, Chabert, Kausch, Malacarne, Linneus,\* Glanström, Enaux and Chaussier, Leuret, Delpech, Rayer, Bourgeois, Salmon and Maunory, Hoffmann, and Heusinger, may be specially mentioned as having each contributed something to its history.

\* Linneus, who was himself attacked by the disease, but happily recovered, was the first to give authentic evidence of the existence of malignant pustule in Lapland.

+ Vallisneri. Lettere spettanti alla storia medica e naturale. Padova (1713). Also, Nuova idea del mal contagioso de buoi. (1714.) Solander, D. Chr. Furia infernalis. Nov. Act. Upsal. Tom. i. p. 113. (1773.) Pallas, P. F. Vergleichung einiger in Schweden, Russland, und Sibirien, und den daran grenzenden Wüstenen bemerkten tödlichen Krankheiten, die man füglich unter den Namen, Brandbeulen, zusammenfassen kann. Neue nordische Breitr. B. i. p. 113. Fournier. Observations et expériences sur les Charbons malins. Dijon: 1760. Thomassin. Dissertation sur le Charbon malin de la Bourgogne, ou de la pustule maligne. Dijon: 1780. Chabert. Description et traitement du Charbon. Paris: 1780. Kausch. Die in Königreich Preussen, und besonders in Herzogthum Warschau endemische, schwarze, Blatter. Hufeland's Journal. B. xxxiii. c. p. 38, d. p. 49. 1811. Malacarne. Del Carbouchio de Buoi e della febbre carbonchiosa nel Bestiame e negli uomini. Bassano: 1797. Linneus. Amoenitates Academicæ. Vol. iii. p. 322. Glanström. Dissertatio de pustula livida. Regiomonti: 1824. Enaux et Chaussier. Méthode de traiter les morsures des animaux enragés, et de la vérole, suivi d'un précis sur la pustule maligne. Dijon: 1785. Rayer. Traité des Maladies de la Peau. Article, Pustule Maligne. Bourgeois. Mémoire sur la Pustule Maligne. (Archives Générales de la Médecine. 4me série, t. 1. p. 172.) Salmon et Maunory. Mémoire sur l'inoculation de la pustule maligne. (Gazette Médicale, 1857.) P. 181. Hoffmann. Der Milzbrand oder contagiöse Karfunkel der Menschen. Stuttgart: 1827. Heusinger. Die Milzbrand-Krankheiten der Thiere und des Menschen. Erlangen: 1850. Some of these authorities I have studied in the

The following important points appear to be established by the investigations of these and other writers:—

1. That the malignant pustule in man is identical with, and derived from, the eminently contagious disease which, under the name of "charbon" (*Germanicé*, "milzbrand", spleen-gangrene) or (in sheep) "sang", has prevailed from time immemorial in various continental countries, in oxen, sheep, horses, and other animals.\*

2. That the disease may be communicated to man from the animal in the following ways:—

a. By direct inoculation, as in the case of butchers, farriers, skinner, herdsmen, drovers, and others, in whom accidental inoculation with it appears to be an event of no uncommon occurrence in the countries where "charbon" is most rife.

b. By means of the skin, or simply by the hair of diseased beasts; modes of communication of which many decisive examples are on record. Also, through contact with the bones, the hoofs, and horns, and the fat and tallow of animals dead of "charbon."

c. By eating the flesh of animals killed while affected with it, as also by using the milk and butter of infected cows.†

d. And, lastly, by insects which have been in contact with the bodies or carcases of diseased cattle; a mode of communication obviously difficult to demonstrate, but in proof of which numerous cases—some, apparently, entirely free from ambiguity—are recorded.

3. That in the countries where "charbon" prevails, concurrently with the cases of malignant pustule which are the observed result of direct inoculation, other cases occur in which the vehicle of the poison cannot be identified.

4. That these cases have, in common with the rest, this significant peculiarity: that the disease is always seated on some part of the person which is habitually uncovered.‡

original. For my knowledge of the rest I am indebted to Heusinger's elaborate and comprehensive treatise. The three works whose titles are subjoined, and which stand among the first in Heusinger's catalogue, also deserve special mention, as showing how far back the records of this malady go, and at what an early period the disease in man was identified with that in the animal. *Tossi a Serra. De anthrax seu carbunculo tractatus. Vetus. 1576. Chr. Perez de Herrera. De carbunculis animadversiones. Pintia: 1604. Treilo. Lancetta di Pestilenza commune ai bruti e di contagio mortale, dell' uomo. Venezia: 1632. Fol.*

\* Indications of the occurrence of this epizootic extend back to a remote antiquity. Not to mention the murrain described in the ninth chapter of Exodus, by which Pharaoh's cattle, horses, asses, and sheep, were destroyed, and which by most writers is thought to be identical with "charbon" or "milzbrand," Heusinger considers it almost certain that the disease described in the first book of the *Iliad* (l. 49—52), that referred to by Ovid in his seventh *Metamorphosis* (l. 523—600), various epizootics mentioned by Livy and Dionysius Halicarnassus, and lastly that delineated by Virgil in the first and third *Georgics* (l. 464—470) respectively, were of the same nature.

† A remarkable example of the communication of the disease by the milk of an infected cow was related by Chisholm in his account of the epidemic which occurred in Barbadoes in 1795. The malady was rife on the plantation of Mr. Cummin, and carried off more than fifty head of cattle, beside a considerable number of negroes who had partaken of their flesh. While the epidemic was at its height, one of Mr. Cummin's children, a little girl three years old, took one morning for breakfast so much milk that scarcely any was left for the rest. Unfortunately, this milk was furnished by a cow which at the time was suffering from the murrain. Four days afterwards, the child was seized with all the symptoms of the prevailing malady, including malignant carbuncles identical with those exhibited by the negroes who had eaten the diseased meat. Her life was saved with difficulty; and a deep scar on her left arm remained to mark the nature of her illness. (Chisholm, on *Lues Bovina Introtropica*, *Edinburgh Medical and Surgical Journal*, vol. vi, p. 36.) It is remarked by more than one writer, as a curious fact, that, in milk cows, the secretion of milk often continues for a considerable time after the onset of the malady.

‡ The few exceptions to this rule which do occur only add to its significance. Such, for instance, is the interesting case lately recorded in the *Lancet*, by Mr. Harper of Holbeach, in which a man who was tending diseased sheep inoculated the prepuce with his soiled hands. Many instances of this particular accident are recorded by foreign writers. Heusinger relates a case of malignant

5. That in animals, and in oxen especially, the action of the specific poison by which the malady is caused is even more virulent than in man; as shown, in the first place, by a more speedy death; and, in the next, by the more rapid spread of gangrene, and by the extrication on a large scale, while the animal is yet living, of foetid gases in the tissues of the part affected.

6. That the contagious property is possessed in the highest degree by the lymph of the characteristic vesicles; and, next to this, by a peculiar exudation (the so-called "humor anthracicus") which occurs in the cellular tissue of the affected part, in that of various parenchymatous organs, and sometimes, also, in the serous cavities of the chest and abdomen.\*

7. That the malignant pustule, when contracted by man, may be communicated by contagion to other men, or back to the animal by inoculation.

It would be out of place here to give, in detail, the evidence on which these conclusions are founded. I may, however, state that the identity of the malignant pustule with the "charbon" of cattle—already, perhaps, sufficiently established by the countless cases of accidental direct communication, has lately received its crowning proof, in the reinoculation of the disease, with all its specific characters (including the power of indefinite propagation by the same process) from man back to the animal. (*Gazette Médicale*, 1857, p. 684, Salmon and Maunory.)

Some of the facts which show that the virus may be conveyed by the hair of beasts are very striking.

Trousseau, for example, relates that in two factories for working up horsehair imported from Buenos Ayres, and in which only six or eight hands were employed, twenty persons died in the course of ten years from malignant pustule. This distinguished teacher had himself the charge of three cases from the same establishments, in which life was only saved by severe cauterisation. (*Gazette Médicale*, *Fevrier*, 1847, No. 4.)

Rayer states that in the course of three years, while he was attached to the Hospital of St. Louis, he had to treat eight cases of malignant pustule; and adds that all eight came from an establishment in the immediate neighbourhood for the manufacture of Russian hair. (*Traité des Maladies de la Peau*. Article, *Pustule Maligne*.)

I think it is the same writer who records the still more remarkable case of three persons who were all attacked by the disease after cleaning some hair that had for many years served as the stuffing of an easy chair.

Two other facts may be mentioned here, in addition to these, which tend to show that this virus, like the other contagious poisons, when once in the dried state, may retain its powers for indefinite periods of time.

It is stated by Gerlach that some straw on which, three years before, some beasts dead of "charbon" had been flayed, on being brought into a shippen, in-

pustule in the instep, but it occurred in a boy who always went barefoot. In the epidemics which have occurred in the West Indies, when the disease attacked the blacks, who were, indeed, its chief victims, the pustule appeared in the most various parts of the body.

\* Greve believes the virulence of this exudation or carbuncle juice to be much greater while it is yet warm, and immediately after the death of the animal. On this point, he makes the following remarkable statement:—

"Ich sah eine grosse Menge am Milzbrand abgestandener Kühe und Ochsen von Abdeckern abledern, ohne über Folgen für diese; aber sie lederten die Cadaver erkalte ab und ihre Hände und Arme waren ohne Verwundungen. Sobald sie mit verwundeten Händen die noch warmen Cadaver behandelten, trugen sie allemal die gefährlichsten Carbunkeln davon. Furchterlich wirkte das noch warme, gelbe, jauchige, und stinkige wasser in der Bauchhöhle des krepirten Viehes. Alle Hunde die davon aufleckten krepirten fast auf der stelle. Ich spritzte ein paar Tropfen dieser warmen Jauch in das Auge einer Taube, und 3 Stunden nachher war sie todt, ebenso ei ne Ente welcher ich ungefähr einen Theelöffel davon in den Halseergus. (Greve, *Erfahrungen und Beobachtungen*, i, s. 48.)

fectured with the same disease the sheep that were folded in it.\*

In Caspar's *Wochenschrift*, Nicolai gives the history of a tanner who died of malignant pustule of the face. After full three months, the daughter of this man; and then her brother died of malignant pustule also. (Caspar's *Wochenschrift*, 1833, p. 268.)

The propagation of the disease by flies which have previously been in contact with animals affected with charbon appears to be equally well established. As this, however, is a point to which I shall have to return, I will not dwell further on it here.

Whatever the way in which the pustule may have been contracted, one thing appears certain, and that is, that in man, in the immense majority of cases, it is at the onset local only; the general poisoning which ensues being due to the after diffusion of the morbid changes and products engendered in the part first affected.†

This capital point in its pathology may be inferred not only from the order in which the morbid phenomena succeed one another, but still more clearly from the decisive fact that the early destruction of the diseased part by caustic not only often prevents the development of the constitutional disorder, but in many cases issues in perfect and immediate cure.‡

The history is, in short, that of a specific animal virus, which, implanted by inoculation in a given part, sets up there a series of malignant zymotic changes, which are propagated thence to the whole system.

From this summary it will be seen that this remarkable disease has not only been closely studied by a great number of continental naturalists and physicians; but that their published observations upon it amount to a considerable body of medical literature.§ This being the case, it is certainly a very curious fact, whatever the explanation, that the profession in England are almost entirely silent on the subject.

Among systematic writers, Dr. Craigie, in his *Practice of Physic*, Mr. Druiitt, in his *Vade Mecum*, and Dr. Copland, in his *Medical Dictionary*, are, as far as I have been able to ascertain, the only English authors who have treated of the disease at all. All three speak of it as being all but unknown in England; and all three professedly derive their account of it from the French.|| In the long list of writers on malignant pustule which are appended by two of these authors to their respective articles on it, no English name appears.

With the exception of two cases of which Mr. Lawrence gave an account in a clinical lecture published some twenty years ago; and of a valuable series since related by Mr. Harvey Ludlow, there is, I believe, no description of the disease, drawn from actual observation, by any British practitioner.¶

\* Gerlach, Die Blutsuche der Schafe in Rücksicht der Ursachen. *Magazin f. Thierheilk.* B. xi und xii. See Heusinger, p. 62.

† I say "in the immense majority of cases," because in some few instances in which the disease is caused by the ingestion of infected flesh or milk, the poison becomes absorbed at once into the blood, and leads to a general infection which precedes any local mischief.

‡ See for evidence of this Bourgeois's able paper in the *Archives Générales de la Médecine* before referred to. The testimony of all the best observers is unanimous as to this point.

§ Heusinger quotes more than four hundred authors who have treated, either of malignant pustule or of the corresponding disease in cattle, or of both.

|| I do not mention Chelius's *System of Surgery*, because that may be said to be only a German book in an English dress. It contains, however, a brief but clear account of malignant pustule, with some notes added by the translator.

¶ Mr. Ludlow's paper, which appeared, in September 1852, in the *Medical Times and Gazette*, under the title of Carbuncular Inflammation of the Lips and other parts of the Face, and of whose existence I was not aware at the date of the present communication, does not appear to me to have received the attention it deserves. The paper opens with the following passage:—

"The disease which forms the subject of consideration in the following pages belongs to a class whose diffusion has been pretty steadily increasing in this country during the last five years. Before

From this one of two things is clear; either that a malady which is unlike any other, and which, in all respects, is one of the most remarkable to which man is liable, has hitherto escaped general recognition here; or that, as Mr. Druiitt and Dr. Copland suppose, malignant pustule (except, perhaps, as a thing of extremest rarity) is never met with in England. This last alternative, if true, would be very difficult to explain, inasmuch as the epizootic from which malignant pustule is derived, so far from being unknown here, has, from a very remote period, caused every year a large mortality in English live stock.\*

The "joint murrain," "black quarter," or "quarter evil," and the "blood" (the name by which the malady is known in the sheep), are the same diseases as the "charbon," "quartier," and "sang" of the French, and the "milzbrand" of the German writers.

That a disease which is known to be communicable to man should prevail in this country, and yet never be communicated to him, would be a strange, if not an unaccountable thing.

The fact, I believe, is not so. If my own experience may be trusted, the only reason why malignant pustule has been so rarely noticed by English writers is that, except by one or two observers, it has hitherto been confounded with other maladies which offer some points of analogy with it.

In the month of October 1856, I saw a case which presented all its characteristics in the highest degree, and which ended fatally on the seventh day. Since then I have been informed of twenty-three other instances of it. Of these twenty-three, two were seen by myself, and six others by intimate friends who have kindly favoured me with their notes.

That so many cases should have come, within so short a period, to the knowledge of a single practitioner, shows, at any rate, that it is high time we should all take serious note of the presence of this disease among us, and prepare ourselves to deal with its terrible emergencies.

[To be continued.]

that period, it appears to have occurred quite sporadically, and at have been amenable to ordinary treatment. Hence, our medical literature offers but few original observations on the subject, the knowledge we possess of it being derived chiefly from continental authorities. Charbon and malignant pustule, indeed—diseases with which French surgeons are so familiar—present broad features of similarity to the affection which the accompanying cases are designed to illustrate; and although some trifling differences exist between them, yet the resemblance of their distinctive characters is evidently so close as to compel us to include them in the same class, and to place them in the same pathological light."

Although Mr. Ludlow hesitates actually to identify the disease he describes with the true malignant pustule, it is plain, from this passage, that he had a strong conviction of the close analogy between them. In the concluding part of his paper, he sums up his views as to the causes of the malady in the following words:—

"From a consideration of all the cases which are recorded in the journals, or have occurred during the last two years at the hospital (St. Bartholomew's), I think the disease may be attributed to three main causes. 1. The direct inoculation of a poison, animal or vegetable. 2. The inspiration of air tainted with such poisons. And 3. Feeding on unhealthy food."

The cases reported by Mr. Ludlow, to the number of six, are all characteristic examples of malignant pustule.

\* The epizootic described by Matthew Paris as having been so fatal to cattle in England in 1252, was, probably, an epizootic of the disease in question. He relates that dogs and ravens which fed on the carcasses of the infected cattle rapidly died in consequence, and the panic among men was so great that for the time the use of beef was given up. The following is the *verbatim* account:—

"Ejusdemque anni curriculo, post multa aestatis caumata, tempore adveniente autumnali, facta est tanta pestifera armentorum mortalitas pluribus locis in Angliâ, precipuè autem in Northfolc et in Meriscos, et paribus Australibus, quantum nullus se meminit previdisse. In quâ peste hoc evenit mirabile, quod de pecorum mortuorum cadaveribus, etiam canes et corvi qui vesebantur, illico intumuerunt et infecti obierunt. Unde nullus erat hominum qui carnes bovum comedere auderet, ne forte ipsæ essent de morticinis memoratis." (*Historia Major Matthæi Paris. Editore, Willielmo Watts, S.T.D. Londini: 1648. P. 847.*)

# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### ST. BARTHOLOMEW'S HOSPITAL.

CONGENITAL INGUINAL HERNIA, WITH DOUBLE STRANGULATION.

Clinical Remarks by JAMES PAGET, ESQ.

A MAN, aged 31, was admitted into St. Bartholomew's Hospital, November 30th, 1862, under Mr. Paget's care, for strangulated inguinal hernia on the right side. He was a waiter, generally healthy and strong; and, so far as he knew, never had any swelling in the groin until a few days before his admission. On the 24th, six days before he was admitted, he slipped off some steps, and fell astride on them. He felt little or no pain from the accident, a slight and transient feeling of nausea being the only discomfort; and he soon thought no more of the matter. At 6 A.M., however, on the following morning, he began to vomit, and all the food and drink that he took were returned almost immediately. This sickness continued throughout this and the following days, up to the time of his admission into the hospital. The bowels were very slightly open four days before admission, and not since; on the same day he first noticed the hernia, but thought little of it, and did not mention its existence to the surgeon who attended him. He had taken a considerable quantity of medicine, probably aperient, before he came to the hospital.

The hernia was flask or pear-shaped, with a long neck, and occupied the right side of the scrotum, and the inguinal canal. It measured about four inches in length, by one inch at the neck, and two at its widest part. It was somewhat tense, but not very tender, and the integuments covering it, though rather red, were otherwise perfectly healthy. At the lower and wide part, the hernia felt soft and elastic, as if containing fluid or fluid and intestine, while the neck was hard and resisting as if entirely or chiefly solid. On coughing or straining a wave of impulse extended down the inguinal canal to the external abdominal ring, but here it stopped short, and no motion was communicated to any part of the swelling beyond this point. The abdomen was not tender, but somewhat distended; and the outlines of distended coils of intestine were very distinct, the appearance being pretty general, and not confined to any particular part of the abdomen.

He looked thin and somewhat pale, but rather like one who is so habitually, than as if he were distressed by the disease. His countenance was tranquil, his voice and manner apparently quite natural, and he complained of no pain. Pulse rather quickened, but of good volume and strength. Breathing about natural. Tongue moist, etc.

After a slight attempt at reduction, under chloroform, Mr. Paget proceeded to operate by making an incision over the upper part of the sac and external ring. The sac was then opened, and found to contain some small intestine, but no fluid. The intestine was of a dim scarlet colour and rather velvety from congestion, but it was nowhere darker than this, and the coats, though very thick, seemed perfectly sound. The walls of the sac were very thick, and its internal surface was of an opaque yellowish white colour, and superficially wrinkled like the internal surface of a large and aneurismal artery. A stricture in its neck was found at the external ring, and divided; but, the intestine being still confined at the lower part, the incision was prolonged downwards

through the sac and superficial structures for another inch, and it was then discovered that a second strangulation was caused by an irregular contraction and thickening, about two inches below the external ring—at about the part where the long neck began to expand into the body of the hernia. On dividing this second stricture, a considerable quantity of yellowish and nearly clear fluid gushed out, and the intestine, which had been protruded into this part of the sac, could be readily drawn up. It was, for the most part, in about the same state of congestion with the portion just described; but, at the part which had been gripped by the lower stricture, there was a very distinct "nip" about an inch long, by one-eighth wide, extending transversely across part of the circumference of the bowel. The coats seemed still sound at this part; but close to it was a small round blackish-brown spot, of about the size of a split pea, surrounded by a narrow white areola; the consistence of the bowel was not here, however, evidently impaired. The intestine was therefore returned into the abdomen.

The lower part of the sac proved to be the truncalis vaginalis testis, with healthy texture and condition of its walls, and the upper and thickened portion (forming the neck), the canalis vaginalis—continuous with the peritoneal cavity above, and its communication with the tunica vaginalis below, only partially interrupted by the contraction of its walls at the spot before mentioned, viz., the lower stricture.

After the operation, the edges of the external wound was united by silver sutures, and a pad and bandage then applied.

*First Day after Operation.* He looked composed and easy, and complained only of slight pain in the abdomen, which he attributed to not being able to pass urine properly, and for which, in the evening of this day, a catheter had to be used. The abdomen was tense and tympanitic, but not tender, and moved in respiration, which was 24. He had had no vomiting since the operation; the bowels had been freely opened five or six times. Pulse 132; full and jerking. He had taken four soap and opium pills at intervals since the operation, and had slept a little.

*Second Day.* He was not so well. His countenance rather pinched and depressed, and his voice lower and less confident. He had had pain in the left iliac region, but this was now relieved after the application of a linseed poultice. The abdomen was tense and tympanitic as before, but not tender, and moved in respiration, which was 20, and not painful. The bowels had not been open since last note. He had taken, besides beef-tea and milk, an ounce of brandy, and twenty-five minims of laudanum. Pulse 144; small, compressible, and jerking.

*Third Day.* He was rather better in almost every respect, and he took, besides beef-tea and milk, four ounces of brandy, and soap and opium pills night and morning.

*Fourth Day.* He again became worse, suffering, however, from but little pain or tenderness in the abdomen; but he began now to vomit a greenish-yellow fluid, besides the small quantities of beef-tea, wine, and brandy, etc., which were given to him at intervals. Respiration was abdominal as well as thoracic, but increased in frequency (36). The bowels acted twice freely. The motions were tolerably healthy. Pulse 140; weak and jerking.

*Fifth and Sixth Days.* He became still worse; being only partially conscious now and then, though answering questions rationally. His face was pinched and dull, but he complained of but little pain in the abdomen, or elsewhere. The abdomen was moderately distended, and only slightly tender; it continued to move, though not very freely, in respiration, which increased in frequency to 40. The vomiting continued, and nothing could be retained on the stomach for more than a minute



or two. The bowels acted *eight* or *nine* times in those two days, very freely and loosely. The motions had a pale yellow colour. The pulse was frequent and weak. The wound had continued to look tolerably healthy, with only slight suppurating.

He died on the sixth day after the operation.

**POST MORTEM EXAMINATION.** Slight general and recent peritonitis was found in the intestines occupying the upper part of the peritoneal cavity; but there was evidence of much more intense and apparently older inflammation (by several days) in the cavity of the pelvis, and in the coils immediately continuous, as well as in contact with the portion of bowel which had been protruded during life. This portion, which proved to be the lowest portion of ileum immediately before its entrance into the cæcum, lay opposite the internal ring. That part of it which had been nipped by the second stricture had undergone a further change, rather of ulceration than of sloughing, by which a rent had been made large enough to admit the tip of the little finger; and through this opening feces had escaped into the abdominal cavity, though their diffusion had been to some extent prevented by the close adhesion of neighbouring coils, through the medium of thick layers of yellow lymph. Very little loss of substance had occurred; the edges of the rent being brought into nearly even apposition with no difficulty. Immediately around the opening, the coats of the bowel were dark, and at one spot thinned; but their consistence was tolerably firm. No alteration had apparently occurred in the small black spot noticed at the time of operation. In the last eighteen inches or two feet of the ileum, there were evidences of acute inflammation of all the coats of the intestine, which was dark, congested, and thickened; the almost black congestion extending through its whole thickness, and being very distinct on the mucous membrane of its interior. Beyond this part, the colour of the bowel changed abruptly into a much lighter one; and the general signs of inflammation became also much less marked as the upper part of the intestinal canal was approached.

In a clinical lecture on this case, Mr. Paget, after describing the condition of parts to which the term congenital hernia is applied, proceeded to speak of the different ways in which the communication which naturally exists in the later part of fetal life between the peritoneum and tunica vaginalis, is closed. This closure takes place usually from above downwards, by a gradual contraction of the canal, by which its walls are brought into apposition. But occasionally this process occurs only at both ends of the canal, while the intermediate part remains unobliterated; or there is a partial adhesion at different points in the course of the canal, by which the latter is converted into two or more sacs communicating more or less freely with each other. In such cases, the sacs may become filled with fluid, and then the condition known as hydrocele of the cord is produced. In many cases, again, the canal remains permanently open; or, as in the present case, there is an imperfect contraction of its walls at each extremity.

The frequency of hernia in early life is due to this unclosed state of the processus vaginalis; but it does not follow that a hernia should take place of necessity in all cases in which this patent condition of the canal exists.

Here was a patient thirty-one years old, who, so far as he himself or his mother knew, had had no hernia or other swelling until a few days before his admittance

into the hospital. Mr. Paget said that he had operated some time since on a man aged 58, who had had a hernia for only four months, and yet it was "congenital"; and he referred to another case of the same kind in an adult who was under the care of Mr. Lawrence.

We should be very cautious, Mr. Paget said, in promising the cure of congenital hernia occurring in early life. His usual treatment was to order a truss to be worn for five years; and, if no descent occurred in that time, to allow it to be left off. If, however, any descent should take place, he ordered the truss to be worn for four or five years more. But even if this plan has been carefully followed, the patient cannot be quite sure that he is cured. In the cases just related, no truss had been worn; but this was not the cause of the non-closure of the canal. In the case of a student who had congenital hernia in infancy, a truss was worn for five years; and, as no descent occurred in this time, he left it off. Fifteen years passed without any descent, and then the intestine again came down and was strangulated, requiring the administration of chloroform before it could be reduced.

Mr. Paget said he believed there were no dissections showing the effects of the pressure of a truss on the processus vaginalis in congenital hernia. It is generally said to produce adhesion of the walls by causing inflammation of their opposed surfaces; but it is more probable that it merely allows the natural changes of contraction and obliteration, which are not at all like those of adhesive inflammation, to proceed, uninterrupted by any hernial descent. The sooner, therefore, that this treatment—wearing a truss—is begun, the greater is the probability of success. The pressure need not be great; enough to prevent the descent of the hernia will be all that is required.

In the present case there was an unusual condition of the walls of the canal of the tunica vaginalis; they were thickened, corrugated, etc.; not like the ordinary condition in encysted hydrocele of the cord, which they might have been expected somewhat to resemble. There was also an unusual shape of the communication between the canal and the sac of the tunica vaginalis; and it was so completely closed by the piece of intestine which had descended, that the fluid, which had collected in the sac of the tunica vaginalis, was prevented from escaping into the canal, which contained none; and hence the unequal characters of hardness in the long neck of the sac and softness in the lower part of it.

The case served well to show the usual seat of stricture in congenital hernia; viz., in the mouth or neck of the sac. But, as in this patient, there may be also another lower down—at the junction of the canal with the sac of the tunica vaginalis. Mr. Paget remarked, that this was the second case he had operated on in which he found a stricture in the latter situation. In the operation itself there was nothing very worthy of remark; but after it, within a few hours, the patient, had five or six rapid actions of the bowels. This was almost always a bad sign; for it indicated a very morbid state of the intestines, and it disturbed what should be at rest. In this case it apparently added much to the causes of death. It was probably due to the quantity of

physic which the patient had taken previously to his admission into the hospital and before the discovery of the hernia.

In conclusion, Mr. Paget said that in many cases an operation for the relief of strangulated hernia, even when satisfactorily done, leaves the patient in a complicated state from the following conditions:—

1. The necessary effects of the strangulation.
2. Frequently continuance of a disease preceding the strangulation—colic, diarrhoea, dyspepsia, etc.
3. Very frequently the effects of accumulated physic.
4. The effects of chloroform and the operation.

Here, the *post mortem* examination showed the existence of enteritis as well as of peritonitis, but chiefly of perforation occurring late in the progress of the case; though, at the time of the operation, the vitality of the part pressed by the stricture did not seem to be materially impaired. But all these were attended with obscure and somewhat unusual symptoms, which it would be difficult to explain very satisfactorily.

## Reviews and Notices.

ON DISEASES OF THE CHEST, INCLUDING DISEASES OF THE HEART AND GREAT VESSELS: their Pathology, Physical Diagnosis, Symptoms, and Treatment. By HENRY WILLIAM FULLER, M.D. Cantab.; Fellow of the Royal College of Physicians; Physician to St. George's Hospital; etc. Pp. 703. London: 1862.

THE announcement of any contribution to medical literature by Dr. FULLER must by this time naturally carry with it the idea of something valuable; nor will those who may study the volume before us, be disappointed in their expectations of gaining instruction. Perhaps, however, this estimate will bear a slight qualification in respect to one important department of the book—we mean those parts in which the author speaks of physical examination, especially by means of the ear. So far as it is possible to describe the sound-signs of thoracic disease on paper, Dr. Fuller has done it well; and all credit is due to him for the plan which he has followed, and which is set forth in the following extract from his preface:—

“My object has been . . . to render attainable by men of ordinary capacities and ordinary opportunities a science which is indispensable to every medical practitioner. I have endeavoured to begin at the beginning, to assume nothing, and to explain every auscultatory sign by reference to the morbid condition, and consequent altered mechanism, in which each takes its origin. My wish has been to inculcate the necessity for regarding each physical sign, not as indicative of a certain disease, but rather as the natural consequence of a certain physical alteration in the tissues, the source and true interpretation of which must be determined by concomitant circumstances. I have endeavoured to use the simplest language, so as to obviate the formidable difficulty presented by the confused and varied phraseology made use of by many writers on the subject, to give a definite meaning to each term which is employed, and to present a classification of the various sounds which shall be intelligible even to a novice at auscultation.”

While we highly commend the objects which Dr.

Fuller sets forth in this extract, we must offer some criticism on the first sentence. We doubt greatly, indeed, whether it is possible to teach the sounds of the chest and their modifications by written description. The Horatian maxim,

“Segnius irritant animum demissa per aurem,  
Quàm quæ sunt oculis subjecta fidelibus,”

is reversed here. Sounds cannot be learned and understood unless they are heard by the learner. We can readily imagine a man having a perfect theoretical knowledge of sound, and of all the *minutiae* of music, and yet unable to distinguish one musical instrument from another, or even one note or one piece of music from another, unless his ears have also been trained. The student of chest-diseases must gain his knowledge of the sounds from actually hearing them, under the guidance of competent instructors. In this way alone he can learn them. He has not even the imperfect substitute for the object itself, which drawings, or paintings, or models, can afford in the description of things that may be seen.

As means of teaching the sounds, then, not Dr. Fuller's book alone, but all books on the same subject, are defective. But they have their value, in enabling the student and practitioner to arrange and coordinate his ideas of the sounds which he has heard, and to refer each to the condition producing it. In carrying out this object, Dr. Fuller has laboured well, and, it seems to us, with success. As has been already said, his aim is simplicity of description; he avoids the minute distinctions which have been drawn by some writers, at the same time that the terms which he uses are sufficiently explicit. Thus, in speaking of the sounds elicited by percussion, he first classifies them as clear toned and dull toned; full toned and shallow toned; high pitched and low pitched; and also in combinations, as clear and full toned (healthy pulmonary resonance); clear but shallow toned; dull but full toned; dull and shallow toned. Such terms as “tubular,” “tracheal,” “amphoric,” “cracked-pot,” etc., he objects to, especially when they imply a theory as to the origin of the sound.

In his descriptions of the several classes of the physical phenomena presented by the chest, Dr. Fuller has arranged the signs in tables, giving his nomenclature of the sounds, their synonyms, characters, mode of production, and seat, and the diseases with which they are usually associated. To any one who knows the sounds or is learning them, these tables, in connection with the more elaborate descriptions which precede them, will be useful.

We observe also, that in describing some of the diseases of the chest—*e.g.*, pleurisy, pneumonia, and bronchitis—Dr. Fuller arranges the symptoms and the physical signs of each stage in parallel columns; so as to show their connection in the most obvious manner short of actual demonstration.

A notice of Dr. Fuller's opinions on certain debated points may be interesting.

One of these points is ægophony. Dr. Fuller regards it as essentially bronchophony, to which is imparted a tremulous bleating character. The agency producing this character

“Must be one of two kinds; either some tenacious secretion vibrating in the bronchial tubes and producing an effect analogous to the vibrating tongue of reed-in-

struments, which possibly may be, though I somewhat doubt it, an occasional cause of ægophonic resonance over hepatised lungs; or, which I believe to be its source in cases of pleuritic effusion, the impulse of the vibrating and partly solidified lung against the costal pleura. . . . Under ordinary circumstances, solidified lung lies closely in contact with the costal pleura, and practically, for all purposes of vibration, may be considered as connected with it; consequently, unless some cause of jarring tremulous vibration exists within the lung itself, as in the instance of a vibrating piece of mucus in a bronchus, the vocal resonance will be purely bronchophonic and not ægophonic. But just at the surface of a pleuritic effusion there must be a point at which the lung is barely separated from the chest-walls, and in which the bronchophonic vibrations of the lung must lead to that light jarring impulse of the visceral against the costal pleura, which analogy proves conclusively to be a frequent cause of a peculiarly tremulous bleating sound—the sound which characterises ægophony.” (P. 108.)

Dr. Fuller believes that pleuritic effusion, slightly separating the two surfaces of the membranes, is the most common cause of ægophony—the conditions for bronchophony previously existing in the lung; and that this is its invariable source when the sound is well developed and persistent.

In speaking of paracentesis thoracis for the relief of pleuritic effusion, Dr. Fuller differs from those who lay great stress on the importance of the non-admission of air into the pleural cavity. The instruments devised for this purpose are, in his experience, ineffective; for he has found that so long as precautions were taken (by means of cannulae with valves and stop-cocks) to exclude air, but little fluid escaped; while, as soon as air was admitted, the liquid flowed freely. He does not believe the admission of air to be so dangerous as many think, in the stage when paracentesis is generally performed—when acute inflammatory action has subsided.

“It does not necessarily excite suppurative inflammation of the pleura. This has been proved in many cases in which serous fluid has been drawn off by the cannula without the subsequent occurrence of supuration. Again, the existence of air in the pleura is not found to interfere with the re-expansion of the lung in the cases now under discussion. The lung is already compressed by the fluid, and in most cases is slow in regaining its due expansion; and, as air is rapidly absorbed from the pleural cavity, its temporary admission in cases of paracentesis is, in this point of view, of little moment.” (P. 192.)

Regarding bloodletting in pneumonia, Dr. Fuller places no trust in conclusions either for or against the practice, derived from statistics which overlook various sources of error. He relies more on common sense and experience.

“Common sense points out that what is serviceable in one case will prove mischievous in another, under different conditions of age, sex, constitution, and the like; and experience not only endorses this view, but proves that under certain circumstances bloodletting is a palliative of extreme value. . . . Phlebotomy should not be resorted to, except when its employment is most clearly indicated; and even then it should be employed very cautiously. In my own practice at St. George's Hospital and elsewhere, I have had recourse to it in pneumonia three times only within the last four years; but I am satisfied, nevertheless, that in each of these cases it was the means of affording great relief, and that cases do occur from time to time in which its employment is absolutely necessary to the well-being of the patient.” (P. 235.)

We could go on noticing other points of interest; but we must bring this notice to an end, assuring our readers that while in this book Dr. Fuller exhibits great research and learning in regard to the theory of diseases of the lungs and heart, he at the same time puts forth the results of his experience in a manner calculated to be of practical value in matters therapeutic.

ON DISEASES OF THE SKIN. By ERASMUS WILSON, F.R.S. Fifth Edition. Pp. 784. London: 1863.

A book which has reached its fifth edition does not require much notice from the reviewer; and therefore Mr. WILSON'S classical work, with the emendations and additions which he tells us he has introduced, may be safely left to that professional judgment which, it appears, has hitherto given it high and merited approval. The preface to the present edition, however, contains remarks on the general pathology and classification of skin-diseases, which are of some interest in the present age of change and progress. Mr. Wilson tells that, when the first edition of this book appeared, twenty years ago, he constructed a physiological classification of cutaneous diseases; but that, being convinced that “a classification must be sought for that would carry with it the idea and principle on which our curative operations ought to be conducted”, he, in his fourth edition, arranged the skin-diseases in an etiological classification, which is followed in the present edition. This classification is, however, applied only to diseases affecting the general structure of the skin; which are divided into those arising from general causes; from special external causes; from special internal causes; from the syphilitic poison; and from animal poisons of unknown origin, giving rise to eruptive fevers. The physiological—or rather, anatomical—classification is still followed in regard to diseases of the special structures of the skin, which are classed as diseases of the vascular structure; of the nervous structure; of the papillary structure; of the pigmentary structure; of the sudoriparous organs; of the hair-follicles and hairs; and of the nail-follicles and nails.

The neuropathic theory of disease, which is gaining ground among practitioners of the present day, and which has been ably advocated in this JOURNAL by Dr. Handfield Jones, receives some support from Mr. Wilson. Accepting the views of neuropathists, he cannot yet abandon the time-honoured humoral theory, though its applicability to practice has been limited.

“Humoralism does not explain all the known phenomena of cutaneous disease; and for the simple reason that humoralism addresses itself only to the fluids of the body; and although it must be admitted that there can be no healthy solids without healthy fluids, yet, on the other hand, the nervous system plays so important a part in the health of the body, and in the health of the blood itself, that we are bound to recognise certain phenomena manifested by diseases of the skin as originating in the nervous system; as being, in fact, neuropathic phenomena. In the treatment of diseases of the skin, we must therefore chasten our humoral views with views drawn from a neurotic source—with dynamic views; and while we bestow our chief attention on the purification of the blood, we must at the same time comprehend the importance and secure the integrity of that governing influence, the nervous power.”

Arising naturally out of the recognition of the neuropathic nature of some skin-diseases, is the recognition of their purely local origin in many instances. This has been strongly impressed on Mr. Wilson by the writings of Professor Hebra of Vienna, as well as by several interviews during the last year with that distinguished dermatologist. Professor Hebra would treat by local means alone many diseases which "in this country, and with our humoral tendencies, we should be led to treat by constitutional as well as by local means". At what point between the two extremes the safe medium lies, has yet to be determined. Mr. Wilson believes we shall best learn by giving more attention than before to local treatment, while we do not give less to the constitutional.

**CHEMISTRY.** By WILLIAM THOMAS BRANDE, D.C.L., F.R.S.L. & E., of Her Majesty's Mint, Member of the Senate of the University of London, and Honorary Professor of Chemistry in the Royal Institution of Great Britain; and ALFRED SWAINE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians of London, and Professor of Chemistry and Medical Jurisprudence in Guy's Hospital. Pp. 892. London: 1863.

THIS book has been written for the express purposes of the student of chemistry by two masters of the science. If ever two writers could claim to know what the student requires in the way of a handbook to help him to a knowledge of the science, Drs. BRANDE and TAYLOR are the men. One of them, we are told, has been engaged in teaching chemistry these forty years; and more than a quarter of a century ago we ourselves had the good fortune to learn chemistry from the teachings of Dr. Taylor, in the lecture-room of Guy's Hospital. To criticise such a manual as this seems, therefore, a matter of superfluity.

Its authors have, doubtless, met successfully the two difficulties which try the powers of all writers on this subject; viz., the avoiding of profuseness—the telling of too much; and the avoiding of brevity and obscurity—the telling of too little. Specimens in this way are before us. At one end of the scale we find Mr. Galloway's "First Step", modestly containing ninety pages; and at the other end of it we find the translated "Handbook" of Gmelin, still unfinished, "filling at the present date fourteen octavo volumes, and covering nearly eight thousand pages"—*scriptus et in tergo, necdum finitus*. We can well imagine how difficult must be the art of condensing even into nine hundred closely printed pages all the details of modern chemistry, which the student expects to find ready to his hand; and yet what a fearful amount of necessary details is comprised in a knowledge of chemistry at the present day! Our authors, we are glad to see, have felt compassion for the medical student, who is called upon to obtain in about four years a knowledge or a smattering of at least eight sciences; and they have well said that "the efforts of those who contribute to the literature of these sciences should be directed to the elucidation of the most important facts and principles, omitting altogether those details which are either of a controversial nature, or are not yet established on a satisfactory basis." This is the spirit in which they have worked in the production of their volume. They have also done well in ex-

cluding from their pages those frightful formulæ, symbols, and mystical language, which are enough to strike awe and repulsion into the mind of the ingenuous student. It is, indeed, a great satisfaction to learn upon such authority that all such hazy technicalities and mysterious symbolism are not actually necessary for the acquirement of the modern facts of the science. "Our intention," Drs. Brande and Taylor say, "in the preparation of this volume, has been not to furnish a treatise on the science, but to provide the student and general reader with a plain introduction to the subject."

No space in the book has been sacrificed (as our authors deem it) to the introduction of woodcuts. They tell the students that, if they want to know about retorts, etc., "they will find in the illustrated catalogues of dealers in chemicals more correct representations of apparatus than those which are commonly met with in treatises on chemistry." By devoting the whole of the book to description, our authors have been enabled to condense into one thick and handy volume what might, we suppose, have been very readily expanded into two equally thick and inconvenient volumes.

The volume contains fifty-six chapters, in the first four of which are explained, Matter and its Properties; Crystallisation; Dimorphism; Isomorphism; Chemical Affinity; Solution; Electrolysis; Equivalent Weights and Measures; Nomenclature and Notation. The rest of the chapters are occupied with Metalloids, Metals, and Organic Chemistry. As a specimen of the authors' method of treating their subjects, we will give the reader their account of Dialysis.

"When a liquid will dissolve no more of a solid, it is said to be *saturated*; in other words, its adhesion or affinity for the solid is exhausted. It is a curious fact, however, that water which is saturated with one salt has still the property of dissolving a second and a third salt. Crystals of nitre may be thus freed from impurities, such as chloride of sodium, by washing them with a saturated solution of nitre. A saturated solution of a salt exerts a powerful attraction on water. If a saturated solution of sulphate of copper is enclosed in a funnel tube, secured at the larger end by bladder, and the tube is plunged in a vessel containing water, so that the liquids inside and outside are on a level, in the course of some hours it will be found that, although some of the copper-salt has passed out through the pores of the bladder, a much larger proportion of water has passed in. Solutions of common salt, sugar, and other substances, present this phenomenon, to which the term *endosmosis* (*ἔνδοσ* within and *ὠθεῖν* to push) has been applied. The diffusion of liquids, or their relative tendency to mix on contact, has been fully examined by Mr. Graham (*Quart. Jour. Chem. Soc.*, vol. iii, p. 60); and the effect of porous membranes in allowing liquids or dissolved solids to traverse them has also been made the subject of experiment by the same chemist. Mineral substances, such as arsenic, may thus be separated from organic matter. He has called this process *dialysis*. (*Proc. R. S.*, 1861, vol. xi, p. 243.)"

**BENEVOLENCE.** The following extraordinary act of benevolence has been reported by the chaplain to the Middlesex Hospital. A lady, being permitted to visit the wards on the 6th instant, went from bed to bed, and in the most quiet and gracious manner presented half-a-sovereign to almost every one of the patients as a New Year's gift, and as a thank-offering for her recovery from a dangerous illness. The number of patients so relieved amounted to nearly 300.

# British Medical Journal.

SATURDAY, JANUARY 24TH, 1863.

## A PRIVATE CHARGE MADE A PUBLIC SCANDAL.

IT is no slight matter to accuse a member of the medical profession of holding medical consultations with homœopaths. The profession has of late, thanks to the initiative action of the British Medical Association, taken an unmistakable stand upon this question. No man can now play fast and loose with medicine and with homœopathy, and do it with impunity. Every member of the profession feels and acknowledges that to be even suspected of such collusion is an evil not to be endured. A member of the profession a short time since, as some of our readers may remember, actually threatened a gentleman with an action-at-law for having asserted that he had met a homœopath in consultation! We need hardly say that we rejoice in this. The fact indicates a healthy and high tone of professional morality.

But if it be so serious a charge to allege against a member of the profession that he has met a homœopath in consultation, evident enough is it that such charge should not be lightly made—in fact, should not be made at all in public, unless the proofs are strong and undeniable. We have always acted on this view of the case, and have never permitted a charge of the kind to appear in these pages so long as it was mere matter of suspicion. Every honourably minded man must feel pained to have his name publicly connected with such a charge, even though perfectly free from the smallest inculpation in it. In our opinion (and, we think, in the opinion of every fair-dealing man), no one is justified, for the mere sake of creating a temporary sensation, or for feeding scandal-loving appetites, in publishing charges of this nature which he is not ready to support and justify from evidence which he holds in his hands. If the charge, privately inquired into, has been met by a clear and explicit answer, and if those who brought the charge are satisfied that they did so under an erroneous impression, nothing, in our opinion, but a love of creating scandal, could, under such circumstances, induce any one to drag the matter before the public. What other purpose, indeed, can such publication serve?

We make these remarks in reference to a charge lately brought against Dr. Burrows, that he has met a homœopath in consultation at Bedford. We ourselves received a letter on the subject; and having, on investigation, found that the charge was made under an utter misunderstanding of the facts of the

case; having communicated with Dr. Burrows, and at once received from him the most open and explicit statement, printed below; and finding not a shadow of blame could be justly laid to the charge of our respected and high-minded President in the matter,—we determined, if possible, to avoid all public allusion to it. We forwarded Dr. Burrows's letter to the gentleman who communicated with us, and received from him a satisfactory reply. We also accidentally had an opportunity of personally communicating with some of the leading members of the profession in Bedford; and from them we learnt that, in the first place, the belief that Dr. Burrows had knowingly met a homœopath in consultation was far from general in the town; and secondly, that the explanation contained in his letter (shown by us to them) was perfectly satisfactory. Moreover, we have seen a letter from one of the leading members of the profession there, expressing his indignation at the publication of the charge against Dr. Burrows.

Unless, therefore, the subject had been publicly brought forward by another journal (which states the charge, gives no evidence in proof, produces Dr. Burrows's letter, and yet either is or pretends to be so ignorant of the real merits of the case as to venture no opinion of its own on the subject), we should not have alluded to it in these pages. We trust our antecedents are guarantee enough to the profession that, had there been the slightest grounds for sustaining such a charge, we should have been the very last to let the matter subside into silence.

Having, then, had our attention called to the subject, we at once, as in duty bound, communicated with Dr. Burrows, and from him *immediately* received the following answer, of the date Jan. 9th.

*"To the Editor of the BRITISH MEDICAL JOURNAL.*

SIR,—Your communication has surprised and shocked me very much; and I think the gentleman who wrote to you would have acted in a better spirit if he had first written to me, and made me acquainted with some of the facts on which he supposed that I had consented to meet an homœopath in consultation. It is perfectly true that I was summoned to Bedford last week by electric telegraph, and which stated the case was urgent 'rheumatic fever and affection of the heart.' I went to Bedford as soon as practicable, and met in consultation the physician to the Bedford Infirmary and a gentleman in general practice, who was educated at St. Bartholomew's Hospital, and whom I had known for some years, who had many times sent patients to my house for advice and treatment.

"I found the case as described in the telegram, and that some syncope had occurred more than once. The treatment which had been pursued was, calomel and opium in repeated doses, a large blister over the sternum, and moderate quantities of wine. I prescribed the calomel in smaller doses with the same quantity of opium, a large linseed poultice over the chest, and

brandy instead of wine, and alkaline remedies. The urgency of the symptoms required my attendance on the patient two days afterwards, when I met the same gentleman, and I prescribed ether and ammonia at short intervals; also aromatic confection and tincture of opium to control some irritation of the bowels produced by the calomel. I wrote the prescriptions myself, affixed the signatures of the gentlemen in attendance as well as my own, and the medicines were prepared by the medical man in regular attendance. I saw the patient, at his own strong request, a third time, and prescribed remedies of the same kind.

"I think you and the whole profession will agree with me, that in the antecedents of the case, in the position of the medical attendants on the patient, in the character of the remedies which had been employed before my arrival and of those which were suggested by myself and assented to by the other medical attendants, there was nothing which could for one moment lead me to suspect that I was in consultation with homœopaths. I cannot but in charity suppose there must be some mistake, and that the gentleman who has written to you is misinformed. I cannot conceive why he should suspect me of forgetting my position and belying my principles, so far as to meet homœopaths in consultation. I never did such a thing, and, unless my principles and convictions should be completely changed, I never will do so.

"I am, etc.,

"GEORGE BURROWS.

"18, Cavendish Square, Jan. 9, 1863."

Such is the explicit answer instantly given by Dr. Burrows to the charge anonymously, as far as he was concerned, preferred against him. The opinions of Dr. Burrows on the subject of homœopathic consultations are well known, and have been often unhesitatingly expressed. Dr. Burrows, as we also well know, strongly sympathises with and cordially supports the views often expressed on this subject in these pages. In accepting the Presidency of this Association, he publicly accepted the position in reference to homœopathy maintained by the Association. Moreover, his whole career, and high standing and reputation give the distinctest *à priori* denial, with those who know him, to the truth of such a charge as applicable to him. For these reasons, as we have already said, to publish the charge, as it lay before us, would have been, in our view, simply the fomenting of a scandal.

But we must do Dr. Burrows full justice in the matter. He has not in the smallest way desired to escape any proper publicity. In our communication with him on the subject, he expressed but one opinion, that "he considered his interests and the interests of the profession were identical," and that whatever was judged best for the good of the profession was the course to be pursued in such a case. We are satisfied that the whole profession will gladly admit that Dr. Burrows has, from first to last, acted in this matter in accordance with the highest principles of professional honour; and we are satisfied that none of his medical brethren will more cordially

rejoice at his letter, and sympathise with him for any annoyance he has suffered, than those gentlemen who had imagined it possible, from the facts before them, that Dr. Burrows had knowingly consulted with a homœopath.

### OUR SUPPLY OF MEDICAL CHARITIES.

If it were possible, it would evidently be a most desirable thing that we should make use of any data we possess by which to form something like a reasonable estimate of the amount of hospital accommodation which is required for the people of this metropolis. We have already proposed the question, and we should like much to obtain some answer to it; viz., What is really the estimated number of beds required to meet the medical and surgical necessities of the poor in the neighbourhood of the late St. Thomas's Hospital? Did the supply of beds equal the demand before the removal of the hospital? Was the supply below the demand? or was it just the fit and proper supply for the emergency presenting? Now, if we are not much misinformed, it is a fact that Guy's Hospital, notwithstanding the departure from its immediate vicinity of its late nosocomial neighbour, has not had put upon it, nor has in any way suffered from, any severe strain upon its hospitable powers. Notwithstanding the departure of St. Thomas's Hospital, and the diminished number of beds now afforded by that hospital at the Surrey Gardens, Guy's Hospital is, as we hear, fully equal to all the demands made upon it. If this is an exact statement of the case, would it not be of much instruction for us to learn why the case stands thus? Is it the fact, for example, that in former days the supply of beds in St. Thomas's and Guy's was so large that patients were admitted as in- who are at other hospitals treated as out-patients? Is more discrimination now shown in the class of persons and the class of diseases admitted? Is it the fact that Guy's Hospital is really equal to all the ordinary emergencies of disease in its district? or is it even now more than equal to them? And, if so, of what value is the argument which demands the reinstatement of St. Thomas's Hospital on its former site?

Questions of this kind seem to us to be at this moment of the very highest importance. Is it or is it not possible for us to ascertain from hospital statistics something like an estimate of what are the real nosocomial wants of a given district? Like certain articles of commerce, does the supply of hospitals create and increase the demand for them? Are the daily begging petitions in the columns of the *Times*, wherein is detailed the lamentable semi-bankrupt condition of all our hospitals except the royal ones—are they real, actual indications of the demands and wants of sickness and misery? or is the poverty-smitten state of these institutions the



result of the eager demand created by an over generous supply? Seriously, we would ask our medical brethren this question: Is there no proper limit to medical charity? Is there no possible way of estimating what is the real amount of medical charity required for a given population? Will any man believe that a hospital confines itself to its proper business of doing the charitable to those who are worthy and proper objects of its charity, when he learns that, for instance, some forty thousand out-patients have received its medical attentions during one year? Of this we are thoroughly convinced: that it is high time our hospital system underwent a strict investigation. The fervent begging petitions of our medical charities are, we believe and hope, an indication that the charitable public begins to think there ought to be some limit assigned to gratuitous medicine. It is hardly credible that, in this land of bountiful giving, such screams for charitable succour to the miseries of sickness would require daily publication, if there were not doubts in the mind of the public as to the proper disposition of their charity. If the actual and *proper* wants of the metropolis in this particular were laid before the public, no one can doubt but that the want would be soon more than met.

### THE WEEK.

Six sites have been mentioned by the grand committee of St. Thomas's Hospital, in a report to the governors, for the new building. The committee think it desirable to rebuild the hospital in a position accessible to the labouring classes of South London, the question of erecting an auxiliary suburban hospital being left for future consideration. The sites are:—1. Bethlehem Hospital; extent, 11 acres; estimated cost, £160,000. As a new Bethlehem Hospital would have to be constructed, five years would probably elapse before St. Thomas's Hospital could be finished on this site. 2. Land belonging to the Fishmongers' Company, on the eastern side of the Walworth Road, about a quarter of a mile beyond the Elephant and Castle; probable extent (provided other adjoining premises are purchased), 15 acres; estimated cost, £104,000 or more. 3. Surrey Gardens, with adjoining premises; area, about 17 acres; estimated cost about £100,500. 4. A tract of open ground at the back of Newington Church. The interests on this ground are reported to be various and complicated, and difficult to be dealt with. 5. A piece of land known as Myatt's ground, close to the Camberwell station of the London, Chatham, and Dover Railway; area, 30 acres; estimated cost, £39,000. 6. A portion of the land to be reclaimed by the proposed southern embankment of the Thames, and the property between

it and the Palace New Road, immediately opposite the Houses of Parliament. The part to be reclaimed is about  $1\frac{1}{2}$  acre in extent; the remaining portion,  $5\frac{1}{2}$  acres; in all, 7 acres. On Tuesday last, a general court of the governors of the hospital was held, under the presidency of Alderman Sir John Musgrove, for the purpose of considering the report of the grand committee. The merits of the several sites were canvassed at some length; but the weight of opinion, so far as it could be collected, seemed to be in favour of that upon which Bethlehem Hospital now stands. It was felt, however, that the question is not yet sufficiently mature to enable the court to decide between conflicting claims; and ultimately, the reports of the surveyors were referred back to the committee, with a view to obtain more particulars and information, and to report thereon on a future day.

Two interesting points of law have been raised by an action tried a few days ago at Nisi Prius: 1. Can a physician, a *Member* of the London College of Physicians, make a legal claim for services rendered? And 2. Is the bye-law of the London College, which prevents *Fellows* of the College from recovering money due for services, a legal bye-law? That is to say: Can the College legally make a bye-law of such a nature, which shall apply to the *Fellows* only, and not include also the *Members*? Dr. Gibbon, a *Member* of the London College, brought an action to recover for medical services rendered by him. It was objected that his case was bad; and it was argued that,

"Previous to the passing of the Medical Act, the universal rule was that physicians were assumed to attend gratuitously, for which they expected an *honorarium*; they could not recover the amount of their charges for attendance unless there was a special contract. The Act of Parliament enacted that physicians registered under it might recover reasonable charges, subject to such by-laws as might be passed by the London College of Physicians. Now, the London College of Physicians had passed a by-law which directed that its *Fellows* should not recover, even if there were a contract. Mr. Baron Bramwell hereupon remarked—'You say that the Act of Parliament has merely put a further difficulty in the way of a physician's recovering the amount of his charges for attendance; I should think that the Act was drawn up by a person who was no lawyer.' On being told that the by-law of the College only referred to the *Fellows*, and not to the *members*, and therefore did not apply to the present case, he said—'Does not that give rise to a curious question, whether under the Act the College has a right to make a by-law referring to one portion of their body only. I am sure I don't see any great magic in the word 'physician,' which should distinguish him from the general practitioner, so far as to prevent him recovering the amount of his charges. The Act states that all reasonable charges are to be recovered, which could not relate to charges to be made under a contract, and therefore it must be supposed that the intention of the Act was that the physician was to recover the charges for his attendance like any other professional man. If the statute meant merely to say that if registered you shall have a title to sue in cases where you could otherwise sue, it would have merely said, 'You may sue,'

in place of saying, 'You may recover reasonable charges.' By the word 'reasonable' being used in the place of the word 'fixed' charges, one would think that the Act meant to take away the disability that physicians formerly laboured under. However, I think that there is sufficient difficulty to make it right to reserve the question, the difficulty of which is much increased by the manner in which the Act of Parliament is drawn up. Eventually, the jury returned a verdict for the plaintiff for the amount claimed, leave being reserved to the defendant to move the Court above as to the construction to be placed upon the Medical Act."

MR. PRESCOTT HEWETT, on taking the chair of President of the Pathological Society, announced that a general index of the Society's *Transactions* was in progress; and that he trusted, before his term of office expired, that the members of the society would be in possession of such a valuable key to the treasures contained in their published volumes.

MR. GRIFFIN requests us to state that he has received, through the editor of the *Lancet*, from A. Keppel Reed, Esq., Garrison and Civil Surgeon, Attock, India, £22:13:4, as a subscription towards the Puckett Fund, from the following subscribers:

Assistant-Surgeon Baillie, 10 rupees; Mrs. Blackall, Attock, 10 r.; Captain Blackall, 5 r.; Murree Church Offering Fund, 35 r.; Colonel Carleton, Royal Artillery, 5 r.; Major-General Sir S. Cotton, 10 r.; Mr. Dyer, Murree Brewery, 5 r.; Lieut. Drake, 32nd N.I., 5 r.; Captain Elliott, 94th Regiment, 16 r.; Mr. Finn, Public Works, 2 r.; Mrs. Green, Mean Meer, 5 r.; W. Green, Esq., Punjab Police, 5 r.; Captain A. D. C. Heyland, 10 r.; Lieut.-Colonel Kinderides, R.A., 16 r.; Captain Langmork, Barrack Master, 5 r.; Lieut. March, Sappers and Miners, 5 r.; M. M. R., 3 r.; Mrs. Morrison, 3 r.; Lieut. Morland, Murree, 5 r.; Col. Olpherts, Murree, 5 r.; Mr. Powell, Murree, 3 r.; J. B. C., 5 r.; Assistant-Surgeon A. K. Reed, 21 r.; Assistant-Surgeon J. B. Reade, 5 r.; Rev. Kilbee Stuart, Murree, 15 r.; Major Sandilands, Attock, 10 r.; Captain Urnstone, 5 r.; Captain Ware, 51st K.L.I., 5 r.; Jas. Wright, Esq., C.E., 10 r.; total rupees, 244.

Mr. Griffin wishes us further to state that the list is now closed; £1,074:8:10 having been received, and the handsome provision of £52 *per annum* made for the widow, the capital ultimately to be divided amongst the children.

It appears that, whilst the farmer in England is energetically active in destroying the small birds on his farm, the farmer of New Zealand is making every effort to obtain a supply of these small birds on his farm, for the purpose of destroying the insects which ravage his crops. We read:

"The Acclimatisation Society of New Zealand are doing all in their power to promote the introduction into this colony of English field-birds. Should their efforts prove successful, they will secure to these islands an incalculable amount of good by destroying the myriads of insects which now enjoy an undisturbed existence upon the growing crops of our farmers. The undermentioned amounts will be paid by the society upon the delivery in Auckland, in a healthy condition, of a cock and hen of the following birds: Blackcock or grouse, cock

and hen, £10:10; silver pheasants ditto, £5; nightingales ditto, £5; English partridge ditto, £1; cuckoos ditto, £3; missel thrush ditto, £2; common thrush ditto, £2; blackbirds ditto, £2; starlings ditto, £2; skylarks ditto, £2; rooks ditto, £2; crows ditto, £2; jays ditto, £1:10; robins ditto, £1:10; wrens ditto, £1:10; bullfinches ditto, £1; grey linnet ditto, 15s.; green linnet ditto, 15s.; sparrows ditto, 15s.; goldfinches ditto, 15s.; English quail ditto, £1. The society will also pay £5 for hares per couple, male and female; and £15 for red deer, male and female."

THE elevation of M. Velpeau to the Presidency of the French Academy of Sciences will remind the profession of Sir Benjamin Brodie's occupation of the chair of the Royal Society. "M. Velpeau," writes the French journalist, "is about to occupy the highest position which ambition can desire, President of the Academy of Sciences! Can there be any higher title? This eminent distinction is accorded to him for his works, for his long services, and for his well-occupied life. The Academy in its choice, has honoured itself, and at the same time the medical profession."

M. Philips has given to the Société Médicale des Hôpitaux the sum of 5000 *francs* for the foundation of a prize for the best works on "The Treatment and the Curability of Tubercular Meningitis."

The celebrated chemist Lehmann, of Jena, died suddenly of apoplexy the week before last.

The *Wiener Medic. Wochenschr.* says that Professor Langenbeck, of Berlin, was lately summoned by telegram to Brussels to perform lithotripsy on King Leopold; but the weak state of the patient prevented the operation, and M. Langenbeck returned to Berlin.

MM. Velpeau and Philipeaux have addressed a paper to the French Academy relating their experiments relative to the union of nerves of sensation with nerves of motion. Their experiments have succeeded. The branch, for example, of the fifth pair, which is distributed to the tongue, having been divided, was united to one of the divided branches of the hypoglossal nerve. Continuity was established between the two nerves. The results of this union have not yet been given.

A communication relative to table-turning was lately made to the French Academy.

At the Hôpital des Enfants, we are told, that during the month of December last there were five consecutive cases of cure in five consecutive cases of tracheotomy.

M. Rayer, we read, deposited on the bureau of the Academy of Medicine: 1. In the name of M. le Professeur Wm. Lawrence of St. Bartholomew's Hospital, a volume entitled, *Leçons de Chirurgie*; 2. In the name of Dr. Murchison, a volume on *Typhus and Typhoid Fever*.

M. Velpeau, late Vice-President, has been elected

President of the Academy of Sciences for the year 1863. During the past year the Academy has lost three of its titular members, MM. Biot, Sénarmont, and Gasparin, in whose places have been elected MM. Blanchard, Bonnet, and Pasteur. Of its foreign associates and foreign correspondents, it has lost, amongst others, Sir Benjamin Brodie and M. Bretonneau.

M. Larrey, on taking the President's chair at the Academy of Medicine, complained of the unsuitable position assigned to the Academy at the Tuileries presentations, and of the silence imposed on the President on these occasions, who was thus unable to lay before the Emperor the griefs of the company.

The French Academicians of Medicine have been of late engaged in tearing to rags the subject of drinking waters. They are making every scientific effort to learn what is the best sort—the most hygienic kind of water fitted for man's purposes; and in the meantime half Paris has no water supply at all.

Homœopathic doses of physic have always had, we supposed, certain promising qualities. They were, we were always led to believe, tasteless, and harmless, and neat, and elegant. But we now find that the infinitesimal sugar of milk and oyster-shell powders are no longer sufficiently efficacious. A series of new medicines has been offered to amateurs in this way. Their titles are taken from the work of a Dr. Hagers (1861), *Medicamenta Homœopathica et Isopathica*. By isopathic remedies, the author means the morbid products proper to combat the diseases which furnish them. The reader may judge of the character of these remedial agents from the following specimens of them: *Coryzium*, the mucus of coryza; *herculisium*, the foam from the lips of an epileptic; *leucorrhisium*, leucorrhœal discharge; *balanorrhisium*, the sebaceous matter of balanitis; *sudorisium pedum*, even; and *humanisium*, human excrements! Whether this learned man's treatise has or has not yet been introduced to the notice of his *confrères* in England we know not.

M. Velpeau inaugurated his functions as President of the Academy of Sciences by cutting short a painful and personal discussion between two astronomers, MM. Faye and Le Verrier. "It is always from the heavens," says the journalist, "that our disturbances come."

The Préfet of Milan has, by a late decree, forbidden the practice of medicine and surgery by any unlicensed individual. The increase of charlatanism, the decree sets forth, is a serious danger to the public health.

The Medico-Chirurgical Society of Paris has chosen M. Ségalas president for the current year.

## SIR BENJAMIN BRODIE, BART.

FULL of professional honours and well-stricken in years, this eminent surgeon and excellent man rests from his labours. Few have attained to such high distinction. Few have so well merited the position which he so long occupied. The unanimous accord of the medical profession and of the public had for many years placed him above rivalry. Successive sovereigns had conferred upon him the highest dignity awarded to the members of his profession—that of personal attendance on Royalty. His individual amiability confirmed what his genius accomplished. Our pride in him left no room for jealousy of his success. To trace the progress of Sir Benjamin Brodie would be to review the advance of scientific surgery for the last half-century. An experimental philosopher, who regarded the organism as materials for the exercise of life. An analytical inquirer, who traced the operations of life through the molecular constitution of matter. A practical anatomist, familiar with the intricate machinery of the body. A profound physiologist, who interpreted the book of Nature from the writing of her works. An operating surgeon, whose manual dexterity placed the mechanism of his art first amongst the sciences. A practical physician, whose treatment of disease reduced the philosophy of medicine to the noblest of arts. A great man, gifted with an order of intellect, which, in any age, would have accomplished mighty results, and which, in a period remarkable for the boldness and grandeur of its progress, worthily achieved for him a first position amongst the master-minds of the day. Such was Sir Benjamin Brodie. It is not for us to do more than honour his memory and emulate his example. It is ordained for each once to die. His was a placid termination to an honourable and a blameless life. In common with all we express our affectionate respect for the illustrious dead, and indulge our selfish sorrow at his departure from amongst us.

This is not the occasion to review Sir Benjamin Brodie's contributions to that special department of medical science to which this *Journal* has been more particularly directed. It is enough to say that all that he has written he has written well. While the sense of our professional bereavement is yet keen, we forbear from any more lengthened investigation of that brilliant career which our contemporaries have so well placed in detail before the profession. Sir Benjamin Brodie yet lives—lives in the present, and lives for time. His eulogy will ever be perpetuated where suffering succumbs to the treatment his profound perception bequeathed to those who follow him. His epitaph will not be erased from the hearts of any whose privilege it has been to know this great and good man. (*Medical Critic and Psychological Journal*, January 1863.)

## PROFESSIONAL PHOTOGRAPHS.

THE Council of the Medical and Chirurgical Society have determined to add to their valuable library, a collection of photographs of subjects having professional interest, to be mounted in suitable portfolios, and accompanied by descriptions of the cases or preparations thus illustrated. The Assistant-Librarian of the Society (53 Berners Street) will receive any contributions from members of the profession who can assist towards so valuable and interesting a collection.

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
NORTH WALES. [Ordinary.]	Dudley Arms Hotel, Rhyl.	Tuesday, Jan. 27, 1.22 P.M.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 16th, 1862.

### NORTH WALES BRANCH.

AN ordinary meeting of the members of this Branch will be held on Tuesday, January 27, 1863, at 1.22 P.M., at the Dudley Arms Hotel, Rhyl.

Gentlemen having papers or cases to communicate, will please to give an early intimation of the same to the Secretary.

D. K. JONES, *Hon. Sec.*

Beaumaris, January 13th, 1863.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 13TH, 1863.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

ON THE WIRE COMPRESS: A SUBSTITUTE FOR THE LIGATURE. BY JOHN DIX, ESQ., HULL.

[Communicated by JOHN BIRKETT, F.R.C.S.]

THE wire compress—the subject of this paper—is a modification of the method of arresting hæmorrhage devised by Dr. Simpson of Edinburgh, and introduced by him about three years ago as a substitute for the ligature. The “acupressure,” as it is called, has been tested by but few surgeons of note; and in London, especially, it is almost unknown and ignored. Although probably a real improvement on the ligature, it undoubtedly labours under certain inherent disadvantages, most or all of which (it is believed) are obviated by the use of a fine wire of iron or of silver, instead of the steel needles of Dr. Simpson.

This idea was first promulgated in a paper on Acupressure published in the *Medical Times and Gazette* of June 2nd, 1860: and first put to the proof in a case of amputation of the finger, September 1860. In this operation two arteries were secured by wire, which was removed on the third day. The case did well: there was no bleeding, and very slight suppuration.

In the next case—Chopart's amputation, performed April 26th, 1861—five wires were applied on as many arteries: four of these were removed in forty-eight hours, and the other on the fourth day. It was found that the wire was easily applied, as easily withdrawn, and entirely effectual for the purpose it was intended to serve—namely, the arrest of the bleeding from the cut vessels. The patient, being the subject of constitutional syphilis, did badly. There was sloughing of the entire surface of the wound, and the flap was totally destroyed; notwithstanding which there was no hæmorrhage; but she died on the thirteenth day after the operation, of pyæmia.

In an amputation of the thigh, done September 21st, 1861, after Mr. Luke's method, there were seven bleeding arteries. Upon five of these the wire was used, and with the femoral artery the femoral vein was intentionally included; two very small branches were treated by torsion. This case did well. Seventy-two hours after the operation four of the “presse-artère” wires were withdrawn with perfect ease and without bleeding. The one on the femoral remained five days, when it, too, was removed without any difficulty and without a trace of blood. There was but little suppuration, and an excellent stump was the ultimate result.

These cases proved that this mode of securing arteries is practicable, efficient, safe, and manageable. It was also believed to possess a certain positive superiority over the ligature, as the following comparison showed.

A ligature in a wound impedes union and induces suppuration. Cure, by primary adhesion, of a large wound—as, for instance, an amputation—is an event of extreme rarity, and this because of the ligatures. A thread of silk is, in fact, a miniature seton, and the whole number required in an operation make up one of considerable size, and can scarcely fail to lead to the formation of pus. Again, the ligature of necessity excites ulceration of the artery upon which it is tied; it cannot in any other way be got rid of. This is another unhealthy process, antagonistic of repair. In applying a ligature, the end of the artery is drawn out from its sheath, by which its natural connexions are disturbed and its vasa vasorum broken up; its coats also are lacerated and bruised. The ligature remains for an indefinite time, long after it is useful or necessary, and it is not unfrequently pulled at by the dresser before it has become detached. Its knot, often deeply buried between the flaps, cannot be withdrawn without tearing through adhesions, or damaging the granulations. All these are serious obstacles to the healing process both in the stump and in the artery itself, and much protract the period of cure. Moreover, the following is an interesting and noteworthy formula: Pyæmia is the offspring of purulent secretion, of which the ligature is an efficient and probable cause. Bleeding arises solely from ulceration of an artery, of which again the *primum mobile* is the ligature.

From one and all of these objections to the ligature, the “wire compress” is almost or altogether free. Thus, in accordance with a well-known pathological law, *it*, being a metallic substance, is freely tolerated by the living body, and has little or no tendency to excite suppuration or irritation. Neither does it cause ulceration of the artery. This is positively affirmed from actual observation of its effect as witnessed in the sloughing stump before alluded to. It is applied without interference with the natural relations and vital connexions of the vessel. It is removed at any time, according to the will and judgment of the surgeon, without disturbance to the reparative action going on in the artery and in the rest of the wound, without futile premature attempts, and almost without pain to the patient. It is not liable to loose its hold, or to become detached too soon, as not unfrequently happens to a ligature applied upon a brittle or sloughing artery. Twigs of nerve accidentally included in the embrace of the wire are not injured and excited as by the tight strangulation of the ligature, and, if thought advisable, the veins are easily and safely occluded, along with the arteries.

Although this has been spoken of merely as a modification of acupressure, yet it is believed to be a decided and important improvement on “Simpson's skewers,” as the needles have been irreverently called, and which are fairly open to the following objections. When several of them are required, the stump resents, as it were, being thus pierced through and through in various directions. From the injury thus inflicted, and from the

obstruction to the capillary circulation caused by the pressure of the unyielding steel, arise much tension, œdematous swelling, and great pain; the pain, especially, has been found a very serious evil. Again, their projecting ends, and the puckering they cause in the substance of the flaps, interfere very much with that accurate adjustment of the cut surfaces and edges which so greatly aids the chances of union by adhesion.

The wire is free from all these shortcomings. It is thus applied. Take a piece of surgical wire six or eight inches long, and thread each end thereof upon a straight needle. Seize the bleeding mouth of the artery with forceps, and pass one of the aforesaid needles close on each side of the artery just mentioned, about a line above the points of the forceps, directly down through the substance of the flaps, so that they emerge at the cuticular surface, about half an inch distant from each other. Draw them both through together till the curve of the wire compresses the artery on the face of the flap. Now get rid of the needles by clipping through the wire close above their eyes, and also detach the artery-forceps. Place a piece of cork, cut for the occasion, upon the skin, between the points of exit of the wire, and over this twist the wire tighter and tighter until the bleeding is arrested. Lastly, cut off the superfluous wire. All which is done quicker than described. Two or more arteries lying near together may be embraced by one wire; and, as has been said, the veins may be included or excluded at will.

The wire should be either of silver, or, what is much cheaper and equally manageable, of the finest and softest passive iron. The generality of wire, as used for sutures, is too hard and stiff. The needles are about three inches in length, straight, and three-edged, with an eye adapted for carrying wire. Special care is necessary in threading the wire, that it is kept perfectly free from all twisting. The forceps are used, not to draw out the artery as when a ligature has to be applied (this, indeed, is to be particularly avoided), but merely as a guide to mark the exact position and course of the vessel. The cork is necessary to protect the skin from the pressure of the wire.

The withdrawal of the wire, which at first sight appears an insuperable difficulty, is perfectly simple and easy. It is thus effected. Clip the wire close to the edge of the piece of cork, and straighten out the curve it has formed, at its exit from the skin. Remove the cork, and apply instead the tip of one finger, with which press firmly upon the flap, making traction gently and gradually upon the other end of the wire. If this were roughly and hastily done, it might break up the adhesion which it is presumed has taken place between the surfaces of the flaps, and it is quite possible that a flexure in the wire might lacerate the artery in passing over it; but it is certain that none of these evils need happen with ordinary care and tact.

As to the period of withdrawal, further observations are desirable; but it has been clearly shown in numerous cases of acupressure, that for small vessels a few hours of compression are sufficient, and for the largest arteries a much less time than might be supposed. However, as a general rule, it is not desirable to disturb a wound in any way for from twenty-four to forty-eight hours, at the end of which time all wires commanding the secondary branches may be safely removed, and probably also from the large arteries; but, as a matter of prudence, it is well to keep a check upon such a one as the femoral for three or four days at least.

The descriptions hitherto given apply particularly to amputations; but the wire is equally applicable to many other operations.

In a postscript to this paper was related a case of excision of the testicle, in which it was used most satisfactorily upon the vessels of the cord. Two wires were required, and they were removed on the fourth day. Also

a case of excision of the breast, in which three wires were applied, and removed in twenty-four hours. The wound, which was six inches long, healed kindly and rapidly—almost without suppuration.

Suppose the femoral artery needs to be secured for popliteal aneurism. The wire would be passed under the artery by means of a tubular aneurism-needle made for the purpose, brought out through the integument at a convenient situation, and then twisted upon a cork in the usual way. This same artery, cut in amputation, is securely closed in three or four days by the action of metallic pressure; consequently, in three or four days the wire might be removed. Meanwhile, it has not caused suppuration, or impeded the union of the wound, which ought, therefore, by this time to be completely healed; and more important still, the artery is not cut through, as by the ligature, but its coats remain intact, and bleeding is impossible.

It will probably be found that the pedicle in ovariotomy may be conveniently dealt with by this method, the arteries being secured individually, and the entire stump also fixed to the abdominal wall by another wire. This idea has been already promulgated by Mr. Spencer Wells.

The paper was illustrated by models.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 7TH, 1863.

W. TYLER SMITH, M.D., President, in the Chair.

After the ordinary meeting, the business of the annual meeting commenced.

The Report of the Auditors of the accounts of the Treasurer for the year ending December 31st, 1862, was then read, from which it appeared that the balance in the hands of the Treasurer was £204:9:2, and that during the year a sum of £400 had been invested in the funds in the names of the trustees of the Society. The balance-sheet read by the Secretary showed that the Society had received during the year £478:15 as subscriptions from fellows, and £48:9:3 as proceeds of the sale of the *Transactions* of the Society.

Dr. GREENHALGH, in moving the adoption of the Report of the Auditors, alluded to the satisfactory condition of the funds, and also to the fact that the sum received during the past year in subscriptions exceeded that of any previous year; the respective amounts received during the years 1859, '60, '61, and '62 being £336, £413, £445, and £478; while a total sum of 100 guineas had been paid into the Society's hands in respect to the proceeds of the first three volumes of the Society's *Transactions*. He also congratulated the Society on the promising condition of the library.

Dr. MEADOWS seconded the resolution, which was carried unanimously.

Dr. RICHARDS moved, and Mr. MITCHELL seconded the following resolution, which was carried by acclamation:—

"That the best thanks of the Society be and are hereby given to the President and officers of the Society for their services during the past year. That the best thanks of the Society be in an especial manner given to the retiring President, Dr. Tyler Smith, and to the retiring Honorary Secretary, Dr. Tanner: to Dr. Tyler Smith for the able and efficient manner in which he has presided over the meetings of the Society for the past two years; and to Dr. Tanner for his valuable and zealous services as Honorary Secretary from the commencement of the Society, four years ago, until the present time."

Dr. TYLER SMITH and Dr. TANNER respectively returned thanks.

The list of donations during the past year was read,

from which it appeared that 605 volumes had been presented to the Society by Sir Charles Locock, Bart., Dr. Clay of Manchester, and others.

*Officers.* The following gentlemen were elected officers of the Society for the year 1863:—

*Honorary President*—Sir Charles Locock, Bart., M.D.; *President*—H. Oldham, M.D. *Vice-Presidents*—J. Hall Davis, M.D.; R. Druitt, M.R.C.P.; W. Fergusson, Esq.; Robert Harley, Esq. (Hull); J. G. Swayne, M.D. (Bristol); and T. H. Tanner, M.D. *Treasurer*—R. Barnes, M.D. *Honorary Secretaries*—Graily Hewitt, M.D., and Braxton Hicks, M.D. *Other Members of Council*—H. Woodruffe Bailey, Esq. (Thetford); C. Clay, M.D. (Manchester); Wm. Fred. Cleveland, M.D.; C. Drage, M.D. (Hatfield); G. T. Gream, M.D.; R. Greenhalgh, M.D.; F. Seymour Haden, Esq.; G. Harley, M.D.; Isaac Harrison, Esq. (Reading); Henry James, Esq.; J. C. Langmore, M.B.; Alfred Meadows, M.D.; H. Madge, M.D.; Joseph T. Mitchell, Esq.; W. Tyler Smith, M.D.; F. Symonds, Esq. (Oxford); Alfred J. Tapson, M.D.; and J. G. Wilson, M.D. (Glasgow).

*Annual Address.* The first point dwelt upon in the address was the financial and numerical prosperity of the Society. The success of the volume of *Transactions* for 1862 was then briefly referred to. The additions made to the library during the year, the unique value which would attach to a large collection of purely obstetrical works, and the need which existed for appointing a librarian, and making some arrangement which should render the books accessible to the fellows, were next alluded to. The loss of fellows by death during the year was stated to be unusually large, including the names of Dr. Metcalfe Basington, Dr. Waller, Mr. Jessop (of Cheltenham), Mr. Smith (of Crawley), Mr. Rowland (of Wrexham), and others. The trials which had occurred during the year, in which persons practising midwifery were accused of malpraxis, were commented on, and especial notice was taken of the case of Mr. Robinson, convicted of manslaughter at the Central Criminal Court. It was shown that in many of these cases the charge of malpraxis arose out of the attendance of midwives in the first instance; and the anomaly that midwives, without any special training or qualification, are allowed to attend in cases often involving the question of life or death, was commented on. The progress of ovariotomy during the year, and its evident connexion with obstetric practice, were noticed. The recent discussion respecting the genealogy of the Chamberlens and the discovery of the forceps, was alluded to, and reasons were adduced for giving the merit to Mr. Peter Chamberlen, surgeon-accoucheur of the City of London, and the first of the family of whom we have any record. The address was concluded by the retiring President thanking the Society for the kind support which he had received during his tenure of office.

**AN ABSTAINER FROM MEATS AND ALCOHOL.** At a discussion which lately took place in Dublin, Mr. J. Haughton, who had himself lived in health for eighteen years without animal food or intoxicating drink, protested against the high feeding in prisons, ascribed the greater part of the crime of the country to intemperance, and protested in the strongest terms against capital punishment.

**CAUSE OF SAID PASHA'S DEATH.** It is now known that Said Pasha died of a cancerous affection of the rectum. M. Ricord, who had already attended him, and whom he had consulted during his last visit to Paris, had declared that he would die before he was a year older. His surgeons in ordinary had advised an operation, to which he had at last agreed; and M. Nélaton, who had been summoned to Egypt, was on the point of leaving Paris for that purpose when the news of the viceroy's death was received.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen passed their primary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on January 13th, 14th, and 15th; and, when eligible, will be admitted to the pass examination.

Adams, F. W.	McCandlish, W.
Adcock, C.	Mathews, J.
Bowie, R.	Morris, J.
Brown, I. B.	Morton, S.
Bullmore, C. F.	Murray, S. H. L.
Butcher, H. D. F.	Parkes, H. McK.
Canny, D. J.	Pearson, E. B.
Chambers, F. E.	Penn, W. C.
Charles, A.	Penruddocke, G.
Cheate, E.	Phillips, G. R. T.
Cockerton, C. E.	Picard, P. K.
Demaine, J.	Robinson, J. C.
Dowman, J. R.	Ruddock, E. H.
Drust, J.	Shackleton, J.
Dukes, W. P.	Stedman, J.
Dwelly, H. J.	Smallhorn, T.
Ellis, E. T. C.	Saffe, W. E.
Freeman, R. T.	Sutton, F.
Griffiths, G.	Taylor, F. S.
Hardwicke, E. J.	Tuxford, A.
Hay, R.	Walls, A. W.
Henderson, R. W.	Weld, C. H.
Hewley, J. P.	Whidborne, G. H.
Hughes, W.	Wigmore, W.
Hyde, E.	Willmot, R.
Jackson, H. W.	Wilson, T.
Lloyd, T. F.	Woodhams, J. A.
Loane, J.	Wright, M.
Lupton, R. J.	Wright, G. V.
Mackinnon, H. W. A.	

**UNIVERSITY OF ST. ANDREW'S.** List of gentlemen on whom the degree of Doctor of Medicine was conferred, on December 31st, 1862:—

Anderson, John, M.R.C.S., L.A.C., Grantham
Allan, Patrick M., L.R.C.S.Ed., Arbroath
Bail, John J., Dublin
Ballard, William W., M.R.C.S., L.A.C., Tunbridge
Banks, Alfred J. H., M.R.C.S., L.A.C., Stafford
Barker, Edward R., M.R.C.S., L.A.C., Denbigh
Barnes, Thomas H., M.R.C.S., L.A.C., Suffolk
Barrett, Barnabas, M.R.C.S., L.A.C., Liverpool
Barrie, John T., L.F.P.S.Glasg., Newarthill, Lanark
Barwise, Joseph, L.A.C., Wigan, Lancashire
Beattie, Henry, M.R.C.S., L.A.C., Waltham Abbey
Beehy, Walter Thomas, London
Belcher, Joseph S., M.R.C.S., L.A.C., London
Blennerhassett, Rowland, L.R.C.S.I., L.C.P.E., co. Kerry, Ireland
Bowen, Josiah A., L.F.P.S.Glasg., Bretherton, Lancashire
Bramley, William S., M.R.C.S., L.A.C., St. John, Wakefield
Bright, John M., M.R.C.S., L.A.C., Forest Hill, Kent
Brown, Augustus, M.R.C.S., L.A.C., Islington
Brunwell, John R., M.R.C.S., L.A.C., Burnley
Bury, Edward C., M.R.C.S., L.A.C., Wisbeach
Candy, John, M.R.C.S., L.A.C., Alstonefield, near Ashbourne
Cannell, John, Peel, Isle of Man
Carrick, George L., Edinburgh
Cleghorn, James, Caithness
Creed, Thomas, M.R.C.S., L.A.C., Greenwich
Cresswell, Nathaniel E., M.R.C.S., L.A.C., Canterbury
Crompton, Samuel, M.R.C.S., L.A.C., Manchester
Curgiven, William G., Plymouth
Davies, David, M.R.C.S., L.A.C., London
Douglas, George, M.R.C.S., L.A.C., Gateshead-on-Tyne
Dowson, Edward, M.R.C.S., London
Ellerton, John, M.R.C.S., L.A.C., Wakefield, Yorkshire
Evers, Charles, M.R.C.S., L.A.C., London
Ewing, James, L.R.C.P.Ed., L.F.P.S.Glasg., New Lanark
Fawcus, Henry R., M.R.C.S., L.A.C., S. Charlton, Northumberland
Fegan, Richard, L.R.C.S.I., L.K.Q.P., Belfast
Ferguson, Alex. J., L.F.P.S.Glasg., Perth
Fernie, Edward, M.R.C.S., L.A.C., Macclesfield
Frame, John, L.F.P.S.Glasg., Glasgow
Frankish, John D., Guy's Hospital
Fulham, John, L.R.C.S.I., L.A.C., Drogheda
Furner, Charles, M.R.C.S., L.A.C., Brighton
George, Frederic, M.R.C.S., Cotterham, Surrey
George, Hugh, M.R.C.S., L.A.C., Revesby, Lincolnshire
Goddard, Richard W., M.R.C.S., L.A.C., London
Granshaw, James H., M.R.C.S., L.A.C., Gravesend
Greene, Michael, L.R.C.S.Ed., L.A.C., Ennis, co. Clare
Griffiths, Francis P., M.R.C.S., L.A.C., Sheffield



Griffith, Griffith H., M.R.C.S., L.A.C., L.R.C.P.Ed. by ex, Folkestone, Kent.  
 Griffith, James, M.R.C.S., L.A.C., Smarden, Kent.  
 Grove, John, M.R.C.S., L.A.C., London.  
 Gwyn, Samuel T., M.R.C.S., L.A.C., Whitechurch, Salop.  
 Harris, Abraham, L.R.C.P.Ed. by ex, M.R.C.S., L.A.C., Camborne, Cornwall.  
 Harris, Walter, M.R.C.S., London.  
 Hodgkinson, Edward Rodolph, L.A.C., Umhalloch, India.  
 Hopton, Abney C., M.R.C.S., Loudon.  
 Hughes, Ebenezer, L.F.P.S.Glasg., Liverpool.  
 Hulme, James D., M.R.C.S., L.A.C., Wigton.  
 Irvine, John W., L.R.C.S.Ed., L.A.C., Lancaster.  
 Jackson, Thomas, M.R.C.S., L.A.C., Scarborough.  
 James, Alfred, M.R.C.S., L.A.C., Forest Hill, Kent.  
 Johnson, James M., L.F.P.S.Glasg., Liverpool.  
 Jones, John E., M.R.C.S., L.A.C., Dolgelly, North Wales.  
 Keogh, Edward A., Dublin.  
 Lambert, Wm. O., L.F.P.S.Glasg., L.R.C.P.Lond., Sunderland.  
 Lawlor, Jeremiah, L.F.P.S.Glasg., Queestown.  
 Lees, Joseph, L.A.C., London.  
 Levey, John, M.R.C.S.Ed., L.M.  
 Lloyd, Edwin, M.R.C.S., L.A.C., Workop, Notts.  
 McDiarmid, Albert, M.R.C.S., L.A.C., Rochester, Kent.  
 Macdonogh, George V., L.R.C.S.I., Sunderland.  
 Macgown, John, L.F.P.S.Glasg., Millport.  
 McKenna, Arthur, L.R.C.S.Edin., H.M.S. *Hogue*.  
 Mackenzie, Wm. J., M.R.C.S., L.R.C.P., Greenwich.  
 Macintyre, Duncan, L.R.C.S.Ed., Fort William.  
 Marshall, John M., L.R.C.S.Ed., Edinburgh.  
 Mason, Thomas E.  
 Mayon, George, M.R.C.S., L.A.C., Newport, Monmouthshire.  
 Mayer, John, M.R.C.S., L.A.C., Macclesfield.  
 Miles, Edwin J., M.R.C.S., L.A.C., Gillingham, Dorset.  
 Mills, Thomas, M.R.C.S., Tipton, Staffordshire.  
 Mills, Wm. P., M.R.C.S., L.A.C., L.R.C.P.Lond., Ipswich.  
 Miller, John, L.F.P.S.Glasg., Glasgow.  
 Morrison, Peter, L.F.P.S.Glasg., Glasgow.  
 Moss, Edward L., L.R.C.S.I., L.M., Dublin.  
 Mulholland, Patrick, L.F.P.S.Glasg., Glasgow.  
 Murdoch, William, M.R.C.S., London.  
 Murray, Henry A., L.A.C., Evenwood, Durham.  
 Nell, George M., M.R.C.S., L.M.  
 Nelson, George D., M.R.C.S., L.A.C., Bridlington Quay.  
 Owen, John, M.R.C.S., L.A.C., Bromyard, Hereford.  
 Paterson, Robert, L.F.P.S.Glasg., Galston, Ayrshire.  
 Pullin, Thomas, M.R.C.S., L.A.C., Sidmouth, Devon.  
 Ransom, Robert, F.R.C.S., L.A.C., L.M., Cambridge.  
 Rawlins, William P., M.R.C.S., L.A.C., Kentish Town.  
 Reed, George, M.R.C.S., L.A.C., London.  
 Reed, Samuel C., L.R.C.P.Ed., M.R.C.S., L.A.C., London.  
 Reid, James B., L.F.P.S.Glasg., Ayrshire.  
 Rice, William, L.C.P.E., L.F.P.S.Glasg., Glasgow.  
 Ring, John, L.A.C., 1st ex. M.D., Kettering, Northamptonshire.  
 Roberts, John, M.R.C.S., L.A.C., Talaron, North Wales.  
 Rushton, John L., M.R.C.S., Macclesfield.  
 Samuels, Arthur, M.R.C.S., L.A.C., Liverpool.  
 Sandford, Polliott J., M.R.C.S., L.A.C., Drayton.  
 Scott, David, L.F.P.S.Glasg., Dunoon.  
 Sealy, George J., M.R.C.S., L.A.C., Maidstone, Kent.  
 Selwood, Henry C., M.R.C.S., Birkenhead.  
 Simons, Joseph A., M.R.C.S., L.A.C., Sussex.  
 Skae, Frederick, Edinburgh.  
 Smart, Francis W., L.R.C.S.I., Lie. K. & Q. Coll., Kilworth, Cork.  
 Smith, Andrew F., Treadmouth.  
 Smith, James A., L.F.P.S.Glasg., Glasgow.  
 Smith, John, M.R.C.S., L.A.C., Chatham.  
 Smith, Robert C., L.F.P.S.Glasg., Manchester.  
 Spicer, Robert H. S., L.R.C.P.Ed., M.R.C.S., North Molton.  
 Spry, George F., M.R.C.S., L.A.C., Army.  
 Staples, Joseph H. P., M.R.C.S., London.  
 Steel, Richard J. P., M.R.C.S., L.R.C.P.Ed., L.A.C., Blaenavon.  
 Steele, James, L.R.C.S.E., Lanarkshire.  
 Taylor, John W., New Malton, Yorkshire.  
 Teare, Thomas M., M.R.C.S., Ramsey, Isle of Man.  
 Telford, Samuel, L.R.C.S.I., Dublin.  
 Tessier, William H. C., L.A.C., Dublin.  
 Thomas, Richard R. G., L.R.C.P.Ed., L.M., Hartland, Devon.  
 Thompson, Robert Farren, L.R.C.S., L.A.C., Jarrow, Durham.  
 Trotter, Alexander, L.F.P.S.Glasg., Blyth, Northumberland.  
 Trotter, Charles H., M.R.C.S., L.A.C., Sydney.  
 Tyte, Edward C., M.R.C.S., L.A.C., Harrow.  
 Usher, Thomas S., M.R.C.S., L.A.C., Hull.  
 Waddington, E., L.R.C.P., L.R.C.P.Ed., L.R.C.S., Wakefield.  
 Waghorn, Frederick, M.R.C.S., London.  
 Ward, John, Glossop, near Manchester.  
 Warder, Alfred William, M.R.C.S., L.A.C., Ottery, Devon.  
 Warrington, Francis Wm., M.R.C.S., L.A.C., Congleton.  
 Watson, John, M.R.C.S., Manchester.  
 Webster, Joseph, M.R.C.S., L.R.C.P.Ed., Golcar, Huddersfield.  
 Weir, Archibald, F.R.C.S.Ed., Malvern.  
 Whipple, John H. C., Plymouth.  
 Wilson, James, M.R.C.S., L.A.C., Lancashire.  
 Wilson, Thomas, M.R.C.S., Lancashire.  
 Wise, Wm. C., M.R.C.S., L.A.C., Plumstead, Kent.  
 Wood, James, L.R.C.P.Ed., L.R.C.S., Kirkby Overblows.  
 Wood, William P., M.R.C.S., L.R.C.P., L.A.C., Rochdale.

Woodman, Frederick, L.R.C.P.Lond., M.R.C.S., Isleworth.  
 Wrangham, John D., M.R.C.S., L.A.C., Wragby, York.  
 Young, Henry J., M.R.C.S., L.A.C., Bath.

#### APOTHECARIES' HALL. On January 15th, the following Licentiates were admitted:—

Elliot, George Stokoe, Southwell, Notts.  
 Leeds, Edward, Stretford, near Manchester.  
 Parker, Benjamin Whitehead, Farrington, near Preston.  
 Reynolds, John, Truro, Cornwall.  
 Selwood, Henry Corpe, The Hospital, Birkenhead.  
 Yarrow, George Eugene, No. 8, Central Street, E.C.

At the same Court, the following passed the first examination:—

Coombs, Carey Pearce, St. Mary's Hospital.

#### APPOINTMENTS.

BELL, Joseph, M.D., appointed Assistant-Surgeon to the Edinburgh Eye Infirmary.  
 FITZGIBBON, Patrick, L.R.Q.C.P.I., appointed Medical Officer to the Clonmel Constabulary, in the room of the late J. W. Dowsley, M.D.  
 PALFREY, James, M.D., elected Physician to the Surrey Dispensary, in the room of G. Whitley, M.D.  
 SPANTON, William D., Esq., appointed Assistant House-Surgeon to the Sheffield Infirmary, in the room of A. E. H. Trotter, Esq.  
 WRIGHT, F. W., Esq., elected Resident Surgeon to the Birmingham and Midland Counties Lying-in Hospital, in the room of T. H. Hughes, M.D.

#### ARMY.

GALLWEY, Surgeon-Major M. B., Royal Artillery, to be Staff-Surgeon-Major, *vice* F. L. Fitzgerald.

To be Staff-Assistant-Surgeons:—

MILLAR, Assistant-Surgeon W., 76th Foot, *vice* W. R. Kerans.

#### ROYAL NAVY.

KEOWN, Thomas H., Esq., Surgeon, to the *Dauntless*.  
 MANSFIELD, Pierre, M.D., Assistant-Surgeon, to the *Caradoc*.  
 PRATT, Alfred J., Esq., Assistant-Surgeon, to the *Triton*.  
 RODGERS, Maxwell, M.D., Assistant-Surgeon, to Plymouth Hospital.  
 BROWNE, Thomas, Esq. } Acting-Assistant-Surgeons, to the  
 CARLETON, William, Esq. } *Victory*, for Haslar  
 FLETCHER, William B., Esq. } Hospital.  
 MANNING, N., M.D. }  
 STEVENS, William, Esq. }  
 CLARKE, John G., Esq. } Acting-Assistant-Surgeons, to the  
 HAINES, Frederick A. P., M.D. } *Royal Adelaide*, for  
 LAW, E., M.D. } Plymouth Hospital.  
 MACDERMOT, William L., Esq. }  
 SHIELD, John, Esq. }

#### MILITIA.

GOMPERTZ, W. F. L., Esq., to be Surgeon 6th Royal Lancashire Militia.

#### VOLUNTEERS. (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

BUTTERFIELD, H. H., Esq., Surgeon, to be Ensign 2nd Brecknockshire R.V.

To be Honorary Assistant-Surgeon:—

HOLMAN, C., M.D., 5th Surrey R.V.

#### BIRTH.

\*BRETT. On January 15th, at Watford, Herts, the wife of Alfred T. Brett, M.D., of a son.

#### DEATHS.

ARMSTRONG. At Peckham, on January 13, aged 2, Charlotte J., eldest daughter of Henry Armstrong, M.D.  
 DAVIS. On January 15, Mary, wife of George Davis, M.D., Dublin.  
 GARDNER. Roger, G. C., Esq., Surgeon, at St. Leonard's-on-Sea, aged 50, on January 17.  
 HEWLETT. On January 9, at St. Leonard's-on-Sea, the Rev. Alfred S. Hewlett, eldest son of \*Thomas Hewlett, Esq., of Harrow.  
 LADD. On January 20, at 9, Holland Place, Kennington Park, aged 18 months, Mary Ada, youngest daughter of Theodore E. Ladd, M.D.  
 STUCKEY, Henry, Esq., Surgeon, at 50, Wellclose Square, aged 28, on January 12.  
 WARDER. On January 13, at Ottery St. Mary, Devon, Alicia, wife of Alfred Warder, M.D.  
 WEBBER. On January 14, at 20, Connaught Square, aged 7, Mary F., daughter of Charles Webber, Esq., Surgeon.  
 WOOLCOMBE. On January 17, at Wooton Rectory, Northamptonshire, aged 72, Anne Elford, widow of William Woolcombe, M.D., of Plymouth.

**HUNTERIAN ORATION.** On February 14th prox. this biennial oration will be delivered by George Gulliver, Esq., in the theatre of the Royal College of Surgeons.

**LONGEVITY.** The obituary of the *Times* of the 21st inst. records the decease of persons who had attained the following advanced ages; viz., 92, 90, 82, 82, 80, 78, 78, 76, 74, 72, 72, 72, and 70 years respectively.

**THE MILK-COMPOSITION DISPUTE.** The interesting point in the matter is this: that the milk taken from the cow in the evening is richer than that which is obtained in the morning.

**DR. W. T. GAIRDNER**, who lately left Edinburgh to fill the office of Professor of Practice of Medicine in the Glasgow University, has been appointed Medical Officer of Health for that city.

**HEALTH OF MANCHESTER.** Notwithstanding the late dreaded rumours of coming fever, we learn with pleasure, that Manchester was never freer from fever than it is at the present moment.

**THE LINCOLNSHIRE POISONING CASES.** Gamer and his wife have been committed on two charges of wilful murder by arsenic-poisoning. Dr. Taylor showed that death resulted from arsenic; or at least found arsenic in the viscera.

**THE MILITARY SCHOOL OF ST. CYR** has been disbanded in consequence of the presence of typhus fever. Four of the scholars have fallen victims to the epidemic, and sixty are confined to their beds, many of them in a most critical state.

**MEDICAL SURVEYOR OF NUISANCES.** The Town Council of Leeds has been memorialised to appoint a medical man Surveyor of Nuisances. The increase and extent of impurities in the town has led to the demand of the services of such an officer.

**THE WELL KNOWN STATUE OF KING EDWARD VI.** which once stood in the centre of one of the quadrangles of the late St. Thomas's Hospital, has been removed to the present abode of the hospital. So also has the statue of Sir Robert Clayton.

**THE ACCIDENT TO THE PRINCESS ALICE.** Mr. Grove, the young medical student who so opportunely assisted Her Royal Highness the Princess of Hesse, when she was thrown from her carriage in the Isle of Wight a few weeks since, has been presented with a valuable gold pin and a set of shirt studs.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** Professor Huxley, F.R.S., will commence his course of lectures on Comparative Anatomy, in the theatre of the College, on Tuesday, February 17th, at 4 o'clock, when he will deliver an inaugural lecture on the Skeleton of a *Glyptodon* recently presented to the museum of the Royal College of Surgeons by Senor Don Maximo Terro, the son-in-law of the celebrated General Rosas, who is living in retirement at Southampton. Mr. Waterhouse Hawkins, so well known in connexion with the restoration of certain extinct animals at the Crystal Palace, has been engaged for a considerable time past in making a perfect skeleton of this rare animal, from the innumerable fragments presented to the College by the above named liberal Spaniard. The introductory lecture will be followed by six lectures on the Classification, and on the Characters of the Principal Groups, of the Animal Kingdom; after which Professor Huxley will deliver twelve lectures on the Structure and Development of the Vertebrate Skeleton.

**THE UNIVERSITY OF ST. ANDREW'S AND ITS DEGREE.** During December last, 379 candidates presented themselves for the degree of M.D., of which number 336 passed, and 43 were rejected; of the former there were 32 without any qualification; all the others, possessed one, two, and three qualifications. The amount of fees

at £26:5 each arising from those who were *capped*, amounted to £8820; and if to this sum be added the four guineas forfeited by each of the 43 rejected candidates, making together £180:12, and added to the larger sum it gives a total of £9000:12. The government stamp of £10 on each diploma produces £3360. In addition to the 43 rejected on their examination, a great number withdrew without completing their work, and others without even commencing it, deterred from so doing by their antecedents being too well known by the University authorities; to whom great credit is due for their surveillance exercised on this the last occasion of such a rush, as in future the degree cannot be conferred without residence, except in the case of a few old practitioners, and then by a fee of fifty guineas instead of twenty-five guineas. (*Dublin Med. Press.*)

**A HOSPITAL PHYSICIAN'S AFTERNOON.**—The staff of the great hospitals is utterly insufficient to allow of their performing themselves the work allotted to them. . . . We discover every now and then a conscientious physician, who tries to do his work. We once calculated this work up in a particular instance. At half-past six in the evening the Esculapian bee was putting on his overcoat to return home; he had taken his seat in a wooden-bottomed chair at 1 p.m. For five and a half hours he had sat there, ringing his bell, calling out "Come in," examining his patients, and writing prescriptions, without a break. In the course of that period he had counted 4,480 strokes of the heart, listened to 86 chests, looked at 190 tongues, asked 1,120 questions, written 336 separate recipes, 11 certificates for clubs, 3 certificates of deaths, and brief notes in the hospital books of 29 new patients, giving their age, sex, occupation, duration of illness, residence, and disease. Altogether he had given advice *gratis* to 224 people, and remarked that he fell short of his usual number. Shall we describe the man at the end of his day's work? He was so pale that he might have played Ghost to Hamlet in broad sun-light. He was a little deaf on one side from the frequent use of the stethoscope; one of his fingers was sore from percussing; his eyes were wearied; his back ached intensely; his head was heavy, and his voice was hoarse and tremulous. He had a misgiving that at the close of his work he had written a prescription for one patient on another patient's letter, and was dreadfully put out to find that, right or wrong, the patients had gone off with their medicines. As he passed out of the hospital nine persons whom he had never seen in his life waited to ask him privately his solemn opinion as to cases some of which had not been before him for weeks, and of which he had no more recollection than of Adam. His face of white despair conveyed to the anxious listeners meanings of which he had not the remotest conception. When he got away from them all there were still three long miles yawning between himself and his dinner. (*Social Science Review.*)

**ON PAIN AND ANÆSTHETICS.** Dr. Valentine Mott, in an essay, advances the following propositions:—1. To prevent pain is humane; 2. Pain is useless to the pained; 3. Pain is positively injurious to the pained. Passing from the discussion of these propositions, the author considers the various narcotics used to assuage pain, and finally the use of anæsthetics. It will interest the profession to learn that the author prefers chloroform to ether. The rules which he gives for the exhibition of anæsthetics are excellent, and cannot be too carefully heeded. He concludes as follows:—"For such reasons then as have been recounted, I desire to direct the attention of the surgeons of the Army and Navy to the advantages which would accrue from a more extended use of anæsthetics in naval and military practice. I am satisfied that if, in these operations, the pain were more generally prevented, many lives would be saved which are now lost from the shock to the nervous system, and

thus in all severe cases, the prospect of recovery is better, and the subsequent inflammation is milder, when an anæsthetic has been used. To this conclusion I have not come hastily. Of so much import have I always regarded the prevention of the pain of operations, and so desirable, if it could be practically effected, that ten years before the introduction of anæsthetic vapour I listened patiently and attentively to the claims of animal magnetism to this power to produce insensibility; but found, and I may say with unalloyed regret, that when fairly brought to the test, its most ardent friends were compelled to admit its utter inefficiency, and even since the invention of anæsthetic inhalation, I have carefully tested the power of other agents, such as nitrous oxide, to produce insensibility to pain, but still consider none of them deserving of mention when compared with chloroform or ether. In conclusion, perhaps I may say, that these observations and reflections have been made during the intervals taken from a business still pressing, at a time of life when most men desire repose. They are given to the cause of American nationality, and may claim to be at least an old surgeon's offering on the altar of his country. The flag of our Union, the glorious stars and stripes, has repeatedly protected me in foreign lands beneath its broad folds, and if what I have written here shall be in any measure successful in preventing the sufferings and prolonging the lives of that noble army who are now serving under my country's banner, I shall receive my reward."

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Mr. W. C. Calthrop, "Spontaneous Closure of the Axillary Artery after Division (by a Gun-shot Wound), with final recovery of the Patient."—Royal Geographical.—Entomological (Anniversary).

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Buchanan (of Glasgow), "On a White Fibro-Serous Discharge from the Thigh"; Dr. J. A. Marston, "On Syphilis as a Constitutional Disease."—Zoological.

WEDNESDAY. Society of Arts.

THURSDAY. Royal.—Antiquarian.

SATURDAY. Royal Institution.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 17, 1863.

[From the Registrar-General's Report.]

Births. Deaths.

During week.....	{ Boys.. 984 }	1931	1477
	{ Girls.. 947 }		
Average of corresponding weeks 1853-62 .....		1934	1475

Barometer:  
Highest (Th.) 30.256; lowest (Sun.) 29.667; mean, 29.965.

Thermometer:  
Highest in sun—extremes (Th.) 60 degs.; (Sun.) 42 degs.  
In shade—highest (Th.) 46.8 degs.; lowest (Mon.) 27.7 degs.  
Mean—38.1 degrees; difference from mean of 43 yrs.+2.5 degs.  
Range—during week, 19.1 degrees; mean daily, 8.1 degrees.  
Mean humidity of air (saturation = 100), 89.  
Mean direction of wind, N.E.—Rain in inches, 0.74.

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. PHILBRICK'S CASE.—We regret to say that it is quite true that an action has been commenced against Dr. Philbrick by the husband of the woman whose death was the subject of the Coroner's Inquest at Leamington, to which we some few weeks ago called especial attention. It is manifest enough to us, that the man has not the slightest shadow of a chance of obtaining a verdict. We have no hesitation in saying, that the medical reasonings upon which was founded the allegation of Dr. Philbrick being in some way responsible for the woman's death, would fall to pieces at once in a Court of Justice. Nevertheless, if the action is brought, Dr. Philbrick will, under any circumstances, be sorely tried in purse as well as in temper. We are, therefore, glad to hear, that already he has received letters of sympathy and promises of pecuniary support from medical friends. We shall keep our readers apprised of the case; and, should the action go into a Court of Justice, shall again bring the facts of it prominently forward, in order to call upon the profession at large and the Association to support a gentleman—one of their own corps—who has, in our opinion, been most cruelly used, and especially by members of his own fraternity.

QUALIFICATIONS FOR DRUGGISTS' ASSISTANTS.—W. O. E. sends us the following advertisement from the *Times*:—

"CHEMISTS' ASSISTANTS.—Wanted, a competent Assistant, of good appearance and address, accustomed to first-class business, not under 24 years of age. Apply, stating age, height, and salary, Mr. Amos, Canterbury."

He remarks upon it:—Can it be that the druggist has an artistic eye, and requires a certain æsthetic conformity between the bottles, counter, and shelves, and the height and form of the dispenser? Does this picturesque aptitude for photographic effects add to the efficacy of the drugs and chemicals? or is it simply a homage to the lust of the eye? If stature is so important an element in the qualification of the retail chemist, it is but fair that a standard height should be declared in the prospectus of the Pharmaceutical Society, in order that all King John's "five foot men" should be thus warned to avoid a painful disappointment.

J. K.—Under the Pauper Lunacy Amendment Act, the following is the qualification of medical officers:—

"The term physician, surgeon, or apothecary, wherever used in the Lunacy Acts, shall mean a person registered under 'The Medical Act', passed in the session holden in the twenty-first and twenty-second years of the reign of her present Majesty, chap. 90."

F. T.—Our attention has been called to the following in a bankruptcy account lately published. It certainly is worthy of attention, and for this reason: that so many members of our profession have been unwarily led into many great difficulties in the same way. We fear that the mischief occurs more frequently than is generally supposed. Naturally enough, the sufferers, under such circumstances, do not care to have their misfortunes blazed about. This is the statement referred to:—

"Of the liabilities, £9,000 are in connection with the State Fire Office, of which bankrupt was the medical officer. He allowed his name to be put down for 3,000 shares, on the understanding that the allotment was to be nominal; but the company now being in course of winding-up, he was called upon for £3,000."

THE REPORTED DECAPITATION BY HANGING.—The account of the execution did not escape us. The incident occurred in the backwoods in Western Canada; and, as we all know, strange things have come from the woods of America—the famous puccoon, for example; and, more lately, a cure for another incurable disease—viz., for small-pox. We do not deny the fact, that a man's head might, in the act of hanging, be separated from his body by the jerk resulting from "plenty of rope"; but we must have better evidence before we believe it. It seems to us, that any rope which would be used for the purpose, would give way before the neck of the man would.

A CORRESPONDENT inquires if we can give him any information respecting the "noble charity" at No. 1, Red Lion Square, referred to in the *Holborn Journal* in the following terms:—

"Last week, a correspondent drew the attention of our readers to one of those noble charities with which our neighbourhood abounds; viz., the Infirmary for Diseases of the Leg, Red Lion Square. Though not strictly a local charity, our district nevertheless greatly benefits by its presence amongst us. Up to the year 1857, there was no institution established for the special treatment of a malady which so frequently afflicts the working classes, as that of disease of the leg. It was in that year that Mr. Thomas Westlake, the eminent surgeon, opened the hospital in our district; and up to the present time, the expense of maintaining this establishment, including the payment of rent, has been mainly borne by the founder. The committee of the institution have considered it unjust that Mr. Westlake should continue to bear the burden any longer, and have made an appeal to the public to take a share of it upon their own shoulders. To this, we have no doubt there will be an adequate response. An institution whose beneficial results have been so appreciated, that there have been four hundred applicants weekly, and one thousand cures of an almost incurable disease effected, will, we are persuaded, not be permitted to fail for want of funds."

[We were unaware of the existence of this noble charity. We find, on reference to the *Directory*, that 1, Red Lion Square, is the address of T. H. Westlake, Esq. We suppose, therefore, that there must be some mistake on the subject. EDITOR.]

MR. S. E. SMITH.—We have received a printed missile, entitled "Annual Report from the Case-Book of S. E. Smith, Esq., M.R.C.S.L., Cambridge House, Bristol." The Report consists of four lines; and informs us that Mr. Smith has cured 506, and has under treatment 403 patients of various ages. The rest of this cheaply got up document consists of extracts from various papers—*The London Medical Review*, *The Bristol Gazette*, *Bristol Mirror*, *Bristol Mercury*, *Daily Post*, and so forth; all, of course, to the effect that the aforesaid Mr. Smith is a man of surprising ability, and has performed "successful," "most interesting," "important" operations. What surprises us is, that there would appear to be some person who is envious of Mr. Smith's success; for at the end of his paper we read:—

"To prevent disappointment and imposition, Mr. Smith begs to state that he is not, nor has he ever been, professionally connected with any person whatever, and can only be consulted at his Chambers, Cambridge House, 22, College Green, Bristol, between the hours of eleven to three o'clock daily (Sundays excepted)."

We sincerely, however, trust that Mr. Smith is in error in supposing that any other member of the profession has really attempted to rob him of this fame and practice of his.

### SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, January 1863.

COMMUNICATIONS have been received from:—Dr. WILLIAM BUDD; Dr. P. M. LATHAM; Mr. ASHBY G. OSBORN; Mr. JAMES PAGET; Mr. C. F. BROWN; Dr. KIDD; Mr. JOSEPH HINTON; VON RURE; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. HYDE SALTER; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; L.R.C.P.Ed.; Dr. SAMUEL WILKS; Dr. JOHN LYLE; Dr. J. B. NEVINS; Dr. JONATHAN TOOGOOD; Mr. THOMAS HORNEY; Dr. A. T. BRETT; Mr. PRESCOTT HEWITT; Dr. T. J. WALKER; Mr. H. G. WRIGHT; Mr. RICHARD GRIFFIN; Dr. GRAILY HEWITT; Dr. RENSHAW; Dr. WILLIAM ROBERTS; Δ; and Dr. BEALE.

### ADVERTISEMENTS.

**Wanted immediately, a Situation as DISPENSER to a Surgeon.** Can Visit and Attend Midwifery occasionally, if required.—Address Jno. HERWORTH, Surgeon, Croft's Bank, Patricroft, Manchester.

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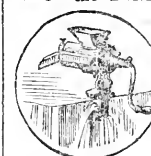
*The British Medical Journal.*  
*The Lancet.*  
*The Medical Times and Gazette*  
*The Medical Circular.*  
*The Edinburgh Medical Journal.*  
*The Dublin Hospital Gazette.*

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

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FIRST-CLASS SILVER MEDAL. PARIS, 1855.

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for those who cannot properly masticate, and who, in order to preserve health, should have their food thoroughly minced. Price 30s.—TESTIMONIAL: "I have had one of your Mincers for the Dinner-table in use for some time, and find it everything that can be wished. I recommend it to all who suffer from indigestion. T. SAUNDERS, Norfolk Villas, Bayswater."

LARGER MACHINES for Public Institutions, Lunatic Asylums, Hospitals, Schools and other establishments, effectually and quickly mincing all kinds of meat and vegetables, for soups, etc., forced and potted meats, and a variety of dishes; also for making sausages, cutting, mixing, and forcing into the skins at the same time. Price 21s., 30s., 42s., 63s., and £7 7.

Also MILLS on an improved construction for Coffee, Spice, etc. etc. Depot and Manufactory, 79, Wardour Street, London, W.



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DOUBLE-ACTION RESERVOIR INJECTION APPARATUS is the most SIMPLE and PERFECT yet produced. The Piston, which so frequently gets out of order, is not introduced.

Twinberrow's Patent Double-Action SYPHON SYRINGE, with ADDITIONAL PIPES FOR ALL PURPOSES, possesses great advantages over other Syringes of a like description, having an UNINTERRUPTED STREAM, and consequently discharging DOUBLE THE QUANTITY OF FLUID IN HALF THE USUAL TIME and with MUCH LESS EXERTION.

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"TWINBERROW'S 'DOUBLE-ACTION' (Syphon) SYRINGE is the most generally useful Instrument of the kind with which I am acquainted. For the more ordinary purposes it is especially well fitted, being COMPACT, PORTABLE, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement the Instrument may be rendered available as an EYE DOUCHE, an EYE DOUCHE, an EAR SYRINGE, and for WASHING OUT THE BLADDER. For these purposes it is peculiarly well adapted, being continuous in its action.—JOHN ERICHSEN, Professor of Surgery at University College, and Surgeon to the Hospital."

"I have seen and made use of your DOUBLE-ACTION SYRINGE, and think very highly of it.—WM. FERGUSSON, Professor of Surgery at King's College, and Surgeon to the Hospital."

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(Testimonials from the First Oculists.)

By the action of the Eye Douche in common use, the stream is intermittent, consequently causing in some instances irritation; whereas, by employing the PATENT DOUCHE this objection is completely obviated, the fluid being projected in a continuous, gentle, soft shower.

TWINBERROW, Dispensing Chemist, Sole Patentee, 2, Edwards Street, Portman Square, London.

# Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON  
PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS  
HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-  
PHYSICIAN TO THE HOSPITAL.

## LECTURE V.—ON THE STETHOSCOPE.

*Principal Uses of the Stethoscope.—Rules for its Construction: 1, as to Material; 2, Length, Thickness, etc.; 3, Shape, etc., of Extremities—Practical Hints for its Manipulation—Method of Applying—Choice of Whereabouts to apply—Determining Limits of Sound—Ausculting Females and Children.*

GENTLEMEN,—You have made a request to me that I would give you a lecture on the stethoscope. To that request I accede with very great pleasure; partly because I think I can on that subject give you some valuable practical hints; and partly because I think there is no subject on which I could discourse to you, having wider or more important practical bearings, or on which we shall have more frequent occasion to fall back in the prosecution of our clinical studies.

The progression of a science is a *per saltum* progression; at one time making vast strides, at another remaining almost stationary. Or it may be compared to the course of a river—its bulk increased by sudden increments; flowing on for many miles without any augmentation of its stream, and then receiving an accession to its waters that doubles its volume. Thus, in the histories of sciences, times now and then occur, when a flood of light is poured upon them from some new source; or when some master mind arises and deciphers the hieroglyphics in which much that was before unknown was written; or when some happy accident suggests a new principle, or the new application of an old one; or when some new instrument, or aid to investigation, subjects to examination and analysis what before was beyond the ken of our senses. The laws of mathematics are brought to bear upon the movements of the heavenly bodies, and suddenly the physics of the universe become an affair of *plus* and *minus*, of roots and powers, of equations and logarithms. Or an Aristotle arises, and the science of Logic leaps, like Minerva, full grown, into existence. Or the motion of the lid of a tea-kettle suggests the idea of the steam-engine. Or the refraction of light by a convex lens serves to analyse the milky way into innumerable suns, or show teeming nations in a drop of water. Such instruments as the telescope, the microscope, and such like, may be said to be the representative instruments of the sciences they elucidate, for the advanced condition of those sciences, to which the instruments have brought them, is indissolubly connected with their discovery and employment. Such a representative instrument is the stethoscope. It is the representative instrument of the science of physical diagnosis.

But we must beware of exaggerating its powers and results; we must beware of that common error that affects the non-professional world, and even, to some extent, a portion of the professional world as well—that there is some mystery about it, that it is an instrument that *makes* sound; and we shall best assist it in its work by assigning to it its true place, and regarding it as a mere *aid* to auscultation—a medium, and not a power—a convenience, and not a necessity.

The principal value and advantages of the stethoscope appear to me to be the following:—

1. In the way of decency, cleanliness, and convenience.

To *decency* the use of the stethoscope contributes by obviating the necessity for that full exposure of the breast and the application of the bare ear to it, which, in the case of young females, would, through the association of shame with that which is sexual, and the sexual purpose of the mammary gland, amount to immodesty. How the use of the stethoscope would contribute to *cleanliness* on the part of the auscultator, I need not remind those who are familiar with the out-patient, and even the in-patient practice of our hospitals. The foul and sordid condition in which the sick members of “the great unwashed” present themselves to us is such as to render it not only intolerable, but often really almost impossible, to touch them. The stethoscope saves us from absolute contact, and, over and above, gives us the advantage of eight inches, or so, of distance. The employment of the stethoscope contributes to the *convenience* of auscultation by obviating the necessity of stooping so much over the patient, by rendering it unnecessary for him to come so near the edge of the bed, by making us in a great degree independent of the patient’s position, and by enabling us to listen to certain parts that the unaided ear could hardly reach, as the axilla, the supra- and sub-clavicular spaces in thin people, and the hollow sternum in some exceptionally formed chests.

2. The stethoscope enables us to circumscribe and localise the sounds that we hear. In proportion to the smallness of the chest-end of the instrument we are able to tell the precise seat of the greatest intensity of sound. If we work towards the sound and then from it—right and left, up and down—we can soon put our finger on the exact spot, and say “there it is”; and we can determine that spot with the greatest certainty—within a quarter of an inch. With the bare ear we cannot possibly do this; not only because the pinna is so large, and therefore gives such ill-defined information as to locality, but because when the head is applied to the chest the sounds are conducted to the internal ear by the bones of the cranium, so that the sound may be very well heard when the ear is not over the part at all. And not only can we by the use of the stethoscope tell precisely where the sound is, but whether it is circumscribed or extended, whether it covers a large or small space. By working the stethoscope round and round, and gradually contracting the circle, we can ascertain its area, and thus learn whether the morbid condition giving rise to it is distributed or strictly localised.

3. By removing the auscultator’s head from the patient’s body, the stethoscope often clears away fallacious crepitating or rubbing sounds produced by intervening hair, the friction of the patient’s clothes

etc. I have often lost a sound very closely representing pneumonic crepitation on substituting the stethoscope for the direct application of the ear to the chest.

4. By modifying and exaggerating the sounds heard, the stethoscope sometimes elicits characteristics and differences, and even the *existence* of certain auscultatory phenomena, that otherwise might escape detection. This advantage especially applies to certain exceptional forms of stethoscopes, and is not an unqualified advantage, because it implies an alteration as well as an exaggeration of the natural sound.

5. Lastly, shall I enumerate among the uses of the stethoscope that it tends to increase the faith of the patient? It implies that the doctor possesses a means of information not in the possession of the bystander. Not long ago I was amused by hearing a lady, and a not unintelligent lady, gently intimate to one of the most distinguished of living auscultators, who having carefully employed immediate auscultation was pronouncing his opinion on the case, "But you have not used the stethoscope?" implying, as far as her politeness would permit her, that auscultation without the use of that mysterious instrument was to her a thing of nought. Anything that increases our patient's confidence is of value; the strict adoption of the advice given often depends upon it.

I have just given you five kinds of reasons for the usefulness and value of the stethoscope. And now let me express an opinion that may seem in direct contradiction to all I have said; namely, that you will often find the naked ear much better. If I were condemned either never again to use the stethoscope, or never again to apply my bare ear to the chest—to give up the one or the other—I would give up the stethoscope. I have oftener found that I have got more certain and reliable information—that my appreciation of a doubtful sound has been more exact, that a half-heard sound has come into clear existence—by substituting the ear for the stethoscope than the stethoscope for the ear. For all the reasons I have mentioned the stethoscope is not only a valuable, it is an invaluable instrument; and its loss to auscultation would be irreparable. Nevertheless, my opinion is, on the whole, such as I have stated it. My advice, however, is, "Employ both means." By doing so you will correct errors on either side, and clear away the fallacies both of the mediate and intermediate method; and rare indeed will be the case in which you will not find their united testimony give you a more certain and reliable information than either of them alone. As a rule, the front of the chest most requires the stethoscope, while the back, convex and broad and free from *impedimenta*, presents the greatest facilities for the application of the ear.

It is not my purpose in the present lecture to give you the history of the instrument, or to settle the relative claims of Hippocrates, Hook, Bayle, or Laennec, to having given to the world the idea of auscultation; or to expound to you the acoustic principles upon which the stethoscope is constructed. My purpose is a very simple one and a very practical one—to enable you to do two things; first, to choose your stethoscope, and then to use it. I shall, therefore, divide my observations under the two following heads:—

a. Rules for the construction and choice of a stethoscope.

b. Practical hints for its manipulation.

And first, with regard to the principles upon which the stethoscope should be constructed, and the qualities which a good stethoscope ought to possess.

There are three principal circumstances that affect the quality of a stethoscope:—

1. Material.

2. Length and thickness.

3. Size and shape of extremities.

1. *Material.* What a stethoscope essentially is, is an instrument which will render audible at a distance from the chest the vibrations of which the thoracic parietes are the seat. What we want to know in using it is, what is going on inside a patient's chest, and the source that we look to for information is the sound or sounds that the healthy or diseased thoracic viscera generate. These sounds are heard, perfectly natural and unmodified, at the surface of the chest; the best stethoscope, therefore, and one that will give the most truthful information, will be that which delivers at its proximal end (*i.e.*, that which is applied to the ear) the sound that the most exactly corresponds with that which it receives at its distal end from the patient's chest-wall; in other words, that stethoscope will be the best, mediate auscultation with which will the most exactly correspond, in the sounds it furnishes, with immediate auscultation. We have, therefore, in this closeness of correspondence, a certain standard of the relative excellence of different stethoscopes.

The material that I believe the best fulfils these conditions, that gives, on the one hand, the smallest amount of loss of sound, and, on the other, the least perversion of sound, is that of which Laennec himself first recognised the value—some porous wood. What is the principle of this? I do not believe it has anything to do, as is often suggested, with the homogeneity of porous wood and lung—with wood being spongy and lung spongy—and a consequent similarity of the vibrating qualities of wood and lung; because we know, in the first place, that the vibrating qualities of healthy spongy lung are almost *nil*, while those of wood are excellent; and, in the second, that the vibrations that the stethoscope receives are not those of the lung, but of the chest-wall. I believe it has to do simply with wood being a good conductor and corroborator of all vibrations; that it depends on the same property in wood which makes it a good substance for fiddles, and for the walls of concert-rooms and speaking-halls.\* Cedar is the wood in general use, and there cannot be a better. Deal is cheaper, and equally beautiful when polished. I always use a deal stethoscope. The denser the wood the more does it modify the sound that it transmits, by its own inherent vibrations; the sound that we hear through an ebony stethoscope, for instance, has a peculiar tone about it, widely dif-

\* The principle on which wood conducts the vibrations that it receives, pure and unmodified, without the superaddition of any tone of its own and without echo, is much the same, I think, as that on which snow reflects pure white light without image. Each crystal of snow reflects, just as each cell of the porous wood vibrates; but the reflection is broken, and the multitudinous reflections give neither an image nor colour, but simple white light; so, each cell of wood being highly vibratile, and no two vibrating in unison, the aggregate vibration is neutral, and becomes conduction pure and simple, just as the white light of snow is reflection pure and simple.



ferent from that which we should hear from listening to the same sound with the bare ear.

A stethoscope should be made of one piece of wood, turned out of the solid block. The breaking of continuity involved by having it made of several parts, so as to take to pieces, must necessarily impair the perfection of its conducting power. Still more important is it that it should be of one material, and not part ivory and part cedar, as one often sees. There is no end to the absurdities of construction in this respect that stethoscopes exhibit. In some, the ear piece is ivory, and made to screw on and off; the shaft is cut in two in the middle, and each half furnished with an ivory end, the one to screw into the other; the chest-end is covered with an ivory cap, to screw on and off, and in its recesses is contained a little perforated cone of cedar, furnished with a small brass tube projecting some short distance up the centre of the stethoscope. Could anything be less likely to be a good conductor than such a heterogeneous and piecemeal concern? Some stethoscopes break up into as many pieces as a Chinese puzzle, and require as much ingenuity to put them together again. If a striking and compendious illustration were required of the way in which man will, on some occasions, abdicate his reason, I think a table covered with the different forms of stethoscopes would excellently furnish it.

2. *Length and Thickness.* How long should a stethoscope be? Laennec said a foot. His reason for having it so long was that it enabled him to reach the axilla and other remote parts without inconvenience, and to auscultate his patient in bed without stooping much over him. But I think it too long. I think this undoubted advantage more than counterbalanced by the disadvantage of taking about so cumbersome and inconvenient an instrument. At the same time, to make a stethoscope too short robs it of one of its uses. I have a very simple rule as to length; namely, to have my stethoscope just a little bit shorter than the long diameter of the crown of my hat; and for this simple reason, in order that I may carry the one in the other. It happens to be a very convenient and usual length, and even if it were not, this method of portage would reconcile me to it. If the instrument is just the least bit shorter than the crown of one's hat, and after putting it into the top of the hat directly antero-posteriorly a little twist is given to it, it sticks firmly and is safely supported. Some people revile this practice of always carrying about one's stethoscope in one's hat, and call it unprofessional and shoppy; but it has this great advantage, that you and your stethoscope are never far apart; for where your hat is there is your stethoscope, and in this climate a man is as likely to be without his head as without his hat.

With regard to thickness, extreme thickness and extreme thinness have both their disadvantages. A very thick stethoscope is unnecessarily heavy, and a very thin-walled one is, I think, hypervibratile, and gives a modified tone; while, at the same time, it is an extravagantly fragile instrument.

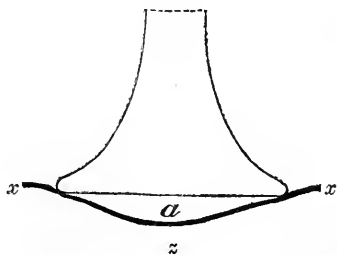
It has been a subject of debate whether a solid stethoscope is best, or one with a hole bored through it. I think myself it is a matter of indifference. I have carefully examined the relative conducting properties of two cedar stethoscopes, of exactly the same size and shape, but one solid and the other

hollow, and have failed to detect any difference between them. Laennec attached great importance to this point. He believed that the central hole was necessary for the conduction of the voice-sounds, while the heart-sounds were conducted best through a solid cylinder, the breath-sounds being audible through both, but best through the hollow instrument. I cannot but think that here this great observer has been guilty of an over-refinement. I find the sounds of the heart conducted as well through a hollow stethoscope as a solid one, and the voice-sounds as well through a solid as a hollow; provided, always, the instrument be of the proper material, and there be no other vice in its construction.

3. *Size and Shape of Extremities, etc.* And now I come to the most important point of all, that upon which the properties of a well- or ill-constructed stethoscope chiefly depend.

First, the chest-end should be small. There is no commoner fault in stethoscopes than having the chest-end too large. There are two reasons why it should be small: in the first place, the smaller it is the greater is the power of circumscription of the instrument, the greater its localising power, the narrower the limits within which it determines the seat of a sound. For it is manifest, if a sound is covered by a stethoscope whose chest-end is two inches in diameter, that the area in any part of which the seat of this sound may possibly be placed is four times as great as if a stethoscope were used whose chest-end was an inch in diameter, and that the smaller the chest-end of the instrument the sooner will the auscultator be aware (in exact proportion to the smallness of the end), in passing to right or left, up or down, that he no longer covers the sound. But a more important reason for the smallness of the chest-end is, that the larger it is the more is its perfect apposition impeded by the inequalities of the chest. It is fatal to auscultation that there should be any chink between the stethoscope and the chest-wall; if there is, and the air within the instrument is not perfectly shut off from communication with the outer air, we get that well known humming noise which we hear on applying a shell to the ear. In a fat chest, or an even chest, or a well fleshed-up chest, a wide-ended stethoscope would not be attended with this special disadvantage; but in a thin chest it would be impossible to maintain perfect apposition, and preclude chinks in the intercostal spaces, the sub- and supra-clavicular regions, and over a very hollow sternum, unless the chest-end of the instrument were quite small.

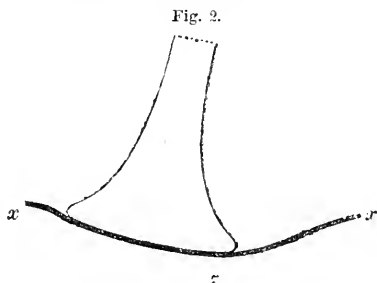
Fig. 1.



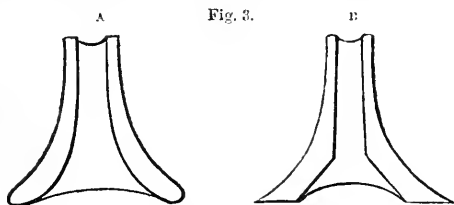
Suppose, for example, that  $x, x$  (Fig. 1) represent the prominences of two ribs in a thin

chest, and  $z$  the deep intercostal space between them, it is manifest that if the chest-end of the instrument is wide enough to extend from rib to rib it will be so lifted at the edges placed on the ribs ( $x, x$ ) that in the interval, where the integument sinks in between them, a wide chink will exist ( $a$ ); just as the *President* steamship, which was lost some years ago, is supposed to have "broken her back," from being so long that her stem and stern rested on two great seas, and so, in the intervening trough, hoisted her out of the water; thus she was unsupported and parted amidships. If she had been half the length this could not have happened, for then she would only have been the length of a single sea, and not two seas, and would have rested in an inclined direction on one or other of them. In the same way, if the chest-end of the stethoscope is so small that it cannot cover two ribs (*i.e.*, not so large that it *must* cover two ribs) it may, by being inclined one way or the other, secure perfect apposition on the most uneven chest; for while one edge is tilted up by the rib the other sinks into the integument in the intercostal space, as shewn in fig. 2.

Another important attribute in the chest-end of a



stethoscope is the character of its edge. It is a great mistake to have, as one often sees, a wide, flat edge; the wider and flatter the edge the more difficult, manifestly, its perfect apposition, on the principle I have just enunciated. The edge should be narrow and smoothly rounded, as seen in fig. 3, A; narrow to neutralise the effect of inequalities, rounded so as to prevent any sharpness and obviate pain to the patient. One often sees such a chest-end as is represented in section at fig. 3, B, which is doubly bad; bad from being broad and flat and so producing chinks, and bad from having a sharp cutting edge.



The ear-piece should be large for the very same reason that the chest-end should be small—to secure apposition and occlusion; for, the larger it is, the less critically exact and central need the apposition of the ear to it be, in order to prevent chinks and a want of coincidence between them. The smaller the ear-piece, the more are divergencies from exact central application attended with imperfect closure. In

fact, it is a very difficult thing so to apply the ear to a very small ear-piece as to produce perfect occlusion.

Moreover, the ear-piece should be flat. It is often cupped and hollow; this makes perfect apposition of the ear next to impossible. If there is any divergence from perfect flatness the surface should be rather projecting in the centre than receding; the parts about the centre of the pinna are thus brought into firm apposition with the stethoscope, and perfect occlusion secured. But, on the whole, I prefer that the ear-piece should be perfectly flat.

Fig. 4.

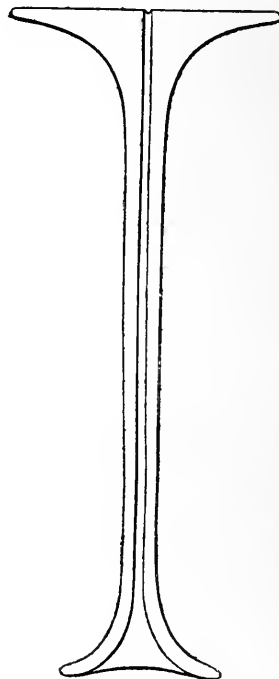


Fig. 4 represents the section of what I consider a very good stethoscope. It is half the "natural" diameter, *i.e.*, one-eighth the size. The ear-piece is flat and broad, and the most careless application of the ear would produce perfect occlusion; the chest-end is small, with a narrow and rounded edge. The measurements are—length seven inches, diameter of ear-piece three, diameter of chest-end one and a quarter, circumference of shaft one and a quarter.

[To be continued.]

ALLEGED DEATH FROM IMPURE VACCINE LYMPH. The Registrar-General reports, in the returns of the week before last, that a child died from the effects of impure vaccine lymph. This registration-fact requires explanation.

GROWTH OF QUEENSLAND. At the date of our own last census—the beginning of April 1861—the population (not aboriginal) of the colony of Queensland was 30,059. On the 30th of September last, it was 41,941; namely, 25,435 males, and 16,506 females. At this rate, the population would double itself in less than four years; but such an increase depends, of course, mainly upon immigration.

# Facts and Arguments

OPPOSED TO

## DR. BENNETT'S THEORY OF ORGANISATION.

BY

LIONEL S. BEALE, M.B., F.R.S.,

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THERE are few questions of greater interest to those who are investigating the principles upon which medicine is based, than many now being discussed in the lectures of Professor Bennett of Edinburgh, in course of publication in the *Lancet*. As a fellow labourer in the same field of inquiry, I trust I may be permitted to point out one or two apparent discrepancies or inaccuracies, which seem to me to require further explanation.

Dr. Bennett says that development and growth are owing to the successive formation of *histogenetic and histolytic molecules*. He describes how the first may be formed from the union of two simple organic fluids, or from precipitation occurring in formative fluids holding various substances in solution. Histolytic molecules are distinguished from the histogenetic molecules as follows:—"They are often larger in size than histogenetic molecules, are more purely fatty, and from being sometimes associated with the *débris* of broken down texture, may, in such cases, be readily distinguished." Accordingly, the reader may compare fig. 4, showing "histolytic molecules mingled with *débris* of tissue," with fig. 1, "minute histogenetic molecules." But this very same fig. 1 has been described in other works by Dr. Bennett as "minute molecules frequently seen in disintegrated tubercle." Dr. Bennett describes differences between molecules of formation and molecules of disintegration, and yet makes the very same figure represent both. It is true that Dr. Bennett holds that histolytic molecules may become histogenetic molecules; but surely he will not maintain that lifeless particles become aggregated together, and form a living mass, although he has said, "The physical relations I have pointed out are only necessary preliminary steps for the addition of that unknown force we call vitality, which directs the ultimate form these structures assume." (*On Cancerous and Cancroid Growths*, p. 141.)

Dr. Bennett seems to ignore the use of the high powers which are now employed for studying minute points of this kind, and reproduces figures more than ten years old magnified by powers (250 diameters) far lower than those used by observers in the present day for investigating the structure even of fully formed solid tissues.

The molecules "vary in size from the four-thousandth of an inch (a little less than a blood-corpuscle) down to a scarcely visible point, which may be calculated at less than the twenty-thousandth of an inch." Objects of the first diameter appear only as molecules under an inch power, while the mole-

cules, one twenty-thousandth of an inch in diameter, are perfectly measurable when examined under high powers. Surely the term molecule can scarcely be properly applied to a body nearly as large as a blood-corpuscle.

There are many independent living organisms less than the twenty-thousandth of an inch in diameter, consisting of an external envelope, with matter within of a different character. These molecules live and grow and multiply; but their growth does not depend upon the union, coalescence, or aggregation of the molecules or particles precipitated from fluids, as can be proved by anyone who will examine, with a power of 700 diameters or more, the organisms developed in a little water in which some dead animal or vegetable matter has been placed for some hours. Dr. Bennett, however, describes the formation of vibriones in putrid fluids, thus:—"A scum composed of molecules collects on the surface; gradually several of them unite in minute filaments more or less long, which assume vibratile or serpentine movements."

Although I have often watched such minute organisms with powers magnifying from 700 to 3000 diameters, I have never been so fortunate as to see even two particles unite. The particles are all separate from the very first, and remain so. They grow, not by coalescence, but each absorbs nutriment from the fluid which surrounds it, reaches a certain size, and divides. Thus in a few hours millions result. The pabulum passes into each living particle. The new matter is not added upon its external surface.

As an illustration in favour of his view, Dr. Bennett compares the concentric rings of bone in the Haversian system with the concentric layers of a calculus. "When we compare the concentric rings and laminae surrounding the Haversian canals with the like arrangement existing in calculi and all concretions, there can be little doubt that the mineral deposits in bone are intimately connected with the molecular law of aggregation"; but the laminae of the Haversian system are formed layer *within* layer, while the layers of calculous matter are deposited layer *upon*, or *outside*, layer. The outermost lamina, or that *furthest from the centre*, was *first formed* in the one case; the innermost particle, that which becomes *the centre*, was *first precipitated* in the calculus.

There appears to me some confusion in the definition of a molecule; and Dr. Bennett uses the word in many different senses:—

1. The most minute particles of any substance which exhibit no definite form to the highest powers are molecules.

2. Angular or square particles are *molecules*—"angular, square, and of various forms".

3. Spherical particles of the same composition in every part are *molecules*.

4. Particles, the outer part of which possesses properties and composition different to that which is within, are *molecules*.

5. Vibriones, the minute sporules of fungi, etc., are *molecules*.

So that we have large and small molecules, living and dead molecules, simple and compound molecules; molecules of simple, and molecules of complex composition; molecules springing from pre-existing molecules; molecules precipitated from

fluids; molecules which are visible to the histologist, and as large as the 1-4000th of an inch in diameter; and the ultimate molecule, which has "never been reached, even with the highest magnifying powers."

Most of these molecules have totally different properties. Dr. Bennett should therefore state if molecules of the same kind, or molecules of different kinds, become aggregated together.

But, to limit the discussion to one point—the formation of vibriones—Dr. Bennett maintains that several of the molecules forming the scum *unite* to form minute filaments. I do not think that any one has ever seen even two such living molecules together.

## Addresses and Papers

READ AT

### THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

#### OBSERVATIONS ON THE OCCURRENCE OF MALIGNANT PUSTULE IN ENGLAND: ILLUSTRATED BY NUMEROUS FATAL CASES.

By WILLIAM BUDD, M.D., Clifton; Honorary and Consulting Physician to the Bristol Royal Infirmary.

"Le médecin doit, dans ses premières études, jeter un coup d'œil sur les animaux qui se rapprochent le plus de l'homme."—*Chausier*. (Adopted from Régnier.)

[Continued from page 87.]

As the malady is generally readily curable by decisive measures in its early stage, but is almost as generally incurable if this stage be allowed to pass without them—as the alternatives of death or recovery, therefore, depend on its early recognition—I have thought it a duty to bring the particulars of these cases (so far as I possess them) before the profession, in order that the attention of medical men may be directed to the subject.\*

CASE I. On Oct. 21st, 1856, I was summoned by Dr.

Robertson, of Terrell Street, in this city, to see a patient whom he had visited for the first time the day before, and whose case had put on a strange and formidable aspect.

The subject was a married man, rather more than thirty years old, who had for some years been employed as compositor in the office of the *Bristol Times*, and who, at the time of his seizure, was in good health. The disease under which he was now labouring had begun six days before, in the form of a pimple surmounted by a small vesicle, and seated on the upper lip. His attention was first called to this pimple by the severe itching it occasioned, and which annoyed him very much by interfering with his work. In his attempts to relieve this sensation by scratching the part, the vesicle was soon broken; a circumstance which led the patient himself to form a very definite theory of his case. The printing office had lately been supplied with a fount of new type, and the notion was that the hand, soiled with the new metal, had, in its frequent contact with the broken surface, poisoned the lip.

The same notion, under some other form, occurred in most of the other cases. The fact is worth noting, as showing that the nature and succession of the morbid changes involuntarily suggest the idea of a poisonous inoculation, even to non-professional persons.

In the course of the day, the swelling and hardness gradually extended; and on the day following, they were so considerable as to cause much disfigurement. It is important to remark, however, that apart from the local discomfort, the patient did not at that time feel ill, but continued to work as before. The malady was still in what the continental writers call the local stage.

On the third day, it had begun to spread widely over the face, and the patient was unable to leave the house. From this stage, it passed rapidly to that in which I first saw it, three days afterwards. The aspect of the disease was then very striking, and was unlike anything I had ever seen before. The lips were, at least, four times their natural thickness; of a deep violet, approaching to black; and as hard as brawn. This state of things extended to the whole circumference of the mouth, from the nose to the chin. The closure of the mouth being imperfect, saliva was constantly drivelling from it. On the space between the upper lip and the nose there were three or four small vesicles, containing a little reddish yellow serum. The temperature of the part was considerably below the normal standard. The rest of the face, the forehead, and throat, were also much swelled, and presented very exactly the appearance which these parts have in bad cases of erysipelas. Passing from the mouth to the cheeks, the deep violet of the former gradually shaded away into a dusky red, and the scirrhus hardness gave place to a puffy swelling. The nose participated but little in the morbid change. The enormous prominence of the mouth, its hard and rigid state, and its almost black colour, caused a peculiar and hideous disfigurement, which was in the highest degree characteristic. The general symptoms bespoke rapidly failing powers. The pulse was more than 140 in the minute, and so feeble that it could scarcely be counted. The breathing was rapid; the belly tympanitic; and the body was bathed in a colliquative sweat. The breath exhaled a peculiar and disgusting foetor, which, to my own sense of smell at least, was entirely new. The mind remained perfectly clear. A deep incision was made through the upper lip and carried into the cheek. The incised tissues were so hard that they creaked under the knife. But little blood flowed from the wound, the local circulation having, apparently, very nearly ceased. There was no trace of pus, but a serous exudation oozed freely from the part. Stimulants were ordered in liberal doses.

On leaving the patient at eleven o'clock at night, I appointed to see him again early in the morning; but he

\* In the Twenty-first Annual Report of the Registrar-General, in a table of the causes of death registered in England in each of the nine years from 1850 to 1858 inclusive, the following are the numbers set down to carbuncle: 131, 161, 233, 252, 300, 255, 253, 252, 246. As there is good reason for believing that these numbers may be taken to represent, approximately at least, the proportion of cases of malignant pustule in each year, they would seem to indicate that the disease is on the increase. It is obvious, however, that these statistics cover too small a period to allow of any general inference being founded upon them. Much greater fluctuations are observed in other zymotic diseases in virtue of the common variations to which the whole group are subject. Unfortunately, no data exist from which the most distant approximation can be made as to the concurrent prevalence of the epizootic from which the malignant pustule is derived. The scientific study of veterinary medicine is too recent in this country to render the necessary records possible. We have already seen that there are good grounds for believing that joint murrain has prevailed in England from a very remote age. If there be some doubt whether in England generally malignant pustule has increased of late years, there seems to be none that in London it has greatly done so. In the Registrar-General's Report of the Health of London in 1858, the following passage occurs:—"The deaths from carbuncle were 61; fewer than in 1856, but ten times as many as the deaths from the disease in the earlier years. This troublesome plague of boils has been prevalent for some time." I shall hereafter give some reasons which render it probable that the flesh of diseased beasts is sent to great towns more largely now than formerly. (See the Report referred to, pages xl and 206.)

died in the course of the night. Decomposition set in very early, and advanced with unusual rapidity in the dead body.\*

The rapid way in which life was destroyed by a disease that in its origin appeared so trivial; the peculiar manner in which the deadly influence of the disease was extended from the minute point in which it first appeared; and, lastly, the hideous and very uncommon aspect of the local morbid change, made a deep impression on all who saw the patient. In my own mind, it excited much speculation as to what might be the possible cause of so horrible a death. It was not, however, until I saw a second case, that I identified the malady as the malignant pustule of the French pathologists.

CASE II. On the 18th March, 1859, Mr. Exley, the principal of one of the leading schools of this town, called on me to ask me to visit one of his pupils, in consultation with the late Mr. Wilson of Clifton. From the description which Mr. Exley gave me, I at once recognised the disease as the same which had proved fatal to the compositor whose case has just been related.

The subject was a fine young man seventeen years old. Five days before the date of my visit, his attention was first drawn to a small pimple on his upper lip by the uncontrollable itching it occasioned. On examining the spot narrowly the same evening, he observed that the centre of the pimple was occupied by a small vesicle. This vesicle he punctured with a penknife, and a little serum issued from it. On the following morning, the lip, in a circumscribed spot, was swelled and discoloured. There was, at that time, no general disorder of any kind. He dined at the usual hour with the rest of the school, ate heartily, and was in good spirits. In the course of the next day, three or four small vesicles made their appearance in the space between the nose and upper lip. As the swelling had increased, and the part looked inflamed, it was thought prudent that the patient should keep his bed. It was not, however, until the day following that it was considered necessary to send for Mr. Wilson. The whole mouth now was much swelled and of a purple colour, and the lips were hard and tense. From that time the march of the disease was very rapid.

When I saw the patient two days afterwards, it was in appearance, and in almost every other respect, precisely what I had witnessed in the former case. I have never seen two cases of any other disease so absolutely alike. There was the same erysipelatous swelling of the forehead and face; the same enormous thickening, and black and hardened condition of the lips and mouth; giving rise, by the inordinate prominence of this feature—as if by some monstrous exaggeration of the negro type—to the same hideous and characteristic disfigurement. On the space between the upper lip and nose, there was the same crop of three or four small flat vesicles containing a straw-coloured lymph. Saliva was constantly drivelling from the mouth, and the breath had the same peculiar fœtor. The only difference I could detect was, that in this young man, the mouth and lips were, as yet, hot, and that extending from the ramus of the jaw, down the neck on either side, were several dark red streaks, marking the course of inflamed lymphatics; a circumstance which might have existed, but was not noted in the former case.

The pulse was 120 in the minute; the inspirations were forty-four. Rapid breathing was in both cases a leading feature of the disturbance. The belly was tym-

panitic. The patient had ceased to take much note of things about him; but when he was aroused, the mind seemed to be tolerably clear.

On making a deep incision into the upper lip, no pus issued; but there was a considerable flow of blood, of which as much as eight ounces were lost. The immediate result was a marked diminution of the local turgescence, and a palpable weakening of the pulse. This was at two o'clock in the afternoon. When the patient was seen again, four hours later, he was much worse. The mouth and lips were now cold; the pulse was 140; the inspirations were 64. When questioned, his answers were rational; but when he was left alone the mind wandered. The body was bathed in sweat.

From this time, he sank rapidly, and he died soon after daybreak the next morning, about sixteen hours after I first saw him. Thirty-six hours afterwards, the decomposition of the dead body was already far advanced.

At the time of his death, this young gentleman bore on his left leg the remains of a large boil, which had appeared about a fortnight before. This boil had followed exactly the common course of such things, and had led to none of the peculiar and deadly changes in surrounding textures and in the system at large, which followed the pustule, or, to speak more correctly, the vesicle on the lip.\*

CASE III. On Sept. 11th, 1861, I was asked to meet Mr. H. Grace of Kingswood in consultation on a case which proved to be one of malignant pustule. The subject of it, a clerk in a provision warehouse in Bristol, was a powerful, robust man, about 30 years old, who had always enjoyed good health.

Six days before the date of my visit, while he was in the act of combing his moustache, the comb stuck in a tender part. On withdrawing it, he found that the teeth of the comb had punctured a small vesicle, giving issue to a little yellowish-looking fluid. This accident was the first intimation he had of the existence of the disease which was so soon to prove fatal to him. The vesicle was situated on the upper border of the moustache, immediately below the left nostril. A slight depression and a small dried pellicle still marked its former place when I first saw the patient.

Immediately after the puncture, the part became the seat of a hot, stinging sensation, which lasted all day, and annoyed him very much, and which he described as being very peculiar. There was no itching strictly so-called.

In the course of the day, the lip began to swell, and towards night became very painful. In the night, the pain was so severe that he could not sleep, and he got up more than once to bathe the lip in the hope of relief.

The next day, the swelling had somewhat increased, and the part had begun to look angry. The uneasiness was so great that he found some difficulty in getting through with his work. On both days, however, he walked to and fro to the warehouse (a distance of rather more than two miles each way) and took his usual food.

On September 7th, the pain had much abated; but the swelling and discoloration had increased; the disfigurement was considerable; and, for the first time, he did not leave the house. Apart from the state of the lip, he did not, however, feel very ill; and, up to that time, neither he nor his friends had the slightest idea that the malady was at all serious.

In the night of the 7th, that is to say, on the third day of the attack, he was seized with severe stitch in the right side, and great difficulty of breathing. On the following morning, Mr. Grace saw him for the first time.

The whole of the upper lip was then much swelled,

\* Virchow and many other writers lay great stress on this as one of the characters of malignant pustule. In the animal this tendency to putrescence is manifested even before death by the extrication of stinking gases in the affected part. Virchow also states that, as the disease advances, colourless corpuscles abound in the blood; and he makes the still more remarkable assertion, that numerous vibrios may be seen in that fluid immediately on its withdrawal from the vein of the infected man or animal.

\* Bourgeois has very justly remarked that "the malignant vesicle" would be the fitter name for the disease, since one of its most special characteristics is, in all cases, the absence of true pus—at any rate, in the first stage.

hard, and discoloured; the appearances being such as to lead Mr. Grace to suppose that the case was one of carbuncle. The pulse was somewhat frequent and the breathing difficult. The pain in the right side was very acute, and the physical signs of pleurisy were present.

In the course of the day, a new crop of vesicles, to the number of five or six, made their appearance, chiefly on the right half of the lip.

From this time the disease did not make much progress locally, until September 10th, when the swelling rapidly extended to the whole of the face.

When I saw the patient on the day following, the state of things was in the highest degree characteristic. The lips were more than three times their natural thickness, as hard as brawn, cold, and of a deep livid red, verging in parts into purple and black. The mouth projected at least two inches beyond the rest of the face, giving rise to the same hideous and characteristic disfigurement noticed in the two former cases. The lips, from swelling and loss of muscular power, were imperfectly closed, and a viscid saliva constantly drivelled from between them. The rest of the face had exactly the aspect which it presents in severe forms of erysipelas; the hardness, so extreme in the mouth, shading away gradually into swelling of a softer character. The eyelids were bloated and puffy, and the eyes permanently closed. Above the eyebrows there was no diffuse swelling, but four or five broad, dark red streaks, marking the course of inflamed lymphatics, traversed the forehead from the face upwards, and were lost in the hair. Scattered over the upper lip—chiefly in the space between the lip and the nose—were several small, thin scabs, occupying the former seat of so many vesicles. The case was, in all its details, precisely what I had witnessed in the two other cases in which I had been before consulted. The pulse ranged from 132 to 140; the inspirations numbered 44 in the minute. The body was covered with a profuse, clammy sweat, and the vital powers were sinking from hour to hour. The breath had a very peculiar and repulsive odour, which I recognised at once as identical with what I had smelt in the two former cases. The pain in the right side had nearly ceased, but there was severe stitch in the left, and the patient complained of great difficulty of breathing. He was not in a state to admit of a complete examination; but I ascertained that air penetrated the lower half of the right lung very imperfectly. An obscure rubbing sound was audible over a small space on the left side, below the precordial region. As in the two former cases, I had no opportunity of examining the urine. The mind was quite clear; and the patient took freely and willingly strong beef-tea, brandy, and eggs, and other stimulants.

A stick of potassa fusa was held firmly on the upper lip at four different points where vesicles had existed, until the tissues were destroyed to a considerable depth. A long, deep furrow was produced on the lower lip by the same means. There was a slight oozing of serum from all these parts, but no single drop of blood appeared. The circulation in them had apparently entirely ceased.

The patient continued to sink rapidly and died on the 12th of September; twenty-six hours after my visit, and eight days from the first discovery of the vesicle.

The inflamed lymphatics, the double pleurisy, and the rapid and terrible death, all occurring as the consequence of an affection which, a few days before, was nothing more than a vesicle so minute and insignificant as even to be discovered by accident, are circumstances which sufficiently mark the nature of the disease, and are of deep import in relation to its pathology. If I do not misinterpret the phenomena, they testify at once to an inoculation by a malignant poison, and to the intensely virulent nature of the morbid agent.

A circumstance deserves to be mentioned in connection with this case as bearing on its possible origin. About

a week after the death of this young man, I was informed by his friends that he himself had a settled conviction that the pustule was caused by the use of a new pomatum which he had bought about a week before his illness, and had rubbed very freely into his moustache. As tallow-chandlers and soap-boilers have long been known to be frequent sufferers from malignant pustule in the countries where the corresponding epizootic is rife, it is quite possible that this view might be the true one.\* As the patient was employed in a provision warehouse, it is equally possible, however, that he may have become infected in the exercise of his calling.

For the particulars of the next case, I am indebted to my friend, Mr. Green, senior surgeon to the Bristol Royal Infirmary. The facts are related in his own words.

CASE IV. On May 4th, 1854, I was sent for to see Master E., who was said to be suffering from swelled face. He was a tall, delicate youth, 17 years old, and had been for some months out of health, having come to Bristol for change of air.

I found the entire right side of the face much swollen. The lips, in particular, were very large and projecting and of a purple hue. On the margin of the upper lip, there was a small pimple covered with a scab. The parts were very hard, especially immediately around the pimple. The right eye was closed by the swelling. The pulse was quick, and the surface hot; the tongue brown and moist.

The disease had begun three days before with a small vesicle on the upper lip, which the patient had broken by scratching. The day before I saw him, the swelling, which was before confined to the lip, had extended to the face; and as it went on increasing, the friends decided on having medical aid. From the aspect of the face, as well as of the patient himself, I looked upon the case as something different from ordinary inflammation.

On the day following, the disease had made great progress. The swelling had extended, and the affected parts, especially in the neighbourhood of the original pimple, were very dark in colour, and much indurated. The prostration was great.

At this visit, the real nature of the disease first occurred to my mind. I remembered once having seen a similar case in the wards of La Charité in Paris, which was made the subject of some clinical remarks by Roux, and I at once recognised the malady as the "pustule maligne" of Delpech and the French writers.

I told the friends the serious nature of the case, and recommended a consultation, which they wished deferred until the morrow, when the patient's father was expected. As the danger to life did not then appear to be great, I consented to this arrangement.

I made a deep incision through the indurated part, which was evidently losing its vitality, as very little blood flowed in consequence. Tincture of muriate of iron was applied to the wound. I saw the patient late at night, and found his condition but little altered.

About 4 A.M., he became very much worse, and at 8 A.M., I was sent for to see him. The entire face was then of a livid colour, approaching to black; the pulse

\* Es ist eine alte Beobachtung (writes Heusinger) dass Seifensieder und Lichterzieher oft an Milzbrand-Karbuikel erkranken, wenn sie Talg von am Milzbrand krepirten Thieren erhalten. So erzählt denn auch Hil ebend einen merkwürdigen Fall: zwei Schäferweiber erkrankten dadurch, dass ihnen beim Ausstreuen des Talgs von an der Blutsuche krepirten Schafen dieses Fett in das Gesicht spritzte. Aehnliches berichtet Wagner. Als man den gewonnenen Talg (von einer milzbrandkranken Kuh) angetrungen hatte, wurden die Griefen dazu benutzt zwei Schweine, zwei Hunde, und eine Katze damit zu laben, drei Thiere starben bald nacher, und zwar die Katze unter herum Wälzen auf kühnen Rasen. (P. 400, u. s.) If these statements can be relied on the temperature to which tallow is raised in being melted would appear to have no power to destroy the virus. I have ascertained that in making certain varieties of pomatum, and particularly those in which trotter oil is used, the ingredients are mixed at a comparatively low heat.



was hardly perceptible; the body was bathed in sweat. It was evident to all that he was fast sinking; and he died at about 11 o'clock, five days after the first appearance of the vesicle.

The general treatment consisted chiefly in the liberal administration of good beef-tea, brandy, and ammonia.

[To be continued.]

## Original Communications.

### DISLOCATION OF THE KNEE-JOINT.

By T. OGIER WARD, M.D., Cowbridge.

As dislocations of the knee-joint are rare, I send an account of one in which reduction was effected by flexion instead of extension, the latter having completely failed.

A young gentleman, aged 15, riding a velocipede down a steep hill, was thrown off, and fell on his left knee. He walked home, and four hours afterwards came to me, when I found the knee very much swelled from effusion into the joint, the patella projecting about an inch, and half an inch lower than the right from the tension of the ligament. The limb was straight, and could not be flexed without pain, though painless when quiet and extended. A side view of the limb showed little difference between the left and right behind; but in front the prominence of the patella clearly proved that the tibia was dislocated backwards. There was a bruise and abrasion of the skin over the internal condyle. The limb was not shortened; indeed, if at all, it was longer than the other.

Thinking that, with so little change in the form of the limb, the reduction by extension would not be difficult, I first tried that plan; but, though I put the patient under the influence of chloroform, and gave him several half-grain doses of tartar emetic, and had two strong men making extension with a roller-towel round the ankle, at the same time that I was trying to push the head of the tibia forwards, not the least effect was produced. I then recollected that I had formerly reduced a similar case, where the patella was fractured, by flexion of the joint over the knee of an assistant; so, taking the towel off the ankle, and thus diverting the attention of the patient, I suddenly pushed the heel backwards till it touched the thigh, when the reduction was completed, and the power of flexion was restored. I then bound a slight splint round the extended limb; and, with the aid of cold lotions, in a few days the effusion was absorbed; and in three weeks the cure was completed, and the bandage was removed.

The rarity of this form of dislocation, and other peculiarities in the symptoms and treatment, suggest a few remarks. I have before me the descriptions of two of the most recent writers on this subject, Mr. Erichsen and Mr. Lane. The former states (*Science and Art of Surgery*, 3rd edition, pp. 290-291): "The dislocation backwards of the tibia may be complete or incomplete. When it is complete, the posterior ligament of the joint is torn, the muscles of the ham are stretched, the limb is shortened to the extent of an inch and a half or two inches, and is semiflexed; the head of the tibia can be felt in the ham, and there is a deep transverse depression in front of the joint immediately below the patella. . . . The antero-posterior dislocations are very commonly incomplete. When this is the case, they present the same symptoms, but in a less marked degree, that characterise the complete displacements." In treatment of dislocations of the knee, Erichsen recommends "extension from the ankle while the thigh is fixed in a semiflexed position".

In this account, the possibility of the limb being lengthened is overlooked; and the treatment is the same as has been recommended by all previous writers—viz., extension of the affected limb.

Mr. J. Lane also (Cooper's *Surgical Dictionary*, 1861, article Dislocations), quoting Malgaigne, omits all mention of the lengthening of the limb; but to the recommendation of extension, Lane adds: "Should any difficulty occur after the necessary extension has been made, the effect of flexing the knee may be tried; or the knee may be bent round the bedpost, or over the left arm or knee of the operator." He makes, however, no distinction as to the class in which flexion is best.

In describing the incomplete luxation backwards, Mr. Lane, or Malgaigne, asserts that "the limb is sometimes extended, sometimes slightly flexed," which latter position seems impossible, unless the ligamentum patellæ be ruptured; and therefore, I think, in this respect he has confounded the dislocation of the semilunar cartilages (of which, slight flexion with inability to extend the knee, is the pathognomonic symptom) with incomplete luxation of the tibia backwards. Sir Astley Cooper's description, omitting the shortening of the limb, is most characteristic—"a projection of the condyles of the femur, a depression of the ligamentum patellæ, and a bending of the leg forwards"; but he also recommends only extension for the reduction.

My own case agreed with Sir A. Cooper's description, except as regards the shortening of the limb and depression of the patella; which, however, might be said to be depressed at its lower end under the extremity of the femur, while the upper part was raised by the effusion beneath and the tilting up produced by the depression of the other end. In this, as in the former case I have alluded to, the nature of the injury was evident from the bending of the leg forward; and yet in neither instance could reduction be made by extension, though it was readily effected by flexion of the limb. How are these discrepancies in the treatment and the shortening of the limb to be reconciled? Only, I think, by considering the cases requiring flexion for their reduction as incomplete luxations, and those reduced by extension as complete luxations attended with rupture of the ligaments. This view will explain the facility of the reduction of the latter (for, the ligaments being ruptured, there would be less power of resistance to the extension); and, *vice versâ*, the very great difficulty, if not impossibility, of the reduction by extension when the luxation was slight and the ligaments uninjured. In proof of this difficulty, I recollect seeing a boy of 15, who had dislocated the semilunar cartilages, resist with ease the united efforts of six persons to straighten his knee, which, as usual in that accident, was bent, though the power to straighten it returned after a few days rest.\* In the last case of execution in France by the victim being torn asunder by four horses, each attached to a limb, the utmost efforts of the animals failed, until the ligaments had been divided.

It is hardly necessary to state that luxations not attended with rupture of the ligaments would require very little treatment after reduction. Again, the reduction of any case by flexion necessarily implies only a slight displacement of the ends of the bones; for, if the head of the tibia were pushed far backwards, flexion could not be effected without fracture of the patella or rupture of its ligament. The slight displacement may also explain the absence of shortening of the limb, and account for its being lengthened; for, if the condyles of the femur were thrown upon, and rested on the anterior tuberosities of the tibia, instead of on the hollow sur-

\* Though Sir A. Cooper recommends flexion of the knee in dislocation of the semilunar cartilages, reduction will take place spontaneously in a few days by the gradual stretching of the tissue connecting them with the capsular ligament, and thus a painful operation may be avoided.

faces behind them, the limb must necessarily be lengthened.

If these statements and arguments are correct, it seems to be proved that, in incomplete luxations of the tibia backwards, flexion, and not extension, is the easiest mode of reduction, and that in such cases the limb may be lengthened.

P.S. As there seems to be a question respecting the influence of bleeding or loss of blood in the production of softening of the brain, I may mention that I was recently called in to a woman who had a "fit" on the ninth day after a *very easy labour, with very little loss of blood*. I found her slightly paralysed in the right hand and arm, but unable to speak plainly, or to find the right word to express her meaning. The left pupil was natural, perhaps a little dilated; but the right was very much contracted. Since the attack the previous night, she had vomited, and had diarrhoea, the last motion being bloody mucus. I ordered her a chalk mixture with laudanum, the first dose of which stopped the vomiting and diarrhoea. The next (third) day she complained of pain in the left side of her head; and I ordered four leeches, which were not applied till the night of the fourth day, when only two drew blood, at the outer angle of the eye, about six o'clock. At 11 p.m. she had another fit, became insensible, and remained so till her death, twenty-four hours after the attack, with occasional convulsive movements of the affected arm. I saw her twelve hours after the attack, when the eyes presented the same appearance. I did not examine the head; but the symptoms clearly point to softening of the brain, rather than apoplexy; and I cannot believe that the small quantity of blood drawn by two leeches could have caused a recurrence of the "fit". Her eldest son has epileptic fits; and I am disposed to attribute the mother's disease to perhaps a tendency to disease of the brain, increased by grief at the recent death of her father, and brought to a climax by the straining of even an easy labour. The absence of pain till after the fit is accounted for by the insensibility of the cerebral substance.

## CASE OF PELLAGRA.

By SAMUEL WILKS, M.D.

THE observations of Dr. Peacock on pellagra, contained in the last number of the *Medico-Chirurgical Review*, have again brought before my mind a case which I witnessed last autumn, and which I suggested might be an example of an affection which is almost peculiar to the north of Italy. No English author that I am aware of, has ever described such a form of disease in this country, and, therefore, it is with considerable diffidence that I bring forward the present case as an example of it; at the same time the case so much resembles the descriptions which I had read of this remarkable malady, that I informed the medical man under whose care the patient had been, that I could make nothing of it unless it were a case of pellagra. The report of the case, although brief, may be the means of drawing some similar instance from the note-books of other practitioners. I believe it to be true that many diseases which are rife in some countries, and almost peculiar to them, may occur in isolated instances, and in modified characters, in other parts of the world; and, thus it is that elephantiasis or leprosy may be sometimes met with in our own temperate island. In the same way, pellagra, which is described by French writers as not occurring in Paris, yet was supposed to exist in the persons of four patients which were in La Charité some years ago. (M. Willemin in *Archives Générales de Médecine*, Series 4, vol. xiii.)

The disease, as it is witnessed in Italy, is an affection

of a very chronic nature, continuing for several years, characterised by a general wasting of the body, and by a rash which covers the exposed parts of the skin, commencing as an erythema, and progressing into a lichenous or eczematous eruption. At a later period, sores sometimes appear, impairment of digestion, and nervous symptoms, as paralysis of the limbs. The cause of the disease appears at present not decided, it having been thought by some that it is due to exposure to the sun, from the fact of exacerbations occurring in the summer time; by others, that it is due merely to poverty, as it does not prevail amongst the rich; but these and similar supposed theories, are refuted by the remembrance that such causes are not peculiar to Lombardy, but exist where pellagra is quite unknown. The most recent theory places the cause in the consumption of diseased maize, the corn being affected somewhat after the manner of the ergotised rye.

In the four cases which occurred at Paris, described by M. Willemin, and which appeared to be true examples of the disease, the skin was covered either with an erythematous, a lichenous, or eczematous rash. This was on the face and arms, and had a thickly defined margin; in two cases a diarrhoea existed; in one the gums were spongy, as in scurvy, and in some there was a weakness of the extremities. The pulse was feeble in all, and in one case, after the patient had been lying down, was reduced to thirty beats in the minute.

The peculiarities of the disease appear to be: in the first place, this cutaneous eruption, which is remarkable in affecting the parts exposed to the light, as the face, neck, chest, backs of hands, arms, or feet, the redness ceasing abruptly at a line where the covering of the clothes commences; the skin also becoming hard and dry like parchment, and in some cases bullæ appearing. Next in importance to the cutaneous rash, are various nervous symptoms, as numbness or pains in the limbs, and sometimes a veritable paralysis, as in myelitis of the spinal cord. It is said by some writers that in very bad examples of the disease, a melancholy overtakes the patient determining to suicide, especially by drowning, and to this has been given the special name of *hydromania*. Other writers, however, are ignorant of the existence of this propensity. As regards the pathology of the disease, nothing is known; some have regarded it as a chronic *gastro-enteritis*; whilst others, at a loss to discover the seat of the disease, have been content to style it *morbus chronicus totius corporis*.

The case which came before me last autumn, was that of a woman, living at Glastonbury, and intimately known to Mr. Malton of that place. This gentleman sent the case up to his relative Dr. Charlton of Dartford, who again brought her to me for an opinion as to the nature of her complaint, the obscurity of which suggested to the former gentleman, I apprehend, that there might be some disease of the suprarenal capsules. She was married, aged 33, and had three children. She informed me that she had been ill for six years, having become very thin and being covered in parts with an eruption. She said that her illness had commenced five and a half years before, in the month of May, after exposure to the sun. These statements were not extracted from her by leading questions; for it was not until after she had left my house, and I was revolving the case in my mind, that the idea struck me, that it was one of pellagra. Soon after this exposure to the sun, a rash appeared on the face and arms, and subsequently she lost flesh and became weak. This rash, she said, had continued ever since with varied severity, being aggravated in summer, and better in winter. Her general appearance was very remarkable, presenting as she did a withered and emaciated look, reminding one of a child in the last stage of marasmus; all the outlines of the face were very prominent, the cheeks were sunken in and the temporal muscles much wasted. The face was covered with a

brownish-red rash, not uniform in amount but patchy; this was of a papular or lichenous character, with a slight furfuraceous covering. The neck was slightly affected in the same manner; the forearms as far as the elbows were covered with a similar rash; the skin being rough and affected by a brownish-red eruption. This appeared to correspond to the papules of the skin, and gave a hard dry feel to the touch. The backs of the hands were similarly affected, and, in fact, all those parts which were exposed, whilst those which were covered were free. Her limbs were wasted, and the joints of the elbows somewhat contracted; not admitting of full extension. On the face there was also the scab of a pustule, and on the arm was another similar one. On the right forearm there was also an ulcer, the seat of a former pustule, and which was unhealthy looking and bleeding. I could discover no disease in the body, for tuberculosis suggesting itself, I looked for phthisis and other manifestations of it, but nothing of the kind could be discovered. I also examined for enlargement of the cervical glands which might have obstructed the thoracic duct; nothing could be felt in the abdomen, although I surmised the presence of mesenteric disease. The only nervous symptom was weakness of one arm. The gums presented no marked scorbutic appearance, but were rather too red and swollen. There was no diarrhoea, and she stated that her spirits were good.

It will be seen that the symptoms in this case very closely correspond to those described as belonging to pellagra; and, therefore, no surprise will be felt when I suggested to Dr. Charlton the nature of the disease. If it should not be of this kind it will be found probably due to some morbid condition interfering with the due supply of chyle to the system, and in connection with this, it will be remembered how harsh and withered the skin becomes in children who are wasting from mesenteric disease. It is not surprising, therefore, that the disease has been called (according to Dr. Peacock) *marasmus pellagrosus*, or *tabes pellagrosa*.

Within the last few days, Mr. Malton has written to say that the patient is going on much the same; the wound in the arm is still ulcerating; and she has lost almost complete power of the same extremity. The disease of the skin is better (winter time). Mr. Malton will, no doubt, report the further progress of the case.

## Reviews and Notices.

**THE NATURE AND TREATMENT OF GOUT AND RHEUMATIC GOUT.** By ALFRED BARING GARROD, M.D., F.R.S., Fellow of the Royal College of Physicians; Physician to King's College Hospital; etc. Second Edition, enlarged and carefully revised. Pp. 618. London: 1863.

WHEN the first edition of this work appeared, three years ago, we gave an ample analysis of its contents (JOURNAL, Jan. 7, 1860). It is therefore not necessary for us now to do more than state that Dr. GARROD has in this edition incorporated the results of his increased experience of the nature and treatment of gout; and has added a chapter on the diseases to which gouty persons are peculiarly liable. At the same time, he has pruned down the historical and other less practically important matter contained in the first edition, so that the present volume contains but a few pages more than its predecessor. The work shows traces throughout of careful revision; but the author has nowhere found reason to alter the views formerly expressed by him. His opportu-

nities of testing them, he says, "have only tended to confirm his opinion as to their accuracy."

**CLINICAL SURGERY. ON STRICTURE, RETENTION OF URINE, STONE IN THE BLADDER, AND OTHER DISEASES OF THE URINARY ORGANS.** By THOMAS BRYANT, F.R.C.S., Assistant-Surgeon, etc., Guy's Hospital. London: 1862.

MR. BRYANT here furnishes a continuation of his valuable series of surgical clinical observations. His remarks are here founded on 1077 cases of diseases of the bladder and urethra, admitted into Guy's Hospital between October 1st, 1853, and March 30th, 1861: of these, 1008 were cured or relieved, and 77 died.

Among the practical matters which the author has brought forward, we observe that rupture or laceration of the urethra assumes a very different meaning in the Guy's Hospital practice when it occurs as the result of stricture from that which it has when it follows an injury in a healthy urethra. In the former category, 45 cases occurred, of which 15 died; in the latter were 19 cases, and no deaths. This difference in the result is, assuming the treatment in both classes to be equally prompt, no doubt due to the fact that, in the former class, the urine has been long retained in a distended portion of the urethra behind the stricture, and, when extravasated, has become more or less altered from its proper character: in the latter, when urine is extravasated (which does not always occur), it is urine *pur et simple* that is poured out. In all cases, early incision into the perineum is the practice to be followed; and in cases of extravasation from stricture, Mr. Bryant recommends that the stricture itself be divided at the same time that the incision is made in the perineum. In cases of ruptured urethra from injury, the following is the line of practice recommended by Mr. Bryant, and apparently followed at Guy's Hospital.

"If called to a patient who has evidently been the subject of an injury to the urethra, suffering from simple retention, the first object of the surgeon should be to attempt to pass a catheter; if the urethra is not completely torn away, and there is not much blood locally effused, there will be a strong probability that he will succeed, and, having done so, the instrument should be left and fastened in; a gum elastic instrument, therefore, with a strong stilette, should be employed. If the attempt at catheterism, although having been fairly made, should fail, some other means must be employed; for it is clear that an outlet for the urine must be obtained, or otherwise extravasation, with its dangers, will necessarily follow.

"An incision into the perineum with a grooved staff is unquestionably the soundest practice; by it the extravasated blood and urine, if it exists, finds a ready outlet; and the bladder, when it contracts, will find a vent for its contents, without the dangers occasioned by an extravasation of urine.

"If the orifice of the vesical end of the ruptured urethra can be found with a grooved probe, a catheter should be passed, the instrument having been first introduced through the penis, and subsequently guided upon the grooved probe into the bladder; if difficulty is experienced in finding the orifice, there need be no alarm, as it is quite clear that the urine will readily find its way externally through the artificial wound; an early attempt to pass a catheter should, nevertheless, certainly

be made, for it is most important that the continuity of the urethra should be restored as early as possible.

"When a catheter has been introduced, it must be left in; for it is equally important that the patency of the canal should be maintained during the whole period of its repair, and its subsequent contraction in a measure neutralised. The frequent passage of an instrument after the repair has taken place is an important point to be observed; this practice being the best guarantee that a traumatic stricture will not be the result, and if it be, the risks will be materially lessened."

At a subsequent page, Mr. Bryant again insists on the necessity of dilatation by catheterism after rupture of the urethra, in order to prevent the occurrence of traumatic stricture—an affection which he shows to be less amenable to treatment than stricture arising from other causes.

THE MINUTE ANATOMY AND PHYSIOLOGY OF THE NERVOUS SYSTEM IN THE LOBSTER (*ASTACUS MARINUS*). By T. S. CLOUSTON, M.D., Assistant-Physician Royal Edinburgh Asylum, etc. Pp. 35. Edinburgh: 1863.

THIS is a reprint, from the *Edinburgh New Philosophical Journal* for the present month, of a portion of a prize thesis presented by Dr. Clouston on the occasion of his graduation in the University of Edinburgh. We find here evidence of an attentive study of all that has been done in the matter of the nervous system of the crustacea by previous anatomists, coupled with independent and original observation. The pamphlet is illustrated by two plates, containing thirteen figures representing nerve-tubes, sections of ganglia, etc., as observed by Dr. Clouston. Those who are interested in comparative anatomy will probably derive instruction from Dr. Clouston's account of his researches.

OBESITY. We borrow the following curious cases of this inconvenient affection from an interesting book just published by M. Ferdinand Caunière, entitled *De la Médecine naturelle Indo-Malgache*. In a well constituted adult the proportion of fat is not more than about a twentieth of the weight of the whole body; it may exceed that proportion to a certain extent without inconvenience, but it becomes a regular disorder when it reaches the proportion of one half. Persons have been known to weigh from 600lbs. to 800lbs.; a man spoken of by Wadd had attained the enormous weight of 980lbs. An Englishman, named Bright, mentioned by Coe in the *Philosophical Transactions*, weighed 616lbs. at his death; at the age of 10 he had weighed 140lbs. Bartholin mentions a child of that age who weighed 200lbs. Drs. Percy and Laurent mention a young German woman, who at her birth weighed 13lbs.; at the age of six months, 42lbs.; at six years of her age she could carry her mother, and promised to become unusually muscular. At 20 she weighed 450lbs.; she measured 5 feet 10 inches in height. The circumference of her arms was 18 inches; she could carry 250lbs. in each hand, was active, and could walk for an hour without feeling fatigued. She did not eat more than an ordinary person, drank tea in abundance, and was remarkable for her good humour. In general, obesity is not accompanied with longevity; most people are of a plethoric habit, and the functions of the principal organs are always more or less impeded, which naturally causes various affections. M. Caunière's book contains various curious facts and some useful hints, derived from his experience of the wonderful cures performed by the natives of Madagascar, who only use medicines drawn from the vegetable kingdom, and to whom bleeding, whether by the lancet or leeches, blisters, and cauteries, are unknown. (*Galignani's Messenger*.)

## British Medical Journal.

SATURDAY, JANUARY 31st, 1863.

### GRATUITOUS SERVICES.

A CORRESPONDENT sends us a paragraph from a Leicester paper, which tells of the salary of the chaplain of the Leicester Infirmary; and, in doing so, he takes the occasion of asking what are the grounds upon which a distinction should be shown in respect of payment of the spiritual and not of the corporeal advisers of the patients.

"Leicester", he writes, "is a flourishing town, doing well in wool, fat, and flesh, as regards the market; and does a brisk business not only in the sock and stocking, but also in the shoe trade. It is well to do also in matters medical. It owns about thirty physicians and surgeons, and returns the only provincial member of the present Council of the College of Surgeons, viz., our respected associate Mr. Paget. Its hospital *employés*, who willingly work for nothing, and do much 'free, gracious, and for nothing,' are men who deservedly stand high in the profession. The chaplain, who is concerned only about the souls of the hospital inmates, and has nothing more to do with their bodies than seeing them quietly covered over in decency, is, as you will see, bold enough to ask, at a quarterly court too, for more in the shape of additional pay! He no doubt finds, as Christmas draws nigh, that some of its real concomitants—tradesmen's bills—come in. But how fares the doctor, who at all hours may be called on to quit profitable employment at home, or in his out-door practice, to go on a mission of mercy in body-curing to the distant hospital? At Christmas, he has no cheque for £120 sent on to his banker, to stave off the butcher, the baker, tailor, or draper, all of whom are probably charitable subscribers to the hospital, but sustain only a sort of discount loss in the shape of a couple of guineas, hopefully and profitably invested! Why do nine-tenths of tradesmen subscribe to hospitals, but to enlarge the field of their commercial pursuits? Why do ninety-nine-hundredths of medical men clamour and cry after public service in our hospitals, but for the benefits that are supposed to accrue in the shape of private practice? The subscriber and the medical man, be it remembered, deal only with the frail fabric of the human body. The chaplain is entrusted with the care, cure, and preservation of its immortal soul; and, in his official capacity, may properly be said to be under stronger obligations and heavier responsibilities to the Divine Being to lend himself willingly and *gratuitously* to such a 'labour of love'. But do we find it so?

The present instance furnishes a proof that the medical man will render for nothing more arduous service than can be obtained from the clergyman under anything less than, to say the least, a very handsome and competent stipend.

"What are the comparative responsibilities pertaining to the practice of the two functionaries, regarded from a worldly point of view? Was an action-at-law ever successfully brought against the former for failing in his duty to his patient? or was he ever mulcted in heavy damages for having failed to effect an impossibility? The historical records of our assize-courts prove, on the other hand, that cases in which the medical practitioner has grievously and unjustly suffered, for having so failed to work a wonder or a miracle, are neither few nor far between. With such an immunity from penal consequences in practice, with a substantial pecuniary acknowledgment sufficient to keep him twelve months in broad-cloth, and without any great sacrifice of talent, time, or money, why should the chaplain of a public hospital receive payment for his services, any more than the members of its all-important medical staff?"

#### WHAT IS DISEASED MEAT?

WE every week read of enormous quantities of meat "unfit for food" being destroyed by order of the inspectors of markets in this great London. Every one will rejoice to hear of the vigilance of those officers of health, as we may fairly call them; and we apprehend that there is no fear of such officials erring on the side of over-destructiveness. Nevertheless, as this destruction of "unfit food" is carried on under the protection and in the name of sanitary science, we should much like to have some distinct—i.e., appropriate, scientific—definition given of the meaning of the words "meat unfit for food." We consider that there ought to be some manifest and positive sign, by which the fitness or unfitness of any given article exposed for sale in a market may be at once declared.

We have heard so much of late of the injury inflicted on the people of the country through the ingestion of "unfit food," that we naturally inquire first, what is this unfit meat which they take; and, secondly, what are the injuries under which they, in consequence, suffer?

It appears that the authors who chiefly maintain that great injury is done to the bowels of our humanity by this evil food, are obliged, for the most part, if not altogether, to resort to the writings of Germans and foreigners for individual instances of the evil effects produced. And they maintain that if, in this country, all sorts of violent diseases do not immediately follow on the ingestion, yet, we may be sure, the people are slowly suffering under

the insidious and poisonous action of the vicious food.

Now, in the name of common sense, and for the sake of science, whose name is sometimes unfairly invoked, we would ask for some kind of scientific proof of the position here assumed. Let us have, in the first place, a definition of the terms "unfit food"; and then let us have proofs of its injurious effects on the bowels and bodies of our countrymen. Is all meat which is called unfit really so? "Measly" pork, for example, would, we suppose, hardly escape condemnation; yet is it really true that such pork is unfit for food? May it not be fairly asked, is it not true that roasting and boiling absolutely destroy the vitality of the cysticercus? And when this animal is destroyed in the pork, is or is not the meat fit for food? We believe it is now well ascertained, that pork is guilty of conveying worms into the body of man only when eaten raw; and that, in fact, unless men eat pork in the uncooked or semi-cooked state, they would never be troubled in their bowels with the loathsome parasite. We give this as an example of the questions which require the scientific consideration of our meat inspectors.

Far be from us the desire in any way to arrest or interfere with the excellent supervision above referred to. In such a case, it is surely better to go too far than not far enough—to err on the safe side. All we wish is that such positions, as that assumed of injury done by unfit food, should not be strained beyond a reasonable point. We wish this in the name of sanitary science, which too often suffers in consequence of the wrong conclusions and actions which are taken in its name.

#### USE OF METHYLATED SPIRIT IN PHARMACY.

ON January 9th, an interesting discussion on the above subject took place at the Pharmaceutical Society. The general feeling was dead against its use; and numerous instances of the abuse of the article were related.

"Mr. Reynolds of Leeds said, in a letter, that the poor were almost entirely supplied with methylated medicines; but the manufacture of sweet spirit of nitre was the chief field for the use of methylated spirit. In Leeds, there was hardly a druggist who did not use it; and there was good evidence to show that 12,000 gallons *per annum* were used in the manufacture of what are called 'Indian spirits.' One chemist alone uses 1000 gallons of sweet spirit of nitre in the production of these compounds. [A sample of one of these compounds was exhibited. It was called 'Cordialised and Highly-concentrated Indian Brandee,' and was evidently a strong spirit, flavoured with sweet nitre, and sweetened—much more of the nature of a liqueur than a medicine. It is retailed in Leeds at threepence per ounce.] Mr. Reynolds stated that by the use of methylated spirit all distinction between pure and impure medicines was broken down.

"Professor Redwood said that the use of methylated spirit in liniments for the army and navy had received the sanction of the Army Medical Board. In many cases, too—as in hospitals and dispensaries—the use had been sanctioned by medical men; and when this was the case, the pharmacist had no choice but to do as he was ordered. He (Professor Redwood) set his face entirely against its use, and, with Professor Graham and Dr. Hoffman had objected to its employment for sweet spirit of nitre. He believed the use of methylated spirit in pharmacy had in some districts opened up an entirely new line of business. In North Wales, he was informed that tincture of assafoetida was now sold on a scale hitherto unknown. Assafoetida used to be taken solid; but now a cheap tincture could be bought, it was preferred in that state, and large carboys of the tincture were sent to some small towns. Great difficulties, he thought, would be experienced in any attempt to stop the use of methylated spirit for medicines.

"The Chairman said the *Pharmacopœia* Committee was opposed to the use of methylated spirit even in liniments, for fear it might stray into other preparations. The opinion of the entire committee, and of the College of Physicians, was against its use."

### HOUSE-WARMING AND VENTILATING.

WE need hardly tell our readers that, with all our boasted hygienic rules and sanitary and social scientific movements, the mode of supply of air to our dwelling-houses, and our methods of heating them, are simply of the roughest and most barbarous. The only individuals who are really scientifically supplied in these respects are those interesting persons who are known of late by the title of "Sir Joshua Jebb's pet lambs." No preparation whatever is made, even in our most luxuriously built modern houses, for the admission of that prime article of life, fresh air. The air finds its way in as it best may—through key-holes, and window-chinks, and doorways, etc. During winter nights, when many fires are burning in our London houses, and large draughts of air are passing up the chimneys, and, consequently, large draughts required to replace them, the air finds its way in as above, and also by the following ways: down some unused chimney; or, and chiefly, from the kitchen and cellar departments; and also not unfrequently from the sewers through untrapped and even trapped openings, and through all rat-holes and crevices leading into them.

The only attempt hitherto made to ventilate our houses has been made at the wrong end; viz., to get rid of the foul air. The only true and perfect ventilation in a town house is that which ensures a supply of fresh air. To ensure a supply of fresh air involves of necessity the removal of the foul air. The condition of our houses is, in this respect, a disgrace to the scientific knowledge of architects. The matter, too, is becoming every day one of greater importance, on account of the increased consumption of gas, and the necessary introduction, therefore, of poisonous gases into them.

The heating of our houses, again, is, as we have

said, most barbarous. Why does not some scientific member of our profession take up and work out practically the subject. By an excellent invention in this way, he would make a grand fortune, and prove himself a benefactor to mankind. It has been said, that an ordinary chimney is the complete solution of the following problem: "To construct an apparatus which, with the greatest possible expenditure, shall produce the least possible effect."

Lastly, at the French Academy, Général Morin read a paper on Ventilation and Heating by means of fireplaces. His experiments were performed in the room of the Director of the Conservatory of Arts. He found, first of all, that 400 cubic *mètres* of air passed every hour through the chimney without any fire. When eight *kilogrammes* of wood were burnt per hour in the same fire-place, from 1200 to 1300 cubic *mètres* passed up the chimney. It resulted from his experiments, that seven-eighths of the heat produced passes up the chimney and is utterly lost as regards the heating of the room, in the fire-place of which the wood is consumed.

### THE MEDICAL COLLEGE AT EPSOM.

WE print, at another page, a further appeal from the Council of the Royal Medical College at Epsom. The appeal is a most honest and legitimate one. We believe that there are still some ten thousand members of our profession who have not yet contributed any pecuniary support to this noble institution—a strange and remarkable fact, when we consider its highly useful and democratic character. But if the immense benefits conferred on the profession by the College are now so universally admitted as to need no illustration here, how comes it, then, that there are so many members of the profession who have hitherto withheld from it their support? We can well understand that there are many of our hard-working brethren with whom the struggle of life is far from an easy one, and with whom even a small pecuniary aid is not rendered without difficulty; but we would remind them that the benefits of this College are especially destined for those members of the profession and their families who have been least favoured by fortune in this battle of life. Those who have most reason to be anxious for the future of their families are just those who, above others, should by precept and example do their best to sustain and invigorate the growth of this paternal institution.

We would especially call attention to one point in this appeal. It is said that there has been a dread with many of their subscriptions being sunk in building. We now learn that those who entertain this idea can, by expressing the wish, have their donations, etc., added to an Endowment Fund. Such a disposition of their money no one can object to. We



sincerely trust, with the Council, that the establishment of this fund may eventually be the means of doing away with that most painful and expensive canvass which is at present necessary to the admission of foundation scholars, by increasing largely the number of scholarships. We would ask our brethren: Is there any more legitimate boon which we as a body can grant to the family of a brother in distress, than that of giving his children an excellent education? Could there be any greater good which an unfortunate or disabled father of a family could wish for his offspring, than that they should receive the benefits of that best of fortunes—a good education? It is to ask the profession at large to further this grand wish of theirs, that the Council now make their present appeal

### THE WEEK.

THE London and Liverpool Insurance Company has, as Mr. Spencer Wells points out, invented a new plan for torturing gratuitous medical advice out of medical men. That ingenious body, instead of applying directly to the private medical man of the person whose life is proposed for assurance, now have the application sent to the medical man by the person proposing himself. This is a distinct putting on of a severe thumb-screw. How can the private medical man refuse the request of his private patient to certify to his condition of health? Mr. Wells having had such an application made to him, answered it to the Company; and then writes the following excellent letter to his patient:—

“January 22, 1863.

“Dear Mr. —,—I received yesterday, from the Liverpool and London Insurance Company, a paper, called a ‘private medical report,’ containing a printed form, which the company have induced you to sign, requesting me to give them a great deal of information respecting your ‘habits, conformation, and general health,’ and informing me that this information is necessary to enable the directors to decide on the proposal of insurance.

“As a friend and patient, it would, of course, give me great pleasure to oblige you in any way, and it would give me far less trouble to fill up the paper sent to me than to write this letter; but there is a principle of great importance to the medical profession involved in this matter, which I will explain to you.

“Some years ago, most insurance companies obliged all who made proposals of insurance to come provided with a medical certificate, and also to submit to an examination by their own medical officer. But, as the companies gained very large profits, other companies were started, and competition had the good effect of lowering the rates of annual payments, and of dividing the whole or part of the profits of the company among the assured. But the tables are still so calculated as not only to insure the company against loss, but to secure so large a profit that a very considerable sum is paid yearly by every office as a commission to agents and others who bring in business; in other words, who introduce persons wishing to insure their lives. It is clear that the profit or loss of any office must depend, in a

great measure, upon a judicious selection of lives; and equally clear that the directors must be guided in their selection by the reports of their own medical officers, and of the medical attendants of the assured. Nearly all the oldest and most respectable offices have gradually been brought to acknowledge that they should pay for the information by which their acceptance or refusal of a risk is decided. A few still hold out, and argue that, as they pay their own medical officer, the assurer should pay his; and this would be fair enough if the engagement were one of mutual obligation; if the assurer were as anxious to insure his life in *one particular company*, as the company is to obtain business. But when there are not only one or ten, but twenty or fifty thoroughly respectable, rich, well-established companies competing for business, and perfectly willing to pay a fair or moderate remuneration for the information they require, no assurer of ordinary intelligence would make his proposal to an office which obliged him either to incur expense, or to ask a favour of his medical man, when he might go to equally good offices who imposed no such condition, but were perfectly ready to pay for the information required.

“I know nothing whatever of the Liverpool and London company; but of all the shabby modes of evading payment for necessary information, and of obliging assurers to obtain this information, that adopted by this company is the shabbiest I ever heard of.

“You, as a lawyer, would very properly resist any attempt of any public company to cut off the proper emoluments of your profession, and will feel that I, as a medical man, by exposing the artifice of this Liverpool and London Company, am only doing for my class what you would do for yours. I am quite ready to furnish you with the names of twenty companies who offer quite as many advantages to assurers as the Liverpool and London can possibly do, and who are not driven to the expedient of begging for gratuitous medical advice.

“Believe me to be, dear Mr. —,—,

“Very truly yours.

“T. SPENCER WELLS.”

His patient, being a man of sense as well as of law, at once sees the injustice of the insurance office's proceeding, and, therefore, writes to the secretary of the aforesaid Company the following note:—

“Dear Sir,—Since I was at your office in Liverpool the other day, I have seen Mr. Spencer Wells, my medical attendant, and having learnt from him that the letter I signed there, and which was addressed to him, is such as to exonerate the London and Liverpool Insurance Company from paying the usual fee, and as he refuses to take any fee from me for his services in this matter, I must decline to insure my life again in your office on such terms, much preferring to insure in an office which properly remunerates medical men for their advice.

“I am, sir, your obedient, etc.”

This is certainly a most excellent example; but can we hope to find many such sensible and reasonable patients as Mr. Wells's has shown himself to be? There may, however, be doubts as to the question who should pay the fee to the medical man, who has an undoubted right to it; and, if the office decline to pay it, we really cannot see why the person whose life is proposed should not do so. The assurance effected is for his benefit; and it is for him, as it seems to us, to settle the question with the office. Nevertheless, Mr. Wells's advice is excellent. Let every medical man do his best to persuade his clients to insure their lives only in those offices who will pay medical men for the information they obtain. We should

then soon have a stop put to their ingenious methods of obtaining the advice gratis.

THE Director of the French Administration General of Public Health has applied to the English Ambassador in Paris, requesting that he would, through the English Government, obtain from the medical men of this country information on the subject of *Tinea Capitis*, as observed in the United Kingdom, and in India, Canada, the Ionian Islands, etc. *Tinea capitis*—a comprehensive term—is, we believe, a much more widely spread disease in France than in England; so much so, in fact, as to become the subject of governmental interference. The Public Administration of Health in France is, it appears, about to organise the treatment of the disease on a more systematic plan. Before doing so, this application to other countries is made for information from those who have had most experience on the subject. A series of questions have been forwarded in schedules, to which answers are sought. The English Government, through Earl Russell, has in consequence applied to the London College of Physicians for its assistance in furthering the wishes of the Frenchman, requesting the College to obtain for him the information sought for. The College have referred the subject to a Committee; and the Committee have recommended that copies of the papers containing the questions be sent to Sir John Liddell, Dr. Gibson, Dr. Farre; to the senior physicians of the naval hospitals of Plymouth and Portsmouth and the military hospital at Chatham; to the medical officers of the Skin Hospital; to the Presidents of the Colleges of Physicians; and to the senior physicians of all the leading hospitals in the country.

MR. SERJEANT WHEELER, Liverpool County Court Judge, does not approve of medical degrees obtained without labour and residence. The learned serjeant thus delivered his judgment on the point last week in his court. Mr. Brown was called to show that the fees charged by a professional brother—Mr. Parker—were too high. Mr. Parker had charged at the rate of 7s. 6d. per visit; whereas he (Mr. Brown) charged only 5s. 6d. per visit, and 6d. for the toll-bar. The serjeant evidently did not approve of this sort of "reducing" evidence.

"Mr. Brown, who was called for the defence, said he was a physician. His Honour asked, if he was a physician, how could he speak to a surgeon's fees? It was intimated to his honour that the witness was a surgeon—that he was a Doctor of St. Andrew's. His Honour: Just as I expected. This is done away with now, is it not? The witness replied that it was not; residence was now required. His Honour said, formerly a person could go one day, get a degree, and walk away dubbed a doctor the next. He had a great objection to this, and preferred degrees obtained by hard work. It was further stated that Mr. Brown was a Member of the College of Surgeons of Edinburgh; and with this statement his Honour expressed his satisfaction."

Our readers will see, by the report of the trial given at another page, that the lawyer was non-suited, notwithstanding Mr. Brown's views of reasonable charges.

WE believe that the Government has made application to the Royal College of Physicians of London, demanding that the College shall receive a lease of its property from the Government. This demand has not a little astonished the College, and will, we have no doubt, be stoutly resisted. The Government asserts that the College is merely leasehold property; that it is held from the Government for a term of one hundred years, forty of which have expired; and now demands that the College shall enter into a lease for its remaining term of sixty years. What has made the kingdom of red-tape thus suddenly rise up and make such a claim upon the College is hard of comprehension. The College, we believe, has no other title to possession beyond the fact of actual and quiet possession, and from what is derived from the general idea of the property having been a gift from the Crown. It has no title-deeds. It has never yet received any lease from the Government, who ought originally to have granted one. The Government, therefore—on, we suppose, the principle of better late than never—is now attempting to repair its former negligence.

MR. TURNER, Dr. A. Ransome, and Mr. Knight, Chairman and Secretaries of the Manchester and Salford Sanitary Association, take exception to a portion of Dr. Buchanan's report, lately alluded to in these pages. In his report Dr. Buchanan observes, that

"Typhus fever (of the true Irish type), which had not prevailed epidemically since the year 1817-8, has in the present year again appeared, and in Preston and Manchester has assumed the epidemic form."

To this the following reply is made.

"We are willing to concede to Dr. Buchanan that twenty fatal cases of the disease did occur during the period of time specified by him. But do twenty cases in a population of nearly half a million, scattered over five months, constitute an epidemic? That no epidemic of typhus fever has prevailed in Manchester since the year 1817-8 is perfectly true, though sporadic cases have during each one of the intervening years never been altogether absent. Nor, if we consider the number and density of the population of Manchester, is there anything very surprising in such an occurrence. If the general standard of the public health is gradually deteriorating in consequence of the too doleful allowance of food meted out to the unemployed, it would be natural to expect that each succeeding month, or, at all events, each succeeding quarter, should exhibit some decided increase both in its general and fever mortality over that which preceded it. What, however, turns out to be the true state of the case? We find that, in the first six months of the year 1862, 31 deaths occurred in Manchester from genuine typhus fever. In the next quarter (and to this and the succeeding one the report more especially refers as those in which the disease took on its epidemic character), the total mortality from fever

is set down at only 78 cases, of which 11 are stated to have been due to typhus; and in that which followed (the last of the year 1862), the numbers given are 118 and 12. We thus see that, during the six months the famine epidemic is said to have prevailed, it carried off only 23 victims; while during the six preceding months it sacrificed no less than 31. We may further observe, that the total number of deaths from all causes in Manchester and Salford during the first six months of the year 1862 was 5,979, while during the last six months it was only 5,409. We have thus the satisfaction of finding that, in spite of the devastating effects likely to be produced by combined epidemics of typhus fever, scarlatina, and whooping-cough, in spite of the wan and haggard looks of the unemployed, in spite of the inadequacy of the food 'to preserve health and strength throughout a lengthened period', 576 fewer persons were conveyed to the cemetery and churchyard during the six months that have just elapsed than during the two quarters that preceded them. These figures speak for themselves."

VIRCHOW appears to be taking a prominent part in the world of politics, as well as of science. The task of drawing up the opposition address to the King of Prussia was, we read, "entrusted to Dr. Virchow, who, it is said, acquitted himself of it with his usual readiness and ability."

"Do you", writes a French journalist, "remark the place that ophthalmology—what a frightful word to write!—takes in our French journals, our book-shops, and on the walls of Paris? All the ophthalmologists of Germany have invaded the town. M. Sichel has made a famous opening there for his compatriots! Since the death of M. Deval, three oculists at least have appeared to take the place: M. de Wecker, M. Liebricht, and M. —, —I forget his name, who have lately arrived, have themselves much spoken of in the journals."

At the celebrated and ancient University of Alcalá, on the 19th of December last, the remains of Francisco Valles were exhumed. He was an illustrious physician of the sixteenth century, the Spanish Hippocrates, deified by his compatriots. Deputations from the Madrid Academy of Medicine, from the Medical Branch of the Army, the royal medical attendants, the press, etc., attended this "pious and imposing ceremony. The memory of the illustrious *savant* was loudly glorified in various discourses, and a banquet terminated this solemn homage rendered to the celebrated commentator of Galen and Hippocrates."

"I have", says M. Chassaignac, "twice practised amputations by caustics. In both cases, the amputation was performed at the middle of the leg, in patients so enfeebled that I dare not amputate in the ordinary way. Both cases were successful. In one case I used the Vienna paste, and in the other a mixture of sulphuric acid and powdered madder. The first of these caustics is not so sure a protection against hæmorrhage as the second, but its action is less painful. In these two cases I left the *bracelet*

fixed on for twelve hours; and five applications were necessary for the complete destruction of the soft parts, the bones being then divided by a chain-saw." It is, we imagine, not necessary for us to describe this last surgical instrument—the bracelet of M. Chassaignac.

The *Gazette Médicale de Lyon* writes thus of advertisements: "The insertion of advertisements in the medical journals is without excuse or justification. Whoever permits it, makes himself voluntarily and knowingly an accomplice in the barefaced falsehoods of the advertising system, and becomes morally responsible for the accidental misfortunes, or the injury done to mortality, which thence result. The *Gazette de Lyon*, we are happy to say, has existed fifteen years, and still exists, thank Heavens, without resorting to this disgrace!"

"I have employed, in the acute articular rheumatism of children, emollient and narcotic applications, large doses of nitrate of potash, leeches, bleeding, and opium, without deriving any real benefits from them. I therefore", says M. Bouchut, "now never resort to these agencies, and only employ sulphate of quinine or veratrine. These two agents are, in fact, actual specifics in acute rheumatism. In a very large majority of cases, they remove the articular inflammation with a rapidity surprising to those who are wont to witness the disease prolonged for weeks and months. Unfortunately, quinine is expensive; and it must be given in large doses, and is then apt to produce unpleasant consequences. Veratrine is equally efficacious, though its physiological action is totally different. Given in doses proper in this disease, it never acts as a purgative. The only action which it has in common with quinine is to reduce the pulse. In two or three days it will bring down the pulse from 120 to 100, 90, and even 60."

There is in London, writes *L'Union Médicale*, a society called *Du Cancer* (Cancer Society), where it is taught that cancer has never been observed in persons affected with an ulceration of the leg. M. Broca, therefore, produces a case at the Surgical Society demonstrative of the contrary.

The Imperial Academy of Medicine has received a communication from Dr. Robert Barnes of St. Thomas's Hospital, claiming the priority in practice of producing premature artificial confinement by means of the uterine dilatation lately extolled by M. Tarnier.

NETLEY HOSPITAL. Arrangements have been made at Chatham for the removal of the invalid *dépôt*, together with the staff at the general hospital, Fort Pitt, to Netley Hospital, which will be ready to be opened in about a month from the present time. The appointment of governor of Netley Hospital has been conferred on Colonel Wilbraham, C.B., governor of the General Hospital, Woolwich.

## ROYAL MEDICAL COLLEGE, EPSOM.

FEW of those who were instrumental in calling into life the Royal Medical College at Epsom, could have anticipated, ten years ago, that, after the lapse of so short a time, it would be enabled to take its place among the first educational institutions of the country. But those who stood by its cradle had a strong confidence in their cause, and in the powerful vitality of their profession. This confidence has not been betrayed. The infancy of the College has not passed away without some rude shocks, which served to test its vigour; the storms have swept over it without impairing its hold upon the profession from which it sprung, and the time has come when the friends of its childhood may hope to see those too rally round it, who, not animated by the same enthusiasm, failed to see in its young germs the same promise of ultimate success.

The time has arrived when the Council need no longer dwell upon mere aspirations, and point to a promise of future reward as an inducement to the profession to support the College at Epsom. They may now speak of a goodly company of boys they have already trained and sent out well prepared for the battle of life; they may point to some who, as in the great public schools of our country, have, through the bounty of benefactors, received gratuitous education; they may draw attention to the weary and invalid of our profession, who in the College have already found the solace and comfort of a home.

But what has been achieved must only be regarded as an earnest of what remains to be done; and as a guarantee that it will be done. The Council are desirous of increasing the number of Foundation Scholarships, and of placing their maintenance upon a footing, independent, at least in part, of the precarious support of annual subscriptions. This should be the noble aim of the entire profession, and if this call be responded to as one concerning each individual member, the realisation cannot be long wanting.

The exhibitors defray their own expenses; but from their payments there is no surplus, nor is there likely to be, for the other purposes of the College. The profession has a right to provide for its own offspring the education it deems fit, and upon its own terms; but it has also an imperative duty to perform to those, who, through the vicissitudes of fortune, have been prevented from securing to themselves, their widows, or their children, such maintenance as their rank and education demand.

Hitherto there has been an objection, on the part of many medical men, to contribute to what is essentially their own institution, from a fear that their money would be sunk in bricks and mortar. The building is now on the point of completion, so that this fear will soon cease to have any foundation; moreover, any donor, or subscriber, may prevent such an application of his contributions absolutely, by intimating a wish that they should be added to the Endowment Fund. When this fund has reached a certain point, it is earnestly to be desired, that the admission of the Foundation Scholars may no longer depend upon the present harassing and expensive method of a general canvass of all the governors, but take place by a competitive examination of the candidates, or some similar proceeding, which may at once render it a reward and a stimulus, while it takes from it that purely eleemosynary character which now surrounds it.

It is this consummation, to the fulfilment of which the Council would venture to call the attention of their

brethren. It is this noble object for which the Council now plead to every registered practitioner; its realisation will be the best evidence that there is such a thing as a strong professional brotherhood, and that the *unity of the medical profession* is more than a dream.

Donations and subscriptions received at Messrs. Goslings and Sharpe's, 19, Fleet Street; and by the Treasurer, John Propert, Esq., 6, New Cavendish Street, W.

## Association Intelligence.

## NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

## WEST SOMERSET' BRANCH: CONVERSAZIONE MEETING.

A CONVERSAZIONE meeting of this Branch was held at Clarke's Castle Hotel, Taunton, on Wednesday evening, January 7th; H. ALFORD, Esq., President, in the Chair.

*Communications.* The following communications were made.

1. Excision as a Local Mode of Treatment in Cancer of the Mamma. By H. ALFORD, Esq. He expressed himself as opposed to the operation, and gave a decided opinion, as the result of his experience and observation, that palliative treatment afforded a prospect of longer life than excision.

An animated discussion followed, in which Messrs. Collyns, Randolph, Bush, H. J. Alford, W. Liddon, and Mrs. Pring and Kelly, stated their opinions, cited statistics, and related cases. The prevailing opinion appeared to side with removal, where ulceration had not taken place, and the disease was uncomplicated with glandular affections; and that wherever a tumour presented *doubtful* character, its removal, with or without partial excision of the mammary gland, should be effected.

2. Mr. LIDDON read an interesting case of Aneurismal Tumour of the Femoral Artery, where the usual characteristic symptoms were absent. A formidable operation and its fatal termination were described and commented upon.

3. Mr. LIDDON also showed specimens of Calculi recently removed at the Taunton and Somerset Hospital. One of phosphatic formation, of the size of a small bird's egg, occurred in a boy born and bred in Taunton, and, so far as is known, presented a solitary instance of this disease in a native resident in the town. Until the last few years, cases of stone were almost unknown in this vicinity; and lithotomy was not performed at the Taunton and Somerset Hospital during the first fifty years from its foundation.

4. Mr. RANDOLPH read a remarkable case of Gun-shot Wound, where the charge of shot passed through the arm of a boy eight years old, dividing the brachial artery and median nerve. The limb was saved; and although for a long time it was almost deprived of sensation, and no pulse could be felt at the wrist, after a lapse of two years complete recovery took place, both of nervous power and of circulation through the radial artery.

5. Some interesting wet and dry preparations were exhibited, and short histories of cases given.

*New Member.* Dr. Hamilton Kinglake was elected a member of the Association.

## Progress of Medical Science.

**TREATMENT OF BURNS.** Dr. John Ashhurst, late Senior Resident Surgeon to the Pennsylvania Hospital, in a paper elicited by recent accidents in Philadelphia, observes that a burn is to be looked upon as a constitutional more than a local affection. The first question should be, does the sufferer feel cold; and his pulse and respiration should be carefully observed. Put the patient instantly to bed and cover him with as many blankets as can be obtained; give him quickly a moderate amount of stimulus and a decided anodyne; such as sixty drops of laudanum with an ounce of brandy. The first danger is from shock; of ten patients received into the Pennsylvania Hospital last September from the fire at the Continental Theatre, six died within twenty-four hours, and from shock; some having never reacted, and some after partial reaction sinking again with frightful rapidity. The surgeon should not be in a hurry to dress the patient before attending to constitutional treatment; they will perish from shock if reaction be not obtained. Brandy and opium are the remedies most to be relied on in the treatment of burns. Brandy should be given in the form of milk-punch in preference to being mixed merely with water. The amount of stimulation which is well borne and even necessary in these cases is surprising. For weeks and weeks Dr. Ashhurst has given patients two ounces of milk punch containing one-third brandy, every hour day and night, making a pint of brandy in the twenty-four hours, and this to delicate women and perfectly sober men. Large doses of opium are also required. He generally gives half a grain of the sulphate of morphia every six hours. When the surgeon has seen to the general condition of his burnt patients, and not before, he may properly inquire as to the extent of their injuries. And upon this must in a great degree his prognosis be formed. If half of the surface be involved, no matter how superficial the burn may be, or how good may be the patient's condition, he will almost surely die. Even a burn of one-third of the surface, if it be over the trunk, will almost necessarily prove fatal. And in no case should a recovery be certainly predicted, for burns are not only the most mortal, but the most deceptive injuries the surgeon is called upon to treat. Only a small portion of the surface is to be dressed at once, and it is well to have some systematic mode of procedure. Dr. Ashhurst usually dresses the arms (for they are almost always involved) before any other part, then proceeds to the body, and dresses the face last; this is important, as the dressings cannot be applied as closely to the face as to other parts, and are apt to fall off and require renewal during the changes of position necessary for securing the dressings to the chest or back. The material generally used at the hospital as a primary dressing is the "carron oil," consisting of linseed oil and lime water. This is the most convenient application; its results are, Dr. Ashhurst believes, as good as can be obtained from any other, and in his practice it has been found far more soothing than anything else. The zinc paint is a good dressing, but requires to be frequently renewed, as it becomes dry, and is then very irritating. It is made by incorporating the oxide of zinc with linseed oil, and is applied by means of a brush. He has also painted burns with the solution of lunar caustic, as recommended by Mr. Skey, but has not observed that the sensibility of the parts was diminished by the application. The best method of applying the carron oil is to soak pieces, not more than eight inches square, of patent lint, Canton flannel, or even old linen or cotton goods, in the mixture; and having laid the dressing thus prepared on the parts to be covered, to apply accurately over the whole oiled silk. Should the burn be of the first degree,

or even of the second, provided the vesication were not very extensive, carded cotton might be a good application, as recommended by several surgeons. Even in these cases he should be disposed to cover the parts thoroughly with the carron oil before applying the cotton. Where, however, the parts are more deeply involved, rendering suppuration inevitable, he prefers the dressing by means of patent lint and oiled silk. Although he has not himself used cotton, he is familiar with its application in the hands of others, and he has not observed from its use the great relief from suffering which Dr. Anderson considers one of its principal advantages. If cotton be used, it should be carefully prepared; as met with in commerce it is too apt to contain germs which heat and moisture will develop into maggots. The dressings should be retained in place by means of roller bandages. The face should be covered with a mask prepared in the same way, and having holes cut for the mouth and eyes. It is better to keep the cloth over the face wet by frequent reapplication of the oil; but if this cannot be done it may be covered with oiled silk, secured in this case by adhesive plaster, for a bandage around the head is unnecessarily confining. When the patient is dressed, he almost always expresses himself as feeling much more comfortable. He should be encouraged to make hearty meals. The bowels are very often constipated at first, and should be opened by mild enemata; in the course of a few weeks, however, exhausting diarrhoea is apt to set in. Retention very often, and sometimes suppression of urine, occurs during the first days. This is particularly to be watched for in women, who from modesty are often prevented from making their wants known. The most universal accompaniment of burns and scalds is extreme thirst, and from an injudicious gratification of this desire (in obedience, perhaps, to the vulgar impression that water will put out the fire supposed to be lurking in the system) arises one of the most unfavourable symptoms—viz., sickness of stomach. Dr. Ashhurst allows small pieces of ice to be held in the mouth, or gives small quantities of carbonic acid water; but on no consideration permits more than a mouthful of water to be drunk at once. When the patient has been comfortably dressed and has sufficiently reacted, he may be considered out of immediate danger if the extent of surface burnt is not too great. The third and the eleventh are often spoken of as being critical days, and certainly death is very apt to take place about these periods from hypostatic congestions and effusions upon the lungs or brain, from tetanus or other unavoidable complication. After reaction, if the patient eat and sleep well, if he be quiet and do not vomit everything he swallows, he may be considered as in a very favourable condition. If, on the other hand, he become delirious, his chances of life are very much diminished. The delirium of burns more closely resembles that of *mania à potu* than anything else. The local treatment in this the second stage of burns must depend on the condition of the surface. And it is most important that the sores should be dressed as seldom as possible. The first dressing should not be disturbed till absolutely saturated with the discharges; after this the harm of exposure entailed by a redressing will be less than that caused by the presence of so offensive a mass as the old dressing has become. Dr. Ashhurst has generally found it necessary thus to renew the dressing after two days; and thenceforward every other day it will be usually proper to dress our patients entirely anew. As soon as the slough has come away from any part, he removes the carron oil or whatever dressing has been applied at first, and makes use of simple cerate spread upon patent lint. For this may subsequently be substituted the carbonate of zinc cerate, or the ointment of oxide of zinc, according to the nature of the granulations. In washing burns, after removing the soiled dressings, and previous

to applying the clean, great care must be exercised. The water should be at least at the temperature of the room; better warmer than colder; the room itself should be warm. Care should be taken not to touch the raw surfaces with the sponge used in washing; the granulations are very sensitive and bleed easily. On the other hand, the new skin surrounding the sore should be carefully wiped free from all the discharge which accumulates upon it; for it is important for the patient's health that this skin should exercise as fully as possible its exhalant powers. For the same reason, in applying the dressings no more than the part really sore should be covered, for to cover the new formed skin renders it useless. In the latter stages of burns of the fourth degree and deeper, the sore presents the appearance of an ordinary healthy ulcer; here touching the edges with lunar caustic in substance is very useful in promoting cicatrization. Of course in this the third stage of burns care must be taken, by the use of suitable splints and bandages, to obviate the unsightly contractions which are apt to follow burns affecting more than the mere surface. Burns are the opprobrium of surgery, and will always continue to be so, under whatever treatment; but Dr. Ashurst firmly believes the mortality might be much diminished, could the rules which have been impressed upon his mind by sad experience be made equally clear to every practitioner. (*American Journal of Medical Sciences.*)

**ENORMOUS TUMOUR OF THE SIDE.** At the New York Pathological Society, Dr. Conant presented a large tumour removed from the side of a female, with the following history: Miss A., aged 36, presented herself before the medical class in the University of Vermont, with a large tumour attached to the right side from the median line in front to the median line behind over the crest of the ilium. The tumour was attached by a pedicle about sixteen inches long and four to five deep, and hung as low as the knee of the patient. It was somewhat pear-shaped, with the large extremity down, and was so heavy that the patient had to lift it over herself when she wished to turn in bed. It was estimated that the mass weighed thirty pounds. The patient was just convalescing from measles, and it was thought best to take a week for preparation before attempting an operation for its removal. She was again before the class, when, after having been administered by Professor Stiles, Dr. Conant assisted by Professor Allen and others, commenced the operation by first inserting strong bobbin through the entire pedicle at short distances, tying very tight the different sections as a precaution against hæmorrhage. The ligatures were not all satisfactory as they were constantly giving way during the manipulation of the tumour, so that more than half of them were broken before the operation was completed. The tumour was removed with the *écraseur* of Chassaignac, dividing the pedicle into parts as large as the chain would surround; it required six segments to divide the whole. The hæmorrhage was very slight from the side of the patient, but the veins were numerous and large, and the hæmorrhage from the cut surface of the tumour was so great that they were obliged to be ligatured during the progress of the operation. The time consumed in removing the entire mass was two hours and ten minutes. The surface uncovered was sixty-four square inches. The lips of the wound were brought together by strong sutures, and the patient removed to the ante-room; some hæmorrhage appearing, the wound was opened, and one bleeding vessel secured, after which there was no more trouble. She was removed on a lounge by members of the class to her boarding-house, and carefully watched three days. No unpleasant symptoms arose, dry cloths only were kept applied to the wound, which healed by first intention for about four-fifths of its length. The rest suppurated and healed by

granulation, and the patient returned home the second week after the operation. The patient was very thin, and small in stature, weighing only about one hundred pounds before the operation. The tumour weighed twenty-five, so that one fourth the entire weight was removed. Microscopic examination proved the diagnosis to be correct, and the tumour to be a hypertrophied integumental corium of a fibroma. The patient had numerous small ones in the skin over the body, and proposed to come down each spring and have the largest one removed. (*Phil. Med. Reporter.*)

**EXAMINATION OF THE URINE IN DISEASE.** M. Bouchardat has arranged the necessary agents for such an examination, so as to make the latter easy. The principal agents employed are heat, nitric acid, tannin, lime, and an ioduretted solution of the iodide of potassium. 1. *Heat.* A little above 100°; the urine becoming turbid, will separate albumen in the form of clots or flakes. But it must not be forgotten that every specimen of urine which becomes turbid under the agency of heat is not necessarily albuminous; hence we must employ. 2. *Nitric Acid.* Add some of this acid carefully to the urine. If albumen be present, flakes will be deposited. An excess of acid will dissolve the flakes. Any urine that becomes turbid under the influence of heat, and renders a precipitate under the action of nitric acid, contains, beyond all doubt, albumen. 3. *Tannin.* A solution is made by adding two hundred grammes of water to ten grammes of tannin, and ten grammes of ether are then added to preserve the solution. The action of this reagent cannot be relied upon, since the solution of tannin will produce an abundant precipitate, if soup, rich in gelatine, have been taken shortly before the analysis. 4. *Lime.* This detects admirably the sugar of diabetes. Fifty grammes of urine, and two grammes of lime, being boiled together in an assay-bottle, will give the colour of caramel, more or less dark, according to the quantity of sugar present. The quick-lime is slaked with water, and then introduced into a flask which has a tight cork. If fifty grammes of urine are not coloured when boiled with two grammes of lime, then two grammes more should be added. After the mixture is boiled again, if no colour appear, it is well to test the lime. For this purpose, a half teaspoonful of starch-sugar is poured into the flask. On boiling, if the urine should then be freely coloured, we have proof that the lime had been properly calcined, and that the urine contained no sugar independent of the starch-sugar which had been added. 5. *Ioduretted Solution of Iodide of Potassium.* This is prepared by dissolving one part of iodine and one part of iodide of potassium in fifty parts of water. This solution will communicate a chestnut-brown colour to urine containing sulphate of quinine or any other alkaloid likely to be administered in therapeutics. (*Jour. de Chim. Méd. and Amer. Med. Monthly.*)

**POISONING BY TINCTURE OF VERATRUM VIRIDE.** Dr. G. N. Edwards was summoned, on December 18th, to see a scientific chemist who had taken one drachm of tincture of green hellebore (equal to about twelve grains of the powder). Dr. Edwards found him sitting in the water-closet vomiting into the pan. His features were sunken; the skin cold, and covered with a profuse, clammy sweat; his pulse quite imperceptible. He complained of intense pain about the epigastrium. The vomited matter appeared to consist at first of the food and contents of the stomach; afterwards of glairy mucus. Dr. Edwards gave him immediately about an ounce and a half of pure brandy, which at once checked the vomiting. At this time, he was joined by Mr. Buxton Shillitoe, the patient's usual medical attendant. As the patient had slightly rallied, he was moved into a room a few yards from the water-closet, and laid on the couch in front of the fire. The surface of the body was still



very cold, especially the extremities. The clammy sweat continued, but the pulse could be felt indistinctly, beating, very feebly and irregularly, forty-four in the minute. A dose containing half a drachm of compound spirit of sulphuric ether and a drachm of aromatic spirits of ammonia was given, but immediately rejected by the stomach; but some brandy, given directly afterwards, was retained. A large mustard poultice was applied to the epigastrium, and a large hot-water bottle to the feet. Two or three efforts at retching afterwards took place, and he once or twice vomited food, mucus, and a small quantity of blood. Warmth gradually returned to the surface, and the pulse became somewhat better in volume and power. Brandy was given at short intervals; and, after about an hour, a second dose of ether and ammonia, which was retained. The patient then fell asleep, slept for about a quarter of an hour, and awoke with the expression, "I am all right now," and appeared comparatively well. There was no diarrhoea throughout. He had two or three times a slight return of the symptoms, did not sleep during the night, but was quite easy; and the next morning only felt the discomfort arising from the mustard poultice and the soreness of the muscles caused by the retching. He gave the following account of his feelings during the attack:—"Before taking the dose of the tincture, I had consulted Pereira, and finding Dr. Mead's dose of the tinct. helleb. nig. to be two teaspoonfuls twice a-day, and knowing the green hellebore to be of the same tribe, I considered, in taking one teaspoonful, I was rather under than overdoing it. The drachm of the tincture was taken about half-past four or a quarter to five o'clock p.m., and my stomach soon afterwards whispered that I had admitted a troublesome guest. I went upstairs and sat down, thinking a cup of tea would set all right; but the uneasy constriction of the stomach continuing, with a tendency to sickness, made me retire to the water-closet. The sickness once commencing, soon became alarmingly violent, with the most excruciating pain in the lower part of the stomach, the pain extending to about the size of my hand; the feeling of the seat of the pain was, that all the warm tea, water, etc., that I took to provoke the vomiting, went under the pain, making the constriction more and more violent. Finding the case getting desperate, I sent off for medical aid; the pain continued to increase, and the ejection from the stomach was now glairy mucus with blood, with running from the nose and eyes. The most painful and profuse cold sweating now came on, and the difficulty of breathing became more and more laboured. I could not help wondering at the presence of anything like heat or constriction of the throat; my mind was perfectly calm; and, although I thought it more than probable that I should die, I did not feel alarmed. Hearing and recognising the voice of one of my medical friends is all I recollected for some time afterwards. Immense circles of green colour appeared round the candle, which, as vertigo came on, and I closed my eyes, turned to red. The pain continued excruciatingly at the pit of the stomach, and a slight tendency to cramp existed when my legs were touched. It was some hour or more afterwards when I awoke, and found myself comparatively well. The sting of the mustard I can well recollect, and the horror of being forced to swallow brandy is even now with me. My bowels were not at all acted on. The next morning I took a dose of citrate of magnesia, and, in the evening, a blue pill with colocyth, which relieved my bowels this morning." No authenticated case of poisoning by veratrum viride has been recorded. The full dose of the tincture is eight minims. (*Med. Times and Gazette.*)

LOGWOOD AS A DEODORISING AGENT. A knowledge of its value seems to be more particularly desirable at this time when so many of our soldiers are suffering from sloughing and gunshot wounds. A simple aqueous

solution of extract of logwood applied to such wounds will effectually do away with all offensive odour arising therefrom. In cancerous ulcerations, it is equally valuable; and in cancerous disease of the uterus, that most horrible of all diseases of women, it may be used in the form of injections with complete success in removing the terrible odour which always accompanies such disease. (*Amer. Med. Times.*)

FOREIGN BODY IN THE FOOT FOR FIFTEEN YEARS. A case is related in the *Buffalo Medical and Surgical Journal*, in which a piece of glass, one inch long by about half an inch wide at the base, and terminating in a sharp point, was removed from the foot of a lady, after having been there for fifteen years. The glass was stepped upon, several pieces entering about the head of the metatarsal bone of the great toe; and all but this one were removed at the time. It had passed across the sole, and was extracted about an inch behind the head of the metatarsal bone of the little toe.

## Special Correspondence.

### LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE usual annual meetings of our three great hospitals have recently taken place; and the following items in the reports seem worthy of notice.

The Royal Infirmary has a surplus of income over expenditure of £722, a much more satisfactory state of account than has often been presented at the close of the financial year. From the report of this institution, it appears that a handsome and commodious building has been erected, and is on the eve of completion, as a Nurses' Home, intended for the residence of females who are to receive instruction in the wards of the infirmary. It is also in contemplation to erect additional wards to be set apart for the reception of females suffering from uterine disease; a philanthropic and sympathising lady having placed at the disposal of the trustees, for this purpose, the munificent sum of £10,000. The managing committee have done a gracious deed in voting a donation of £200 to Mr. Parker, the late governor of the lunatic asylum, which constitutes a part of the establishment, who retires from ill-health after a servitude of eighteen years. It should be stated that, contrary to the usual arrangement in lunatic asylums, the late governor was not a medical man; but the vacancy is now filled by Dr. Stark, late medical officer at the County Asylum at Lancaster, and it is probable that for the future the appointment will always be in the hands of a professional man.

The Northern Hospital is not in so fortunate a position as to funds; the annual income falling short of the expenditure to the serious extent of £1500. This appears to have arisen from a considerable decrease in the number of subscriptions, as well as of donations and bequests; and is, probably, in some measure, the result of the stagnation in business consequent upon the cotton famine. There is good reason, therefore, to hope, in the words of the Mayor, who presided on the occasion, that "the cloud which has now so long been hovering over us will soon disappear, and, as the new year

rolls on, business may regain its former activity, when the hearts and purse-strings of the people will cheerfully yield a liberal response to the appeal on behalf of this excellent institution."

In the proceedings of the Southern Hospital, it was intimated that in the course of the present year the office of physician to the institution will become vacant by the retirement of Dr. Cameron, whose period of service will expire, in accordance with the tenure of office, which, at this hospital as well as at the Northern, is limited to a definite number of years.

Our parochial authorities are discussing the question as to whether it is requisite or desirable to extend the existing accommodation for the reception of fever patients by the erection of a larger fever hospital in a suitable locality, to supersede the present building, which is thought to be too small, and its present situation, within the precincts of the workhouse, undesirable. From the report of the medical officers, Dr. Gee and Mr. Fletcher, it appears that the present building is well ventilated, and sufficiently isolated from the adjacent buildings; and, in their experience, fever has not been communicated therefrom to the other parts of the workhouse. The number of beds (which is ninety-six) has for the past eight years been sufficient to accommodate all the pauper fever cases that have required admission; but if the number of patients now in the wards should prove to be the average, more extended accommodation will be necessary. As public bodies are proverbially slow in action, it is probable that official delay will afford an opportunity of determining whether the present high rate of fever in the town is only temporary, and thus enable the ratepayers to satisfy themselves as to the necessity of this additional burden upon their funds, before undertaking a work which, however desirable, would doubtless involve a considerable addition to the present expenditure.

The coroner's court has lately afforded another example of the prevalent evils of counter-practice by druggists, or, perhaps, in the present instance, of the incautious manner in which people often venture to become their own doctors. A father, finding that his infant, three weeks old, was very cross, went to a druggist's shop and purchased a pennyworth of syrup of poppies, and administered two doses of half a teaspoonful each to the child, who died the next day. A surgeon had been called in, who found the child narcotised; and upon his evidence, a verdict was returned of *Chance Medley*, accompanied with the opinion that the druggist had been much to blame in not having asked what the syrup was for, and stated the quantity to be taken.

Considerable activity and excitement are now prevailing in our medical world, in the prospect of three vacant appointments about to be filled up.

In consequence of the death of Mr. James Cooper, who held for many years the post of surgeon to the borough police force, the watch committee of the Town Council have determined to divide the office into two, one for the north and one for the south division of the borough, at a salary of one hundred guineas each; the duties being to examine all recruits before joining the force, and attendance upon men injured when on duty—

all other sickness occurring to the officers being already provided for by a benefit society of their own.

The select vestry of the parish have also a little patronage to bestow, owing to the resignation of Dr. Ayrton, one of the district medical officers. The remuneration and duties of this appointment have been fully detailed in one of my recent letters. As it is just possible that the bare announcement in your widely-circulated columns of these splendid openings might cause an influx of medical adventurers from distant parts, it may be well to add that although, of course, the field is open to all, and although the appointments, up to the time I write, have not been advertised, an active canvass has already been completed by the candidates, whose name is legion, and some of whom possess such local standing and influence as would probably reduce the chances of a stranger to a minimum. It is reported, but I cannot vouch for its accuracy, that there are no fewer than seventy applicants for the police appointments. With regard to the parochial district, I have authority for stating that there are already twenty-four candidates in the field. What a commentary upon the position and prospects of our overstocked profession!

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 7TH, 1863.

W. TYLER SMITH, M.D., President, in the Chair.

*Beef-Tea.* A preparation of Concentrated Beef-Tea was exhibited to the Society by Mr. BUCKLE, Culinary Chemist, of North Place, Gray's-inn Lane, convenient for administration in cases where expeditious employment of nutritive material is required.

ON VAGINAL LITHOTOMY. BY J. H. AVELING, M.D., SHEFFIELD.

The paper commenced by reciting the particulars of thirty-five cases in which this operation had been performed—twelve British, and twenty-two foreign. The author also gave another case, in which he divided the vesico-vaginal septum, and extracted a small rough stone. The wound was brought together with silver wire sutures. Gilt beads were passed over the ends of these, and run down to the lips of the wound. These were kept in position by a perforated shot, also passed over the ends of the sutures, and tightened upon them by a pair of forceps. He proposes in future to use a coil, made by winding a piece of the suture wire round a pin, instead of the beads. The wound healed in a week, and the patient returned to her home in a fortnight.

Mr. SPENCER WELLS congratulated Dr. Aveling upon the successful result of his interesting case. But he had begun to doubt whether the success which had followed the operation for the cure of vesico-vaginal fistula of late years was so much due to the use of wire sutures as to the improvements which Dr. Sims had originated in the mode of bringing the fistula into view, accurately paring the edges, and bringing them into perfect apposition. After many comparative trials on different parts of the same wound with wires of silver, iron, lead, platinum, and aluminium, and with fine catgut, horse-hair, telegraph wire, india-rubber thread, and the fine strong silk known as "Chinese twist," he had become convinced that wires offered no advantage over silk, while silk offered many advantages over every other material

used for sutures. In a recent case he had closed a vesico-vaginal fistula by five silk sutures, and perfect union resulted, although no catheter was used. The supposed necessity for the use of the catheter after closing vaginal fistula, was another error which time was correcting. The urine is by no means so irritating a fluid as some believe. With regard to stone in the bladder during labour being a cause of vesico-vaginal fistula, he had once removed in the Samaritan Hospital a large stone through a fistula before closing it; but it was very questionable whether it could often be necessary to remove a calculus through the vagina when no fistula existed, or to run the risk of making a fistula to remove a stone. Lithotomy was very easily performed in women; and large fragments of stone passed readily through the short female urethra, so that no form of lithotomy could often be called for. Where, from some exceptional condition of bladder or stone, lithotomy was inappropriate, vaginal lithotomy might become a valuable operation; but experience was still wanting to show that it was better than, or as good as, the lateral operation so successfully practised by Dr. Buchanan of Glasgow.

## Correspondence.

### TREATMENT OF SMALL-POX BY SARRACENIA PURPUREA.

LETTER FROM CHARLES J. RENSHAW, M.D.

SIR,—As there is some difference of opinion with regard to the efficacy of *sarracenia purpurea* in small-pox, I think the accompanying cases may be worthy of publication.

CASE I. E. A., aged 30, vaccinated when an infant, of good general health, complained on October 31st of feeling unwell, and thought she had taken cold. Nov. 4th. I was called to see the patient, and found her in a state of partial stupor, with severe headache, pain in the back, and feeling of nausea. The urine was high coloured and scanty; bowels costive; tongue dry, dark in the centre, and furred at the edges; pulse 130, hard. I prescribed a purgative to be taken immediately, and a saline every four hours. Nov. 5th, 10 A.M. The patient was unable to speak. The symptoms were no better. The arms, face, and parts of the body were covered with eruption. 8 P.M. She appeared easier; the eruption was spreading. Nov. 6th. Vesicles were forming. She appeared generally a little better. I gave her a decoction of *sarracenia purpurea*. Nov. 7th. The patient was better in every way. The stupor was entirely gone; the head was much easier; she had no nausea; the tongue was moist; pulse 100, soft. The urine was not so high coloured, nor so scanty. The eruption was rapidly assuming the pustular form. Nov. 8th. During the night, the pustules had filled and died; they were like scales elevated from the cuticle; not one had scabbed. The patient felt well, but weak. Nov. 9th. The patient continued to improve. The scabs began to drop off, leaving no pitting.

CASE II. T. A., aged 10, had been vaccinated when an infant. He began to complain November 3rd. On the 6th, the eruption made its appearance, with the usual symptoms of small-pox. I prescribed decoction of *sarracenia purpurea*. In two days the pustules fully formed and died; not one scabbed nor pitted, but all fell off in scales. The patient rapidly recovered.

CASE III. J. R., aged 21, who had never been vaccinated, began to feel poorly October 30th. On Nov. 1st, the usual symptoms of small-pox set in. Nov. 2nd. The eruption began to appear. Nov. 3rd. I prescribed the same decoction. After the first dose, he felt relief. The course of the eruption was completed in forty

hours, and the pustules appeared as scales. One only had burst, and that the patient had scratched; they all fell off without leaving a single instance of pitting.

I have used this decoction in two other cases, with similar effects.

The effect of the *sarracenia purpurea* in these cases seems to agree with the account of its properties given by Mr. H. Chalmers Miles in the *Lancet* for Oct. 18th. Though all the cases were of the simple variety, yet even in these cases the pustules generally burst, scab, and occasionally pit; and the disease is generally of much longer continuance. In each instance, the patient felt better after taking the first dose. By the third day, the pustules had formed and died. Only one had formed a scab, and that from accident. There was no secondary fever nor pitting in any of the cases.

The remedy is, I think, worthy of more general use.

I am, etc., C. J. RENSHAW.

Altrincham, December 1862.

### THE SULPHITES IN DIPHTHERIA.

LETTER FROM JOHN LYELL, M.D.

SIR.—In the March number (1862) of the *BRITISH MEDICAL JOURNAL*, the experiments of Dr. Polli of Milan on the action of sulphurous acid as an antiferment in blood-poison were briefly noticed. From that notice I have been led to the use of this as a therapeutic agent in diphtheria, so evidently toxæmic in its nature; and I beg here to call the attention of the profession to the use of it in that disease. Diphtheria has been prevalent here as an epidemic, and an opportunity thus given for testing the value of this and other curative means. From Bretonneau downwards, these have been acknowledged to be exceedingly unsatisfactory and inefficient; and on its first outbreak here, every means employed seemed to be utterly powerless, whether these were local or general. After a time, I began to use sulphite of soda in half-drachm doses, every six hours or every four hours where the case seemed more urgent. As the improvement following the use of this remedy has been apparently very marked, I have written this brief note in order that its value may be tested where diphtheria at present prevails. The prescription I have been using is the following: sulphite of soda ʒss; water ʒiv. A tablespoonful (ʒss) to be taken every four or six hours.

As a topical application, I use the insufflation of a few grains of calomel to the exudation on the fauces through a gutta-percha tube, together with the inunction of simple camphorated or iodised camphorated ointment. I have no faith in the application of nitrate of silver or other caustics to the parts. By pitting one side of the throat against another, I have found the cauterised side more tardy in getting well than the other. The permanganates and other topical applications I have used, but I cannot say with benefit. My object, however, in now writing is to get the sulphites tested as depurants and antiferments in this terrible toxæmic malady.

I am, etc., JOHN LYELL.

Newburgh, Fifeshire, January 13th, 1863.

EARLSWOOD ASYLUM. One of the most useful of our charitable institutions is the Asylum for Idiots at Earlswood. What is done there, in the way of reviving the flickering light of reason, can only be understood by those who have visited the asylum. Yesterday the annual New Year's festivities took place. There was a distribution of prizes to successful pupils in the schools, a dinner to the inmates, and subsequently a series of amateur dramatic performances. All passed off in a most satisfactory manner.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on Jan. 20th:—

Baker, Thomas Franklin, Doncaster  
Bobart, William Matthews, Ashby-de-la-Zouch  
Bracey, William Arthur, Birmingham  
Brown, Isaac Baker, Connaught Square  
Chaudler, Edward, Chester Place, Kennington  
Cross, Arthur John Graham, New Street, Spring Gardens  
Elliot, George Hurlstone, Chichester  
Ellis, Edward, Fitzroy Street  
Fry, J. hu Blount, Edgbaston, near Birmingham  
Lattey, James, Upper Phillimore Gardens  
Megget, Archibald, Scarborough  
Mottershead, John, Macclesfield  
Randell, Edward Benjamin, Carshalton  
Roberts, James Dixon, Shipley, near Leeds  
Saville, John James, Sunderland  
Simpson, Philip John, Gower Street  
Smallhorn, Thomas, Dublin  
Spurway, Charles, Tiverton, Devon  
Willes, Joseph, Brighton  
Williams, John Wilkins, Paddington  
Wilson, John, Musselburgh  
Wood, Eltham, Toronto

**NAVAL SURGEONS.** The following gentlemen passed their examinations for Naval Surgeons at a meeting of the Court of Examiners, on January 20th:—

Allison, Thomas Dunlop, M.D. Glasgow, M.R.C.S. Eng.: diploma of membership dated June 25, 1858  
Hughes, Thomas Williams: June 13, 1856  
Keelan, Patrick, of H.M.S. *Neptune*, M.R.C.S. Irel.: Nov. 4, 1855  
Roche, William (B.), of the Royal Naval Hospital, Plymouth: May 24, 1855

**Admitted Members on January 21st:—**

Agassiz, Alfred, Bradfield, Essex  
Brittain, Thomas Lewis (M.D. Edin.), Chester  
Bruce, James, Islington  
Buckmaster, Charles Addams, Piccadilly  
Cartmel, Henry, Manchester  
Clarkson, Frederick Robert, Leeds  
Craister, Thomas Lawson, Leeds  
Davies, John, Coleshill, Warwickshire  
Hay, Robert, Belfast  
Leigh, Thomas, Chiswick  
Meeres, Albert, Thame, Oxford  
Miskin, George Albert, York Road, Lambeth  
Nest am, Thomas Cargill, Newcastle  
Pattinson, Henry Albert, Penrith, Cumberland  
Rains, Samuel, Manchester  
Reddrop, John, Tiverton, Devon  
Richards, Henry Ebenezer, Sloane Street  
Row, William, Clapham Road  
Sargent, George Pearce, Camberwell  
Stone, Robert Sidney, Bath  
Thorne, Richard Thorne, Leamington  
Turner, Arthur Newman, Bernouisey Square  
Wadsworth, Alfred, Leeds  
Walker, Samuel Edward, Warwick  
Welby, William Montague Hall, Newark, Notts  
Wright, George Vint, Edinburgh

**Admitted Members on January 22nd:—**

Arnott, John Lovell, Cheltenham  
Butlin, Charles Henry, Camborne, Cornwall  
Canny, Denis Joseph, Dublin  
Cooper, William, Beaumont Street, Cavendish Square  
Daniel, William Clement, Kennington  
De Leon, Jacob, Jamaica  
Dick, Thomas Thomson, Ayr  
Farwell, Arthur John, Chipping Norton  
Gregson, George, Harley Street  
Mapleson, Horley Thomas, Westbourne Place  
Meadows, Robert, Ipswich  
Smith, George, Hampstead Road  
Smith, Philip Henry Pye, Hackney  
Smith, William Frank, Nottingham  
Thornburn, John Edward, Cockermouth

**APOTHECARIES' HALL.** On January 22nd, the following Licentiates were admitted:—

Holbs, Henry Addison, Croydon  
Walker, George Edward, Wigan, Lancashire

## APPOINTMENTS.

\*DE MORGAN, Campbell, Esq., F.R.S., appointed Consulting Surgeon to the East Grinstead Dispensary, in the room of M. Henry, Esq.  
EDWARDS, Morgan J., M.D., appointed House-Surgeon to the Glamorganshire and Monmouthshire Infirmary, in the room of F. B. Hutchinson, L.R.C.P. Ed.  
EVANS, Caleb, Esq., appointed Surgeon to the Birkenhead Borough Hospital.  
GAIRDNER, William T., M.D., appointed Medical Officer of Health for Glasgow.  
GRADHAM, George W., Esq., appointed Senior Assistant Medical Officer to the Surrey County Asylum.  
HARVEY, Alexander, M.D., appointed Surgeon to the Aberdeen Ophthalmic Institution, in the room of the late J. Cadenhead, M.D.  
LAPRAIK, Thomas, M.D., elected Surgeon to the Glasgow Asylum for the Blind.  
SELWOOD, Henry C., M.D., elected House-Surgeon to the Birkenhead Borough Hospital, in the room of C. Evans, Esq.  
STAMPER, James F., M.D., appointed House-Surgeon to the Tunbridge Wells Infirmary, in the room of R. Hicks, Esq.  
WARD, Charles P., Esq., elected Visiting Surgeon to the Royal South London Dispensary.

## ARMY.

To be Staff-Assistant-Surgeon:—

JACKSON, R. W., from half-pay.

## ROYAL NAVY.

BRIEN, Charles R., Esq.  
DAVIES, Edward, Esq.  
FULLER, Charles H., Esq.  
LARDNER, Jason, Esq.  
LIDDELL, Henry, Esq.  
LAW, Ernest, M.D., Acting Assistant-Surgeon, to the *Buzzard*.  
RARIE, John, Esq., Surgeon, to the *Buzzard*.

To be Deputy Inspectors of Hospitals and Fleets, on the Retired List.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

PLYLE, T. T., M.D., to be Assistant-Surgeon 3rd Durham R.V.  
WALLACE, S., M.D., to be Assistant-Surgeon 1st Administrative Brigade Glamorganshire A.V.

## BIRTHS.

BARKER. On January 20th, at Bedford, the wife of \*T. Herbert Barker, M.D., of a daughter.  
FLOWER. On January 28th, at 39, Lincoln's Inn Fields, the wife of W. H. Flower, Esq., of a daughter.  
SWEETING. On November 3rd, 1862, the wife of the Rev. G. Sweeting, Perth, West Australia, and eldest daughter of \*F. Page, M.D., Southsea, of a son.

## DEATHS.

BOULT, Edmund, Esq., Surgeon, at Bath, aged 48, on January 24.  
CATLETT. On September 28th, 1862, at Sydney, New South Wales, Emily Marsh, wife of William Catlett, M.D.  
CRIGAN, the Reverend Alexander, M.D., vicar of Skipworth and Riccall, Yorkshire, at Sidmouth, aged 82, on January 25.  
FOWKE, Frederic, Esq., Ryde, Isle of Wight, aged 57, on January 24th; and on the same day, aged 59, Anne Waiuwright, his wife.  
HANNAH. On January 22nd, James W., eldest son of James Lee Hannah, M.D., Brighton.  
HOLDEN. On January 23rd, at 54, Gower Street, Frances, wife of Luther Holden, Esq., Surgeon.  
HUTCHINSON. On January 16th, at Ramsgate, aged 8, Montier Vaux, fourth son of T. Cayley Hutchinson, Esq., Surgeon-Major, Indian Army.  
MENZIES. On January 26th, at 23, Westbourne Park Road, aged 6 years, Agnes, only daughter of Duncan Menzies, M.R.C.P.L., Deputy Inspector-General of Army Hospitals.  
RANSAY, David, M.D., R.N., late H.M.S. *Gorgon*, at the Royal Naval Hospital, Simon's Bay, on December 16th, 1862.  
SMITH, George T., Esq., Surgeon, at Leamington, on January 19.  
WILLIAMS. On October 30th, 1862, at Melbourne, aged 61, Charlotte, widow of John M. Williams, Esq., Surgeon, Kennington.

**THE LECTURES AT THE COLLEGE OF PHYSICIANS.** Dr. Risdon Bennett, Dr. T. K. Chambers, and Dr. Pavy will this year deliver the Croonian, Lumsian, and the Gulstonian Lectures, at the College of Physicians.

**POPULATION OF VICTORIA.** Although Victoria has had to meet the temptation of the New Zealand gold-fields, the population continues to increase. The Registrar-General has issued his return for the quarter ending at Michaelmas last, and states the number of the people at that date to be 549,901, of whom 322,984 were males, and 226,917 females.

**A SURGEON COMMITTED FOR PERJURY.** Mr. Evan Thomas, a surgeon, one of the district medical officers of the Manchester Board of Guardians, has been committed to take his trial for perjury. The strange circumstances connected with the cause of his committal have been doubtless read by all our readers. The real facts of the case will probably be more fully elucidated at the next Liverpool assizes. Mr. Thomas is in the meantime liberated on bail.

**MEDICAL SOCIETY OF LONDON.** A course of three Lettsomian Lectures on the Surgical Diseases of Children, by Mr. Thomas Bryant, F.R.C.S., Assistant-Surgeon to Guy's Hospital, will be delivered February 9th, 16th, and 23rd. Lecture I will be "On the Differences between the Physiological and Pathological Processes in Children and in Adults; and on some Congenital Deformities, as Harelip and Malformations of the Rectum." Lecture II, "On the Differences between Surgical Diseases of the Nervous, Respiratory, Circulatory, Digestive, and Urino-genital Systems of the Child and the Adult." Lecture III, "On the Diseases of the Osseous System, and on Tumours, etc."

**MAN AND THE MONKEY.** A London correspondent says: "A valuable contribution to the science of anthropology is about to be given to the world by Professor Huxley, in a volume entitled *Man and the Ape*, or some such title, discussing, in a very complete form, the question at issue between Mr. Huxley, and the anatomists who agree with him, and Professor Owen. Meanwhile, by way of contributing further practical illustrations to the subject, Captain Burton has come to an agreement with M. du Chaillu to join the latter in a gorilla-hunting campaign in the Gaboon. The preliminaries were signed at a leave-taking dinner which M. du Chaillu gave his friends the other day, before starting for New York, where he has matters of business to arrange before facing again the Gaboon and the gorillas."

**THE STATE OF HEALTH OF MANCHESTER.** Although it is an undoubted fact that the calls made during the latter portion of the past year upon the diff rent hospitals and public medical charities proved unusually numerous, we have nevertheless satisfied ourselves that this circumstance is to be explained rather by the inability of the operatives to pay for medical assistance, than by any general increase of sickness; and we can conscientiously assert that we never remember the public health of Manchester and Salford, during the winter months, to be in a more satisfactory state than it is at the present time. Nor have we noticed, during the frequent occasions on which we had been brought into contact with the unemployed operatives, any of that "loss of strength, colour, and flesh," which is stated in the report to have been observed in the majority of the cotton districts. (*Report by Messrs. Turner and Ramsome.*)

**ROYAL COLLEGE OF SURGEONS.** The subject for the Collegial Triennial Anatomical Prize of fifty guineas is, "The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distribution not being required); the Communications (if any) between the Lymphatics and the Blood-vessels to be demonstrated; and the Influence (if any) which the Lymphatic Vessels or Glands exercise on the Fluid they transmit, to be elucidated. The dissertation to be illustrated by preparations and drawings." The essays on this subject must be sent in on or before Christmas Day 1864.—The subjects for the Jacksonian Prizes of twenty guineas, for the present year 1863, are: "The Pathology and Treatment of Diseases of the Larynx; the diagnostic indications to include the appearances as seen in the living person. The dissertation to be illustrated by drawings and preparations." And "The Normal and Pathological Anatomy of the various Syno-

vial Bursæ connected with the Muscles and Tendons of the Upper Extremity, and the Treatment of their Diseases. The dissertation to be illustrated by preparations and drawings." The essays on these subjects must be sent in on or before Christmas Day next. The terms and conditions may be known on application to the Secretary.

**COLNEY HATCH ASYLUM.** The annual winter entertainment to the patients, now numbering nearly 1,900, of this institution took place on the 20th inst., before a large assemblage of the county magistrates, their friends, and others interested in the subject of insanity. At four o'clock, about 250 men and 350 women assembled in the large hall, which was very brilliantly lighted, and decorated with flags, Chinese lamps, and evergreens. The amusements commenced with the tricks of a professed conjurer engaged for the occasion, who was followed by Mr. Punch, Mrs. Judy, and the faithful dog Toby. After this, at six o'clock, the patients retired to their wards, where they were regaled with plumcake, oranges, spiced ale, and lemonade, in which those who were unable to be present in the hall participated. At seven o'clock the hall was again filled with the busy and happy population, when dancing commenced, and was kept up until nearly ten, when the National Anthem closed the proceedings. We are happy to record that not a single casualty or unpleasantness occurred to mar the pleasure of the evening. During the time the patients were at supper, the magistrates entertained the company at a very sumptuous repast. It is right to add that all joined in dancing and the various efforts made to amuse the patients; and it was universally admitted that the Colney Hatch winter fête of 1863 is entitled to rank as the most brilliant and successful in the asylum's history.

**ACTION FOR THE RECOVERY OF MEDICAL FEES.** In the Liverpool County Court, Mr. Edward Parker, surgeon, of Kirkdale, claimed from Mr. Chilton, solicitor, the sum of £8:8, balance of an account due for professional services. The evidence adduced by the plaintiff was to the effect that from March to July 1861 he professionally attended the family of the defendant. On the 26th of June, the plaintiff was requested by Mr. Chilton to send in his bill, which was accordingly done; and in this bill he charged the sum of 10s. 6d. for a visit at night, and 7s. 6d. each for all other visits. The bill amounted to £6:10:6. Subsequent to the delivery of that bill, plaintiff made several visits, for which he charged 7s. 6d. each. For these latter services he sent in a bill amounting to £1:7:6. On calling for payment, he saw Mrs. Chilton, who informed him that the bill was disputed by her husband, on the ground that more visits were charged for than had been made, and the plaintiff agreed to send in a bill of particulars to Mr. Chilton. Mr. M'Oubrey said Mrs. Chilton would not be called as a witness. His Honour remarked, that it appeared to him the only question to be decided was whether the plaintiff's charges were proper. It was a very serious imputation upon a medical practitioner in Liverpool—who had undoubtedly, as far as had been seen in the witness-box, given his evidence with the greatest possible regard to truth—to turn round upon him in this way. The case had been adjourned to allow Mrs. Chilton to attend; but he had so good an opinion of her sex, that he should have been very sorry to have seen her go into the box to disparage the medical gentleman who had attended her. Mr. J. P. Harris, surgeon, of Rodney Street, deposed that the charges made by the plaintiff were fair and reasonable. Mr. Brown, who was called for the defence, deposed that he had professionally attended Mrs. Chilton; and his charge for ordinary visits was 5s. 6d. each, and 6d. for the toll-bar. This was the whole of the evidence; and his Honour gave a verdict for the amount claimed, in addition to £2:15 paid into court.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Clinical Discussion. Dr. Cockle, "On the Conditions of the Aorta Simulating Aortic Insufficiency"; Mr. Sreeter, "Disease of the Brain by Extension from the Ear"; Dr. Greenhalgh, "New Metrotome"; Dr. Richardson, "Nitrate of Amylene"; Communications from Drs. Gibb and Thudichum; Mr. Baker Brown and others.—Epidemiological Society, 8 P.M. Mr. Thomas Hunt, "On Certain Epidemic Forms of Cutaneous Disease observed in Schools, Workhouses, and Factories."—Entomological.

TUESDAY. Pathological.—Photographic (Anniversary).—Ethnological.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Mr. Baker Brown, "On Vesico-Vaginal Fistula: Results of Fifty-five Operations at the London Surgical Home"; Dr. Shortt, "On the Medical History of Woman in India."—Society of Arts.—Geological.

THURSDAY. Royal.—Audiqurian.—Linnæan.—Chemical.—Harveian.

FRIDAY. Western Medical and Surgical Society of London, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.—Royal Institution.—Archæological Institute.

SATURDAY. Army Medical and Surgical.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 24, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1079 }	2086 1426
	{ Girls..1007 }	
Average of corresponding weeks 1853-62 .....	1991	1483

Barometer:  
Highest (Th.) 29.629; lowest (Tu.) 29.151; mean, 29.430.

Thermometer:  
Highest in sun—extremes (Sat.) 73 degs.; (Sun.) 50 degs.  
In shade—highest (Fri.) 53.8 degs.; lowest (Sun.) 31.9 degs.  
Mean—43.8 degrees; difference from mean of 43 yrs.+6.7 degs.  
Range—during week, 21.9 degrees; mean daily, 12.3 degrees.  
Mean humidity of air (saturation=100), 78.  
Mean direction of wind, S.W.—Rain in inches, 0.32.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

L.R.C.P. AND M.D.—SIR: I believe I am correct in stating, in reference to your observations upon Dr. Styrap's communication, that the new Charter recently granted to the Royal College of Physicians of Edinburgh, secures, in general terms, to its Licentiates, any privileges which might appertain to the Licentiates of any other College of Physicians within the United Kingdom. Consequently, the Licentiates of the Edinburgh College have now the same claim to the doctorate as that possessed by the Licentiates of the Dublin College—be this what it may.

January 1863.

I am, etc., L.R.C.P.ED.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—SIR: I am astonished to find in the BRITISH MEDICAL JOURNAL of January 17th, the question as to the power of the King and Queen's College of Physicians in Ireland to confer the title of M.D. revived, after the decision on this point by the Court of Queen's Bench, Ireland, when this question of the College was tried by their Lieutenant, Mr. Barker, on a *mandamus* to compel his name to be restored as a Licentiate and as a Medical Doctor, by the Medical Registrar of Ireland; the M.D. importing Medical Doctor, having been erased, and the letters struck out, under the authority of the General Council.

Subjoined are the dates of the opinion of the Attorney-General for Ireland, and the subsequent decision of the Court of Queen's Bench. It is needless to say which is the higher authority, or to point out that if the power to confer the title or degree had existed in the Charter, they (the College) would have only been too glad of this opportunity of proving it, by the simple production of their Charter.

I am, etc., Δ

January 19th, 1863.

Opinion of Attorney-General, Ireland. "I think the Licentiates and Fellows, as such, of the King and Queen's College of Physicians are entitled to the degree and title of Doctor in Medicine, and to use the letters M.D. after their names."

" (Signed), R. DEASY.

Abstract of Decision, Court of Queen's Bench, Ireland, March 10th, 1861. "Their (the Corporate Bodies) licence entitled the party to be called a Licentiate of the particular Corporation; and in the schedule there is a marked distinction between a Doctor of Physic, which is a degree, and a Licentiate, because the medical corporations cannot grant a degree, entitling the party to be entered under their diploma as a Doctor of Medicine, but they may give a licence, thus creating the party a Licentiate, as in the present case. The distinction is taken in the most marked manner.... "The applicant, Mr. James Barker, jun., had a diploma from the College of Physicians (K. & Q.C.P.L.), but that was not any of the qualifications mentioned in the schedule entitling him to be registered as a Doctor of Medicine," etc. Counsel for the prosecution, Mr. Brewster, Q.C., and Mr. W. Smith. For the defendant, Mr. J. E. Walsh, Q.C., and Mr. Jellett.

S. R.—We believe it is quite true, that the carriages, neither of the medical men nor of the patients, are allowed to spoil the unity of the surface of the gravel roads in the Surrey Gardens. All must descend at the gate, and thence (if they can) walk on foot to the door of the temporary hospital. Our correspondent asks, Who is responsible for this absurd and childish act of authority? The question is difficult to answer, because the ruling power of St. Thomas's Hospital is not distinctly set forth before the public. We have, however, always understood that there is one prominent potentate, called the Treasurer, who is the dictator and absolute ruler of the roast for the time being. He is, therefore, we suppose, the issuer of the order in question, and responsible for the folly of it. Some of our readers will ask: Is this a specimen of the acts of the genius which presides generally over the welfare of the notorious St. Thomas?

COMMUNICATIONS have been received from:—Dr. J. BIRBECK NEVINS; THE HON. SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; Mr. T. M. STONE; Dr. HYDE SALTER; THE HONORARY SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; Mr. A. G. OSBORN; Dr. P. M. LATHAM; Dr. LIONEL DEALE; Mr. LOWNDES; Dr. T. H. BARKER; Dr. JAMES RUSSELL; Dr. F. PAGE; Dr. J. B. HARRISON; Dr. HYDE SALTER; Dr. GRALY HEWITT; Mr. T. SYMPSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; and Mr. P. HEWETT.

## BOOKS RECEIVED.

1. Clinical Surgery: Stricture, Retention of Urine, etc. By Thomas Bryant, F.R.C.S. Part IV. London: 1862.
2. The Nature and Treatment of Gout and Rheumatic Gout. By Alfred B. Garrod, M.D., F.R.S. Second edition. London: 1862.
3. The Minute Anatomy and Physiology of the Nervous System in the Lobster. By T. S. Clouston, M.D. Edinburgh: 1862.
4. An Address on Practical Sympathy and Prompt Benevolence. By Thomas Guthrie, D.D. London: 1862.
5. The Duty of Giving Away a Stated Portion of Our Income. By W. Arthur. London: 1863.
6. The Duty of Laying by for Religious and Charitable Uses a Stated Proportion of Our Income. By R. S. Candlish, D.D. London: 1863.
7. On Doing What One Does With One's Might. By the Rev. John Cumming, D.D. London: 1863.
8. Anatomy of the Parts concerned in Femoral Rupture. By G. W. Callender. London: 1863.



# Clinical Lecture

ON

## STRANGULATED FEMORAL HERNIA.

DELIVERED AT ST. GEORGE'S HOSPITAL.

BY

PRESCOTT G. HEWETT, Esq.,

SURGEON TO THE HOSPITAL.

MARY A. C., aged 51, was admitted into the Princess Ward on December 4th, 1862, with a tumour, of the size of a small orange, in the right groin. It was of a globular shape, with a well marked, narrow pedicle, and for the main part overlapped the right abdominal ring; it was quite hard, very painful, even when slightly handled, and there was great tenderness over the whole of the lower part of the belly, as high up as the umbilicus; there was constant sickness, but the bowels had acted three times during the day; the pulse was small, and the countenance sunken and anxious. The history of the case was a somewhat peculiar one. It appeared that the patient had had a tumour in the groin for seven years: this tumour had apparently been taken for a cyst, for it had been punctured several times, and clear fluid drawn off: no suspicion had been entertained as to its being a rupture, and she had consequently never worn a truss. She was much in the same state as usual, when the tumour suddenly became larger and very painful, and the other symptoms soon followed, and had existed about nine hours when I saw her, shortly after her admission into the hospital. I determined upon operating at once, and she was put under the influence of chloroform. The sac was a remarkably thick one; it contained a quantity of blood-tinged fluid, and a knuckle of small intestine which was of a very dark colour, and somewhat rough on its surface; the stricture was very tight, and the ring a very small one. A grain of opium was given shortly after the operation.

The operation was followed by deep-seated inflammation around and within the sac; but with this exception the case did remarkably well. The bowels were left alone until the ninth day after the operation, when, as there was some slight griping pain, an injection was given, and this was repeated on the following day, as there had been no action of the bowels; a slight motion followed, and the day afterwards the bowels were freely relieved after another injection. From this time, matters went on well; liberal diet was allowed in due course of time, and the patient was discharged, cured, on the 3rd of January, within a month after the operation.

In commenting upon this case, I would first call your attention to its peculiar history. There had been a tumour in the groin for a period of seven years; this tumour had apparently been taken for a cyst, and at different periods tapped, clear fluid being drawn off on each occasion; there had been no suspicion as to the tumour being a hernia, and consequently no truss had been worn. Suddenly one morning, this tumour increases in size; this is followed by repeated vomiting, and the belly becomes swollen and painful, but subsequently to all this the bowels act three times.

On the one hand, then, there was the history of the tappings, and the action of the bowels at three different times, since the setting in of the urgent symptoms; and, on the other hand, sudden increase

in the size of the tumour, soon followed by constant vomiting, and subsequently by pain and distention of the belly. By what was I led to operate in this case? By the increase in the tumour, followed by constant vomiting. Such symptoms pointed to an obstruction in the bowels, a knuckle of which had, I thought, slipped out of the belly. True, the bowels had acted three times since then; but this night, I told you, have come from the portion of bowel below the stricture. Sickness, alone, is then sufficient to warrant the surgeon in cutting down upon a tumour in the groin to ascertain its nature. And well was it that there was no dallying in this case, for the ring was a very small one, and the stricture remarkably tight. With such a state of things, a few hours more of strangulation would, in all probability, have led to irreparable mischief; and, as it was, the bowel was already of a very dark colour, and rough on its surface.

Thus much for the present case. And now let me say a few words on different points connected with strangulated femoral hernia in general.

First, as to the administration of chloroform in such cases. By many surgeons who have no hesitation in resorting to the use of chloroform in various operations, this anæsthetic is avoided in strangulated hernia, on account of the sickness and depression which occasionally follow its administration. Such symptoms after an operation for hernia would add greatly to the gravity of the case, and might, if severe and prolonged, lead to a fatal issue. Indeed, independent of operations for hernia, several cases are already known in which chloroform-sickness has gone on notwithstanding all remedies, and induced such a state of collapse that the patient has been in great jeopardy. And if this sickness should, perchance, occur after an operation for hernia, doubtless the danger of a fatal termination would be all the greater. It must be borne in mind, however, that chloroform-sickness of a severe character is, after all, of very rare occurrence; and, as far as my own experience extends, I cannot say that I have ever seen a case in which severe sickness has followed the administration of chloroform in an operation for hernia. Balancing, then, this evil of rare occurrence against the immense use of which chloroform has proved itself to be in the reduction of a strangulated hernia, I have no hesitation in resorting to its administration in such cases.

As to the taxis, that you know was not even attempted in the case which we have just been considering. And why not? The globular and pedunculated shape of the tumour made me think that this was one of the cases of strangulated femoral hernia in which the taxis would fail; and added to this there was the exquisite tenderness of the tumour, which showed that great harm might be done even by gentle pressure. In strangulated femoral hernia, the surgeon cannot be too careful in his attempts at reduction by the taxis; and, do what he will, the taxis will fail in by far the greater number of such cases—in three out of four, at the very least. Let it then be a rule with you in all cases of strangulated femoral hernia, and mind I am now speaking of femoral hernia only, to be very careful, very gentle whenever you may use the taxis. If you are to succeed, depend upon it you will do so by gentle pressure, which ought not, moreover, to be prolonged beyond a few minutes; if you fail, get the

patient under the influence of chloroform, and then try the taxis again, but on no account with any thing like force; and if you still fail under such circumstances, make up your mind to operate, and operate at once. The chances of success after an operation for strangulated femoral hernia may, literally, be calculated by the more or less time during which strangulation has been allowed to exist, and by the more or less force used in the taxis. And yet, what is the history of most of the cases of strangulated femoral hernia with which we have to deal in hospital practice? Rarely is it that the period of strangulation can be counted by hours: it is by days that it must be counted in by far the greater number of cases. Take, for instance, the twenty-two cases of strangulated femoral hernia in which I have had to operate in this hospital: in fourteen out of these twenty-two cases, the strangulation had gone on for two days and upwards, existing in seven out of these fourteen cases for three days; in two, for four days; and in one, for five days. In one single instance, it had existed for five, and in another for seven hours; and in the remaining six, the least period was twelve hours. And whilst thus strangulated, the bowel had, with very rare exceptions, been subjected to the taxis, repeated at various intervals, and applied with more or less force. Indeed, in several of the cases, the force had been so great that the skin covering the tumour was of a dark purple colour, the cellular tissue extensively infiltrated with blood, the sac itself filled with bloody serum, and the bowel discoloured from blood extravasated in its coats.

The damage done to the bowel during its period of strangulation varies very much according to the size of the ring, and the consequent amount of pressure. Thus, in cases of recent hernia, cases in which the bowel is strangulated when it first comes down, the ring is very small and the pressure very severe; in such cases, a very few hours will often lead to irreparable mischief, and hence the reason why operations are, as a rule, so much more fatal in recent than in old femoral herniæ. The amount of pressure upon the bowel caused by the stricture is, then, the great source of danger in all cases, but especially in recent cases, of strangulated femoral hernia; and hence the reason why I have so strongly urged you, if the taxis fail, to operate at once.

Opening, or not opening the sac, about which there has been so much discussion of late, is, I am firmly convinced, quite a matter of secondary importance, compared with the period of strangulation, and the more or less forcible taxis.

For my own part, I invariably open the sac in operating for femoral hernia. I have never seen any harm arise from opening the sac; and great harm may arise, in some cases, from not opening the sac. For instance, in cases, and they are not uncommon ones, where the sac contains both bowel and omentum, and in which the omentum is more or less adherent to the sac, how can the surgeon be sure that a bit of the bowel is not left in the sac? Again, in cases where the omentum forms a complete sac enveloping the bowel, the stricture may be in the neck of the omental sac. Thus it happened in a case operated upon by Mr. Cæsar Hawkins. The sac, which was very thin, was laid open, and in it was found a large mass of omentum somewhat altered in structure. The neck of the sac and Gim-

bern's ligament were divided, so that the finger could be easily introduced into the belly. The omentum was then carefully examined, and a knuckle of small intestine, of a very dark colour, was seen through its folds, which formed a complete sac; this omental sac was laid open; but, before the intestine could be returned, it was found necessary to divide the neck of this second sac, which formed a very tight stricture; the intestine was then easily reduced. And again, in recent hernia, where the thin, transparent sac has not as yet contracted adhesions with the neighbouring parts, and especially where it has become glued by recent adhesions to the bowel, the sac, if not opened, may be readily pushed up into the belly along with the bowel, and the strangulation thus continue. The possibility of such an occurrence was made manifest in one of my last operations, in which such a state of things existed; and had it so happened that I had not, in this case, opened the sac, it would have been pushed up into the belly when the bowel was reduced; and, as recent adhesions partially glued the bowel to the sac, and especially to its neck, the strangulation would have gone on.

I have said that I have never seen any harm arise from opening the sac in strangulated femoral hernia; but on the present occasion I shall, however, refer only to the cases which have fallen under my own care. Incidentally, I have already mentioned that I have at this hospital operated upon twenty-two cases of strangulated femoral hernia; and out of these twenty-two cases, four only terminated fatally. And now, in looking to the cause of death in these four cases, I find that in no single instance had the opening of the sac anything to do with the fatal issue. Indeed, as far as this part of the inquiry is concerned, one of these fatal cases might be set aside altogether; for death was, in this instance, mainly caused by internal hæmorrhage, of the existence of which there was nothing to cause suspicion. There was no bleeding at the time of the operation, and subsequently no oozing of blood through the wound. The bowel, which had been strangulated for four days, was very much congested, and the sac also contained a small piece of omentum. Previously to the operation, there was great tenderness over the belly; this tenderness went on increasing, and the patient sank in forty-eight hours. At the examination of the body, a quantity of blood was found in the cavity of the peritoneum; it coated the various viscera, but the largest quantity had trickled down into the pelvis. A careful dissection of the vessels around the ring was made, but no injury was traced in any one of them, save in a very small vessel given off from a branch of the epigastric artery, and from this the hæmorrhage appeared to have proceeded. As to the parts which had been strangulated, they were evidently recovering themselves.

But to return to the three remaining fatal cases; in every one of these cases death was evidently the result of the strangulation, and in no way of the sac having been opened.

In the first case, the hernia was an old one, and the period of strangulation three days. When admitted into the hospital, the patient, a man aged 63, was perfectly collapsed, and in such a state of debility that it was thought doubtful whether he could live through the operation. The sac was opened, and the bowel returned, as, although dark,

it did not appear to be gangrenous; but, a few hours after the operation, a copious discharge of thin faecal fluid escaped from the wound. The patient sank rapidly. At the after-death examination, the mucous membrane of the bowel was found completely ulcerated in a circle corresponding to the seat of stricture, and in two points the other coats had given way.

In the second case, the hernia was a recent one, and the period of strangulation two days; and in this case, too, two spots of ulceration perforating the bowel were found at the point which had been strangulated. The patient was a woman, aged 76.

In the third case, the hernia was also a recent one, and the period of strangulation four days. The patient, a young woman, was in a perfect state of collapse, with stercoraceous vomiting, and great tenderness over the belly, which was tympanitic. Forcible taxis and purgatives had been repeatedly tried before her admission into the hospital. The sac contained a quantity of bloody fluid, and the bowel was of a very dark colour, and mottled. The patient never rallied, and sank in twelve hours after the operation. Extensive peritonitis of a low form was found at the examination after death.

Excluding, then, the case in which death was evidently caused by internal hæmorrhage, I find that I have, in this hospital, operated upon twenty-one cases of strangulated femoral hernia, in all of which the sac was opened; and that out of these twenty-one cases, three have died—that is, at the rate of one case in seven.

Such results will more than bear comparison with the most favourable results published by the surgeons who so strongly advocate that the sac should not be opened in strangulated femoral hernia. True, the number of cases is small; and in a greater number of cases, I might perchance not be so fortunate as I have been; but that the sac should have been opened in these eighteen cases, and that they should all, notwithstanding this, have done well, proves, at any rate, that the real danger does not rest with this mode of operating.

In the after-treatment, shortly after the operation, I usually give some opium, the dose of which is regulated by the state of the patient; but, as a rule, I do not give more than one grain, and this is repeated, or not, according to circumstances. The bowels I make a point of not interfering with. You will have seen in the wards of this hospital many of the cases of hernia on which I have operated, in which there has been no action of the bowels for several days—a week I find to be a very common period among my cases, and yet the cases, as you know, have done well. This is a very different state of things from what it used to be some few years ago at this hospital, when a drachm of salts and some infusion of roses immediately after the operation, and every two hours, until the bowels had acted freely, was the rule.

But should any symptom attributable to the non-action of the bowels perchance arise after a few days, it is then advisable to give either an enema of warm water, or some castor oil, according to circumstances.

As to diet, that ought, as a rule, to be of a generous kind: fluid, until after the bowels have been freely open, and then a gradual return to the ordinary mode of living.

But I cannot conclude these few remarks, gentlemen, without once more impressing upon your minds the imperative necessity of operating without delay in strangulated femoral hernia, as often as you find that the taxis, fairly tried, has failed. Recollect that the great source of danger is in the strangulation, and that the less this is allowed to go on, the greater your chances of succeeding when obliged to operate. And this is a fact which you ought to be careful to stamp upon the memory of every person afflicted with femoral hernia.

## Clinical Lectures

DELIVERED AT

### CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-PHYSICIAN TO THE HOSPITAL.

#### LECTURE V.—ON THE STETHOSCOPE.

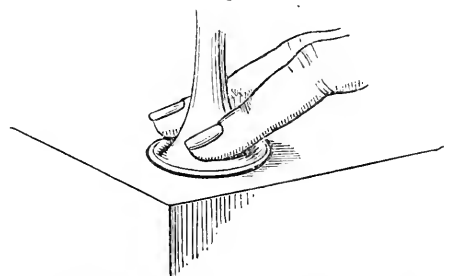
*Principal Uses of the Stethoscope.—Rules for its Construction: 1, as to Material; 2, Length, Thickness, etc.; 3, Shape, etc., of Extremities—Practical Hints for its Manipulation—Method of Applying—Choice of Whereabouts to apply—Determining Limits of Sound—Ausculting Females and Children.*

[Concluded from page 108.]

HAVING thus described to you what I consider the essentials of a good stethoscope, let me give you some practical hints for its manipulation.

1. *Method of applying and holding the instrument.* Choose your part—apex or base of heart, apex of lung, axilla, or what not—and if you are not particular to a quarter of an inch, select it with the view of avoiding inequalities, and securing the most complete and uninterrupted apposition. Then apply the stethoscope thus (fig. 5), holding it between your

Fig. 5.



first and middle finger of either hand, according to the ear you are going to listen with; then press it firmly, applying your pressure to the spreading part of the chest-end. In this way, all chance of obliquity and partial contact is avoided, and the direction of the parietes alone influences the direction of the instrument. Then, keeping the chest-end gently but firmly pressed against the chest, bring the ear carefully and exactly over the centre of the ear-piece; then, applying sufficient pressure to secure the firm contact of the pinna, so as to stop all

chinks and support the stethoscope, remove the fingers that hitherto had held it against the chest. That is the right way. What is the wrong? The right way is one; but, as in other things, the wrong ways are many. One wrong way is to hold the stethoscope near the ear-piece; another, to place it obliquely against the chest; another, to approach the stethoscope to the ear, when stooping to listen, as well as the ear to the stethoscope; another, to keep the fingers in contact with it after the ear is applied, and support unnecessary. If the stethoscope is held near the ear-piece, it is not at liberty to adjust its direction to the chest, its direction is regulated by the hand and not by the thoracic parietes; for in proportion to the distance from the chest-end that the stethoscope is held does its perfect adjustment to the chest's surface become difficult and a matter of chance. If it is held obliquely so that only one edge of the chest-end is in contact with the chest, and between the other and the skin there is a chink, the column of air in the stethoscope is not isolated, but is in communication with the external air, and that murmurous noise is generated, like that which one hears on applying the ear to a shell, and to which I have already referred. I have often seen this method of handling the instrument fatal to efficient auscultation, and have watched the auscultator listening with the greatest solemnity when he could not possibly have heard anything except the droning hum of an open stethoscope. Then again, when the auscultator is stooping to bring his ear to the stethoscope, he very often unconsciously brings the stethoscope to his ear, especially if he is holding it near the ear-piece, so that by the time the ear is adjusted the chest-end is tilting up on one edge, although it has just been applied quite flat. The only antidote to this is to press the stethoscope firmly against the chest, in the way I have mentioned, till the ear is fairly over the centre of the ear-piece, then press the ear firmly against it and keep the head fixed. Perhaps the commonest fault of all is holding the stethoscope in the hand while listening: this is perfectly unnecessary, for the pressure of the head against the instrument is quite sufficient to support it, and the continued application of the hand often produces disturbing adventitious friction-sounds.

2. In choosing the point at which you will listen, if the object of your search is such as to give you liberty of choice, choose those parts that are the least covered with muscle or fat. Sometimes half an inch will make all the difference. I have not unfrequently seen both medical practitioners and students listen on the thick edge of the *pectoralis* or *latissimus dorsi* when the movement of the stethoscope one inch or less would have thrown them into the axilla, with nothing but the thin digitations of the *serratus* between the stethoscope and the ribs. If, for example, you wish to ascertain the general character of the respiratory murmur, any part of the chest will, with certain qualifications, give you the information required; but no parts are so good as the axilla and the neighbourhood of the apices in front, because in none is the muscular and fatty integument thinner, and therefore in none is the sound clearer. This, however, involves a corollary; namely, that in estimating the standard of sound in different situations regard must be had to the amount of intervening fatty and muscular tissue in those particular situa-

tions. For an amount of indistinctness and obscurity of breath-sounds that would be abnormal if heard in the axilla, would be quite natural if heard through the female breast.

3. In endeavouring to ascertain the limits of a sound, work gradually towards it and then gradually from it; the former will give you the limits of its first appearance, the latter the point of its first diminution. But in estimating the extent of the seat of a sound by the limits of its audibility, the character of the sound must be regarded as well as its distribution; for a loud sound transgresses the limits of its generation more than a feeble one, a dry sound is heard further than a moist one, and a deep sound than one of high and slender pitch.

4. In auscultating a female's chest, if you should wish to apply your bare ear to the bare skin, (and I do not hesitate to say, that for getting the most perfect information it is sometimes extremely desirable that you should,) or if you want with your bare hand to examine a friction or souffle fremitus, always pave the way by first applying the stethoscope. A physician in search of a diagnosis is a being of no sex, he is a mere machine; a woman's bare breast is to him only so much integument intervening between him and the object of his interest; he sees twenty in a day, perhaps, and thinks no more of seeing a female chest than he does a female tongue. But it is not so with our patients; and a woman in undergoing a thorough and free auscultation does so at the sacrifice of a certain amount of instinctive sensitiveness and modesty. No doubt, no sensible or reasonable woman would for a moment hesitate, or balance feeling against thorough results; but still there is the feeling and it has to be overcome, and we cannot be too careful not to do violence to it. It may seem a mere trifle, a mere sentiment; but it is not, it is a most important element in our constitution, and plays a most important part in the social and moral system of our race. There is a very good French proverb to the effect that "Modesty is the rampart that nature has raised around virtue"; and a Latin one more generally and less happily expressed—"Pudore amisso omnis virtus ruit." And he would be a bad philosopher who would regard as a trifle a feeling normally universal, and in its nature respectable and beneficent.

5. There is nothing more difficult than using the stethoscope with children, (very young children I mean,) and successful auscultation with them often requires a good deal of strategy and *finesse*. Once set a child crying, and it is all over; you get nothing but the held breath and the roar. The difficulty is enhanced from the fact that different ages and different children require different management. Some children are afraid, and roar as soon as you produce a stethoscope, although they do not mind your applying your bare ear to their chests. Others enjoy it as a sort of game, and are immediately quiet and good when you apply the "trumpet" to them. Sometimes, therefore, it is better to use the stethoscope, and sometimes the bare ear; sometimes to shew the instrument, and sometimes to hide it. As a rule, older children are quieted and interested by the mystery of the stethoscope; the younger ones are afraid of it and resent it. My practice with infants is this: never commence by auscultating them; always occupy them while doing it; always listen to the back first; always listen with the bare ear before

applying the stethoscope; always warm the stethoscope before using it. I have known it of inestimable value as a toy, occupying the little patient in front, while I have been stealing a march on him in the rear and employing immediate auscultation without his knowledge.

## Remarks

ON

## THE MOLECULAR THEORY OF ORGANISATION:

IN REPLY TO DR. BEALE.

BY

JOHN HUGHES BENNETT, M.D.

PROFESSOR OF THE INSTITUTES OF MEDICINE, AND SENIOR PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF EDINBURGH.

I AGREE with Professor Beale that there are few questions of greater interest to those who are investigating the principles upon which medicine is based, than a consideration of the laws governing the ultimate molecules of which every living organism is composed. I have great pleasure, therefore, in replying to his remarks; because, probably from want of clearness on my part, he has misapprehended the nature of the theory which, after long and mature consideration, I have ventured to place before the profession in the pages of the *Lancet*.

Dr. Beale thinks that, because I have described histolytic molecules as being *often* larger in size than histogenetic molecules, and as being *sometimes* associated with the *débris* of broken down textures, there is a discrepancy in my figuring the latter in disintegrated tubercle unconnected with such *débris*. But I have never stated that the one class of molecules may not exactly resemble the other; and a glance at the figures representing the development of *ascaris mystax* must prove the contrary. Moreover, as it is an essential part of my theory that the histolytic molecules of one period may become the histogenetic molecules of another, there is nothing contradictory in making one figure represent both. Dr. Beale says that I "surely will not maintain that lifeless particles become aggregated together and form a living mass." But tubercle is not lifeless, and is subject to the general law of organisation. As to when, how, and where life is communicated to matter, these are questions I need not now discuss.

Dr. Beale says I ignore the use of high powers and reproduce figures ten years old, drawn under a magnifying powers of 250 diameters linear, an enlargement far less than he and others employ in the present day. I have frequently used powers varying from 700 to 1200 diameters linear; but in rare cases have gained any advantage thereby. If a thing can be seen distinctly under a low power, we seldom see anything new by making it four times as big. Inexperienced persons, also, by the use of such high powers, are peculiarly liable to be led into error. For the purposes of illustration, therefore, I consider that in most cases (not all), a power of 250 times

linear is amply sufficient, and it has the great merit of saving space and expense in wood cutting.

Dr. Beale says that the term molecule can scarcely be properly applied to a body nearly as large as a blood-corpuscle. But I can see, say in milk, no difference in structure between the larger and smaller molecules. I have always maintained that, whatever powers are employed, you cannot reach the ultimate molecule; I am far, therefore, from disputing that many of them may be less than the twenty-thousandth of an inch, and still possess all their vital and physical properties.

In the formation of vibriones, I have certainly never seen two particles in the very act of uniting, any more than I presume Dr. Beale has seen them divide under his eye. Either view is a matter of inference. But if Dr. Beale has been fortunate enough to see them actually divide, this is no objection to my theory, as there is no reason why they may not form in one way and multiply in another. In the same way, having been produced by precipitation, they may increase by absorption or imbibition of nutritive fluids.

Dr. Beale thinks it an objection to my statement, that the formation of bone is connected with the molecular law of aggregation, because "the laminae of the Haversian system are formed layer *within* layer, while the layers of calculous matter are deposited layer *upon* or *outside* layer". But molecular aggregation may take place equally from within or from without; and, as in bone the nourishing fluid is derived from vessels lining the Haversian canals, it is only from within that one could expect such aggregation to be produced.

Dr. Beale thinks there is some confusion in the definition of molecules, because they may be living and dead, simple and compound; may originate from others, and be precipitated from fluids; may be so large as the 1-4000th of an inch, and so small as not to have been reached by the highest magnifying power; and because they have different properties. I can see no inconsistency in all this. Other elementary parts—for example, fibres—possess equal differences. Cells also vary in size, origin, chemical composition, complexity, and properties; yet they are still cells. As to whether molecules of the same kind or molecules of different kinds become aggregated together, there can be no question that coalescence may occur in compound organisms, both between the same and between different molecules, although the former is the most common. When a minute particle of oil is precipitated in an albuminous fluid, there is aggregated round the former a layer of albumen; and so a simple is at once converted into a compound molecule.

I have thus endeavoured to answer all the topics contained in Professor Beale's communication, in which I have been unable to see either facts or arguments in any way opposed to the molecular theory of organisation. On the other hand, were it necessary, I could easily prove from the valuable facts Dr. Beale has placed on record, and from the laborious investigations which he has made into the structure and growth of the tissues, that he has himself furnished most powerful arguments in its support.

I would deprecate further discussion on this matter until the whole of my lectures are published, when I shall be most happy to argue the subject, in all courtesy, with any opponents who, like Dr. Beale, possess an earnest desire to elucidate the truth.

# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

CASES OF RHEUMATIC PERICARDITIS.

Under the care of JAMES RUSSELL, M.D.

PERICARDITIS of the rheumatic variety presents, in its tendency to recovery, a striking contrast with the non-rheumatic form of the malady; the tendency of the latter being, too generally, to death. Ormerod, as quoted by Dr. Markham (*Diseases of the Heart*, p. 16), states "that 91 per cent. of his non-rheumatic cases were fatal, whilst of the rheumatic sort 18 per cent. only were fatal." Dr. Gairdner (*On Pericarditis*, p. 29) gives a still more favourable aspect to the disease, by asserting: "Of rheumatic pericarditis and of pericarditis without previous disease, acute or chronic, I have not had under my own personal care a single fatal case." Elsewhere, however, he rather modifies his assertion (p. 32): "As physician to the Royal Infirmary, I have not had under my care a case of rheumatic pericarditis fatal during the acute period of the attack." There can, I think, be little doubt that the more favourable result of cases of this disease in the present day mainly results from the single circumstance of our recognising in the disease a tendency to health rather than to death, and thus freeing our minds from much of the over-anxiety which led to mischievous interference, and leaving ourselves free to obey the indications afforded by each particular case. The same remark is applicable to pneumonia with, probably, still greater force.

Nevertheless, among various cases of rheumatic pericarditis, we witness the widest diversity as regards the intensity of the symptoms, from complete latency to extreme distress in the patient, exciting most serious alarm for the issue of the case—alarm sometimes justified even by death. The following cases illustrate such diversity. In the severe forms of the malady, our main, if not our entire, interest is concentrated upon the condition of the heart's fibre; it may be truly said that almost, if not quite, all the general symptoms, and some of the most important physical signs also, relate to the manner in which the heart is exerting its contractile power; the chief sufferings of the patient result from failure in the heart's power. Thence also arises the danger of the case; and by the same element, more than by any other, we ought to be guided in our choice of measures.

The contractile power of the heart is liable to be lowered in pericarditis by more than one cause. There is fluid effused and compressing the feeble auricles; there is also the immediate neighbourhood of acute inflammation, with its paralyzing influence upon muscular fibre. We see each of these influences in powerful operation in the second case below, doubtless intensified by the severe treatment to which the patient was subjected. There is, however, another peril to which the muscular fibres are exposed in this disease, which does not exhaust itself in immediate effects. The inflammation may extend from the pericardium to the tissue of the heart itself, and may permanently cripple the muscular fibre. The first of the following cases affords an interesting illustration. Throughout the case, evidence of depressed cardiac power was manifest. Before the pericardial signs had well developed themselves, the duski-ness of face, the tendency to delirium, the high rate of the pulse and respiration, and the feebleness of the first sound

of the heart, suggested that the muscular tissue of the heart was already suffering; most serious evidence of great congestion of the heart's cavities afterwards appeared; and after the acute symptoms had passed away, even though recovery seemed progressing, the same indications prevented our feeling at ease respecting the chance of perfecting the cure. The history of the case, except in its longer continuance, almost resembles one of pyæmic pericarditis, of which an interesting example will follow; a form of the malady in which Dr. Kirkes has shown that the muscular fibre of the heart is primarily affected by the formation of so-called secondary, or more properly tertiary abscesses, in its substance. The morbid changes exhibited the disorganising result of inflammation in the deposit of fat and of fresh fibrous tissue amongst the muscular fascicles, crippling the latter, and causing them to atrophy; whilst the unfavourable condition of the entire organ, as regards nutrition and function, was further evidenced by the interstitial fatty change—a true fatty degeneration—which was commencing in the fascicles of the more healthy part, just as occurs in cases of ordinary valvular disease, when at last the heart fails in the struggle.

The immediate cause of death was of the nature of an accident, but one to which the patient's condition directly led—formation of a fibrinous mass in the right cavities of the heart. With a right ventricle firmly attached to the bony walls of the chest, its thin walls more than half converted into fat, and the patient's blood loaded with fibrine, as is the case in acute rheumatism, every circumstance combined to favour this fatal occurrence.

It is worthy of note how quickly and completely the pericardial adhesion had consolidated itself. Ten days before August 31st (when she was first seen) is the earliest period at which the inflammation could possibly have commenced; friction-sound ceased to be heard on September 30; the patient died on November 9th, with very close adhesions, almost identifying the pericardium with the heart, and both with the osseous wall of the chest.

CASE I. Caroline Taylor, aged 13, servant, was admitted August 30th. She had had a hard place, and had been much exposed to wet and cold in an open shop. She had been ill with acute rheumatism for ten days; and three or four years ago, was confined for a few days with the same complaint. Her father died of rheumatism and diseased heart.

On August 31st, her chief symptoms are reported as follows. There was considerable effusion in the joints of the upper and lower extremity. She perspired freely. Pulse 122, respiration 44. The first sound of her heart was decidedly rough; the roughness being most pronounced under the sternum, on a level with the second intercostal space; in quality, the abnormal sound had more of a blowing than of a rubbing character.

Notwithstanding the unfavourable prognostics attending the opening of the case, it was three days longer before the pericardial inflammation developed decided physical signs, though during that interval the patient's condition boded evil. The pulse and respiration remained at 132 and 34. There was so much general distress added to the severe rheumatic affection of the joints, that for one day opium was prescribed at the rate of half a grain every two hours. Moreover, a very decided tendency to delirious wandering manifested itself from the first; and although there was no physical sign indicative of an increase in the cardiac affection, yet the impulse and the first sound of the heart were very feeble, and a marked leaden hue of the features forced itself early upon our attention. Her urine, I should observe, was speedily rendered alkaline by potash.

On the fourth day (September 3rd), no further doubt as to increase in the inflammatory affection of the peri-



cardium remained; the cardiac dulness was extended; and, by the evening of September 4th, rose to the first intercostal space. A remarkably dry-to-and-fro friction-sound was distinct over the upper left chest, most intensely beneath the upper part of the sternum. The pulmonary portion of the chest, however, remained in a satisfactory condition. The pulse and respiration mounted to 152 and 68. Inspiration was peculiarly sighing and hard to draw.

The general symptoms of the disease became rapidly more urgent, and evidence of depressed cardiac power, and of consequently loaded cavities, more unmistakable. The lips were first livid, and then almost black; the face pallid and leaden; its expression anxious, and indicative of great distress. The delirium was constant; she was incessantly springing up in bed; and frequently divested herself entirely of her clothes; or she lay uttering a continuous melancholy moan. Her bowels were purged, and she passed her stools under her; her urine was abundant. It is to be observed that notwithstanding the effusion of fluid which had taken place in the pericardium, the friction-sound was maintained, though with lessened power. She was ordered tincturæ opii *mxv*; potassæ bicarbonatis, *ʒi*, every three hours; and to have a blister applied over the heart. Ten ounces of wine were ordered.

Such was the state of things, with some variations, through September 3rd and 4th. On the following morning, a tendency to improvement was manifested. The pulse and respiration were 128 and 47; the lips had lost their lividity, though the face was still leaden; the delirium was less persistent, and the patient was easily roused. Once only a catheter was required, and one stool was passed involuntarily.

A considerable tendency to quiet sleep accredited the evidence of amendment which was now established.

It was not, however, until September 30th that the physical signs indicated entire removal of the fluid. Previously to that date, indeed, the effusion had again increased. On the 30th, the rubbing sound had perfectly ceased; but its disappearance disclosed a loud mitral blowing sound, which for eighteen days previously had been rising into notice, distinct in quality from the rubbing sound. During the interval, the patient's health had much improved; her appetite for meat had returned; and she had lost much of the discomfort which yet remained. But it was remarked, as being inconsistent with this general improvement, that the region of the heart was liable to be the seat of uneasiness; and what was more important, that the pulse and respiration continued persistently high: on the thirty-second day from her admission, they were 128 and 40 to 46; and no explanation of this abnormality was offered by the condition of the lungs. Moreover, her face was easily rendered livid.

Three weeks more (October 19th) saw the patient sitting up for a short time, with good appetite, improved nutrition, tranquil countenance, and increased force in the heart's impulse. The mitral bellows-sound had attained a musical pitch. Still, notwithstanding the favourable aspect of the case, the pulse and respiration were never below 124 and 28 or 30; the respirations sometimes rising to 36, and on November 6th to 42; and, in consequence, I never felt at ease respecting my patient's progress.

The date just mentioned was the seventy-ninth day of the case. She was on that day pale and feeble, and complained of rheumatic pain. On the next day (the 7th), the pulse and respiration were 144 and 76; her breathing was panting; she had very severe paroxysmal pain in the left side, below the mamma and across the front of the chest; skin cool; face pallid, but remarkably free from any expression of distress.

She died three days afterwards. The pulse and respiration rose to 140 and 96; incessant vomiting came

on; she could only speak a few words consecutively. Her pupils were natural; her face pallid; the jugular veins not distended. The pain was at times intense. She did not cry out, but lay on her left side moaning, and in such distress that, almost against my judgment, I again resorted to the opium, ordering one-third of a grain of morphine every third hour, with some benefit. The evening before death, the pupils were greatly contracted, and the morphine was omitted.

**SECTIO CADAVERIS**, thirty hours after death. Close and firm adhesions united the pericardium intimately to the sternum, and to each lung. All the large veins were remarkably full of loosely coagulated dark blood. The pericardium was almost identified with every part of the heart's surface with which it could be brought into contact. The left ventricle was somewhat dilated, and its walls were thicker than normal. A mass of pure yellow firm fibrine occupied a large part of the right auricle. Passing into the ventricle, a continuation of the same mass lay upon the septum, to which it was loosely adherent; and from this portion a cylindrical process, of the thickness of the largest lead-pencil, passed up the pulmonary artery, to which, however, it was hardly attached; it followed the bifurcation of that vessel, terminating at the root of the lungs. Some loosely coagulated blood lay in the auricle upon the fibrine. The aorta was much contracted. All the valves of the heart were healthy, excepting the mitral, each curtain of which, but chiefly the parietal, was contracted and corrugated, without being thickened by adventitious deposit. The endocardium was healthy. The muscular tissue of almost the entire surface of the heart beneath the adherent pericardium presented a very marked yellow colour for the depth of about one-eighth of an inch; the altered colour blending gradually into that of the normal tissue, precisely as occurs when a superficial deposit of fat upon the heart has encroached upon its muscular fascicles. In one part of the right ventricle, the change in question involved nearly the entire wall. In the remainder of the walls, the tissue presented a perfectly normal aspect.

The changed portion in some parts offered considerable resistance to tearing by needles. Large oil-globules, sometimes in extensive groups, sometimes more loosely scattered, were interposed among the fascicles of the diseased portion of the walls, and appeared to have occupied the place of many. In addition to the oil, a fine fibrous tissue could be seen crossing the fascicles, in some portions constituting the entire substance, intermixed with oil; large strands of beautifully waving fibrous tissue fringing the margin. A large number of the remaining fascicles were perfectly opaque, from a dense collection of minute oil-globules; yet there were others, side by side with those most diseased, which exhibited the normal structure with beautiful distinctness. Free oil-globules of minute size floated around the specimens in such abundance as to impart to the water the aspect of an emulsion.

The remainder of the heart's tissue exhibited a condition of fatty degeneration to a very moderate extent. Certain fascicles were opaque; but the majority retained their transverse striae, and merely presented small groups of bright globules. The septum had advanced far more in this alteration than the walls. There were no free oil-globules. The lungs were very oedematous, but far from being anæmic, though equally far from being loaded with blood. Nearly the whole liver showed itself below the ribs—no doubt from protracted depression of the diaphragm during the final dyspnoea; it weighed three pounds. Its tissue was anæmic. The kidneys were healthy, but very anæmic.

[To be continued.]

## Original Communications.

### ANEURISM OF THE ARCH OF THE AORTA : PRESSURE ON THE SUPERIOR VENA CAVA.

By ASHBY G. OSBORN, ESQ., Northampton.

**SUMMARY.** *Aneurism of the Arch of the Aorta, below the Origin of the Arteria Innominata : Characteristic Obstruction to Return of the Venous Blood from the Neck and Face: No Abnormal Valvular Sound: Bronchitis: Death.*

A WELL proportioned English yeoman, aged 40, whose brandy and water cost about £10 *per annum*; drove a very hard-mouthed horse a distance of eighteen miles at the beginning of November 1852. Within a fortnight he perceived peculiar fullness of the face and neck—a bloated sensation; and it was remarked by his friends how unusually fat his face seemed. In company he would sometimes hang down his head, to show how much this alteration in position increased the turgescence and lividity of his countenance. The surgeon to whom he applied for advice examined his heart, but neither he nor I could find anything abnormal in its rhythm or sounds. There was slight cough; but the face and neck were the only parts congested.

Purging with jalap and elaterium, and cupping, gave temporary relief; but we both thought unfavourably of the case. The local affection remained unimproved, but he continued his customary active life for two months longer, *i.e.*, till January 1st, 1853, when he again drove over the same ground, *viz.*, from London to Brentwood, and felt the cold severely.

The following day (Sunday) he was worse; the turgescence of the face had by the evening become extreme; he felt pain and uneasiness at his chest, and great pain in the region of the kidneys; there was slight cough without expectoration; almost stertorous breathing; and the small quantity of urine passed contained much blood. I do not find in my notes that he was unconscious.

The case being regarded as one of local dropsy from some disease of the kidneys aggravated by cold, the *indication* seemed to be to relieve the local renal congestion which was looked upon as the origin of all the mischief. He was bled to twenty ounces; and a dose of calomel and jalap was given immediately, and an ether mixture every three hours.

The prognosis was very unfavourable.

Dr. Grouse of Brentwood saw him for the first time on January 3rd, and thought there was unusual *resonance* of voice just at the centre of the upper third of the sternum. From the history, and this auscultatory sign, he suspected there was a tumour of some kind originating in the over-straining, and pressing upon the superior vena cava.

For nearly a fortnight, our patient continued to improve under the treatment adopted; the countenance shrunk, and with quiet and small doses of mercury became much more natural. The urine gradually returned to its normal condition. He relapsed, however, when moved from his own to another room, that he might sit up by a fire in his bedroom; bronchitis supervened; and he died on January 12th, 1853, nearly ten weeks after the commencement of the symptoms.

**AUTOPSY.** There was a cicatrised appearance of the coats of the ascending portion of the arch of the aorta, just before the commencement of the arteria innominata, and in the immediate neighbourhood, considerable aneurismal dilatations sufficient to enclose a large orange, pressing, of course, on the superior vena cava. There was a large quantity of clotted blood in the aneurismal sac.

The valves were quite healthy, and none of the large vessels were involved. The lungs were œdematous.

**REMARKS.** Perhaps the first thing worth noticing in this case is, that a large aneurism, probably of sudden origin, should exist so near the aortic valves without effecting any difference in their sounds, or producing that peculiar vibration which we call the aneurismal "whir."

The habit of constantly stimulating the system which this man had pursued for some years, probably softened the coats of the arteries, and thus rendered them less able to bear tension without yielding.

The termination of the case shows the value of Hilton's remark that there is never local congestion, especially of a venous character, which may not be explained by the existence of some obstruction to the withdrawal of blood from the part; here the venous congestion of the countenance was mistaken for the flushed face of renal disease (the apoplectic seizure of albuminuria).

The pathology seems to be this: by great muscular exertion the circulation of blood through the system is accelerated, but when the muscles are kept in a contracted state for some time, the entrance of blood into their texture is impeded, and thus the backing up of the stream takes place between the propelling power—the heart, and the obstruction—the contracted muscles.

In this instance the heart was acting with unusual force, whilst the muscles of the arms and chest were firmly contracted in controlling a hard-mouthed horse.

Had the arterial canal, particularly its middle coat, been in a healthy state, it might have yielded temporarily, and, perhaps, afterwards regained its calibre without any portion having given way, but this not being the case its middle coat ruptured, and thus an incurable disease was set up.

The temporary relief experienced from the treatment and rest recommended, can be accounted for by the bleeding and drastic purgatives diminishing the quantity of the circulating fluid, and calming the action of the arterial system.

The *practical observations* to be derived from this case are:—

Never rest satisfied till the cause of partial congestion is clearly ascertained.

Distinguish carefully the venous congestion from general fullness of the vessels, as in a flushed face.

Wherever there is reason to fear that the return of venous blood to the heart is impeded by some cause situate within the thorax, too much care to avoid cold cannot be taken, for in this case, though the aortic aneurism would have gone on to a fatal termination, yet the patient's death was occasioned, and no doubt much hastened, by bronchitis of organs already gorged with blood, and not directly from the pressure of the aneurism on the superior vena cava; and the bronchitis was caught in merely moving from one bedroom to another.

### CANCER OF THE BLADDER.

By F. PAGE, M.D., Southsea.

IDIOPATHIC cancer of the bladder is considered by most authors as a very rare disease. Some of high standing, as Sömmerring, deny wholly the existence of primary cancer of this viscus; Lallemand affirms that it is extremely rare; Civiale gives authority to the prevailing notion of the rarity of the disease; Sir B. Brodie also says he never met with a tumour wholly resembling scirrhus.

A case of this kind having lately come under my care, I think it is not altogether void of interest, and may be of use in forming a correct diagnosis in similar cases.

A. B., a man aged 64, applied to me on December 3rd. He was much emaciated, and appeared sinking from or-

ganic disease. He had been ill twelve months, gradually getting worse.

The symptoms were constant pain in the bladder; frequent desire to pass urine; increased and unbearable pain after each effort; striking lancinating pain through the perineum, anus, and the end of the penis. The urine was constantly bloody. The bladder was never distended. I sounded him, but found no stone.

On examination by the rectum, the prostate was found not enlarged, but I felt a hard circumscribed tumour in the posterior parietes of the bladder. The diagnosis which I formed was that of cancer in the bladder. Under the use of suppositories, anodynes, etc., the symptoms somewhat mitigated; but debility increased, and he died on January 10th.

On *post mortem* examination, there was found a circumscribed tumour of the size of half an orange, situated behind the prostate in the floor of the bladder. Its surface was softened down and ulcerated; it was covered with irregular fungoid granulations, with deep interstices, filled with soft pulpy matter. The base of the tumour was three-fourths of an inch thick. The tumour was of stony hardness when cut through, of a white glistening colour, and presenting very clearly cancerous stroma. The peritoneal covering was normal.

It appears that the deposit had its origin in the submucous tissue, involving the mucous membrane, and eventually ulcerating internally. Cancer-cells, with nuclei, were visible under the microscope.

## Transactions of Branches.

### MIDLAND BRANCH.

CASE IN WHICH BILIARY CALCULI ESCAPED THROUGH A SINUS IN THE ABDOMINAL WALL.

By THOMAS SYMPSON, Esq., Lincoln.

[Read December 12th, 1862.]

C. F., aged 25, unmarried, a pallid, sallow complexioned countrywoman, having light hair and eyes, was admitted, under the care of Mr. Sympson, into the Lincoln County Hospital, on December 21st, 1857.

The opening of a sinus was seen on a level with and about three inches to the right of the umbilicus, through which a probe passed deeply upwards and outwards towards the right hypochondrium. The sinus yielded a free discharge of thin pus; and the adjacent soft parts were greatly thickened and indurated.

On the 22nd, a more particular examination was made, when the skin was found to be clammy, and the extremities disposed to be cold. The tongue was clean and flabby; the pulse 96, small and soft; the urine copious and pale; the bowels were said to act regularly; the catamenia had been absent since the commencement of her illness.

She stated that up to six months ago she had always enjoyed good health; but that she was then seized with a severe pain in the hepatic region, accompanied with jaundice, and followed by a swelling, which slowly descended towards the umbilicus, and, six weeks afterwards, was opened by a surgeon, when a teacupful of pus was evacuated. Since then, the jaundice had recurred several times, and the matter escaping from the sinus had occasionally assumed a bright green tint. The presence of a solid substance at a considerable depth from the surface was detected by a probe; but an attempt to reach and remove it by means of forceps proved unsuccessful.

She was placed on a liberal diet and tonics, and a linseed-meal poultice was directed to be applied over the fistula.

By January 10th, 1858, several biliary calculi had

passed through the fistula. By February 24th, she had got rid of more gall-stones, the discharge was diminishing in quantity, and she had much improved in health. The calculi varied in size from that of a millet-seed to that of half a horse-bean, and in tint from almost white to a deep brown; they were distinctly faceted. On every occasion of their passing, she had great pain in the right hypochondrium for a few hours prior to their appearance; the discharge from the sinus then became of a green colour, and then one or more of them escaped, with instant relief to all the symptoms.

On April 26th, when she was discharged from the hospital, several more gall-stones had passed; there was scarcely any discharge from the sinus; the surrounding thickening and induration had almost entirely disappeared; and her general health was completely re-established.

Roughly analysed, the calculi appeared to be composed of cholesterine, biliary colouring matter, and phosphate and carbonate of lime. One of them was made up of almost pure cholesterine.

### LANCASHIRE AND CHESHIRE BRANCH.

ON THE TREATMENT OF ASCITES AND ANASARCA.

By J. BIRKBECK NEVINS, M.D.(Lond.), Liverpool.

[Read December 18th, 1862.]

THE principle of treatment in these diseases which I wish to lay before you is, the importance of *operating early for the removal of the fluid by means of tapping or by acupuncture, instead of looking upon this method of treatment as the last plan we should resort to*. I believe that, when the mechanical removal of the fluid is effected at an early period, the chances of the patient are much improved; and that, instead of regarding tapping merely as a palliative to relieve the last urgent sufferings of the sick person, we ought to look upon it as an important curative agent. As I am not aware that this course has been prominently laid before the profession, I am desirous of stating the grounds upon which I recommend it, though it is very possible that the same reasons and the same treatment may have been suggested by other members of the profession, and have escaped my notice.

I have frequently observed the difficulty experienced in obtaining the free action of diuretics in cases of anasarca, until the fluid has been removed by some other means, after which the diuretics have produced the desired increase of urinary secretion; and, as a consequence of this, the further accumulation of fluid in the cellular tissue has been prevented. The means by which the fluid has been removed in the first instance have sometimes been copious sweating in a steam-bath, sometimes free purging by hydragogues, and at other times acupuncture of the legs and feet; but, in whatever way the object has been accomplished, the effect has been the same—viz., the natural action of diuretics, which had previously failed to operate.

In looking for an explanation of this phenomenon, I have come to the conclusion that the secreting portions of the kidneys are so enfeebled in their action by the pressure of the accumulated fluid present throughout the cellular tissue of the body, that they are unable to perform their duties aright, until the pressure is removed by some of the various methods just mentioned. The steam-bath or hydragogues would naturally be tried in the first instance; but, if they do not *speedily produce the desired effect*, I urge the early employment of *acupuncture*, and think the results of my experience are now sufficiently extensive, to warrant my bringing the subject thus prominently before my medical brethren. I have for some years laid this principle before my class

in lecturing on diuretics at the Medical School; but I have waited for accumulated experience before making more public mention of it.

In addition to its effect in promoting the action of diuretics, I consider the early employment of acupuncture important with reference to the condition of the patient's skin. When it is employed early, and before the skin has become enfeebled by the great and long continued distension, I have never seen any bad consequences follow the operation; but when it has been delayed to the last moment, and the legs have long been swollen to a painful extent, I have seen inflammation follow the operation, which has been troublesome in more than one instance.

In performing the operation, I advise that a few punctures only should be made—say half a dozen in the first instance—in one leg and foot; and that the patient should afterwards sit up as much as he conveniently can. The limb should be folded in flannels, which should be frequently changed as they become wet; and it is frequently necessary to apply warmth to the foot in bed. I recommend the employment of a common stout round sewing needle, in preference to a cutting edged needle, which I have for some time ceased to employ, as I have seen the wounds made by a three-cornered needle followed by inflammation more frequently than those made by a round one. The round punctures do not allow the escape of the fluid quite so freely as the others; but the comparative freedom from subsequent inflammation is important; and the operation with a common needle supplied by the patient himself, appears much less formidable to him than when the instrument is taken from the surgeon's instrument-case. As soon as the oozing of fluid ceases, the operation should be repeated if the swelling still continue.

With reference to the treatment of *ascites by early tapping* I have less extensive experience; but the following cases appear to me to hold out sufficient encouragement to warrant the fair trial of any plan which gives us reasonably increased hopes of cure in so generally hopeless a disease as dropsy of the abdomen. When the ascites is apparently dependent upon simple disease of the serous membrane (as, for example, in hydrocele), I think we have considerable encouragement in hoping for recovery; and even if it is due to cardiac obstruction, or to disease of the liver, I should still adopt the same mode of treatment, because it offers tangible advantages to the patient, with no corresponding disadvantage, so far as my experience extends.

It is familiar to us all how difficult it is to obtain the good effects of elaterium, in consequence of the vomiting which it excites; and, owing to this circumstance, we are frequently obliged to resort to tapping merely as a palliative, to relieve the urgent sufferings of the patient. Now, if the delay of the operation enabled us to make one tapping suffice for cure, we should be warranted in urging our patient to bear his sufferings, in the expectation of radical relief; and he would be repaid for his patience. But, since we find that repeated tapplings are the rule, and not the exception, it appeared to me very doubtful whether, after all, the benefits from delay did repay the prolonged distress from waiting; and I, therefore, repeated the tapping as soon as the patient became uneasy, without waiting for positive suffering.

I have further observed that, in some cases, hydrogogues acted upon the bowels after the patient had been tapped, although they had produced vomiting, or failed to purge before the operation; and I venture to suggest, therefore, that in this case also, the removal of pressure enables the organs to perform their functions, which they were previously unable to do.

I have now adopted this plan of treatment in three cases of ascites, which have resulted in perfect cures. The first case was that of a woman in whom the early tapplings were delayed in accordance with our usual

practice, and she was tapped many times before the fluid ceased to accumulate; but at length she was discharged cured, and died eighteen months afterwards of some other disease. The second patient was a man, who recovered after three tapplings; and the third was a woman, who also recovered after three tapplings.

I regard *constant mechanical support of the abdominal walls as a very important part of the subsequent treatment*, by enabling the tissues to regain their natural tone and vigour, after the extreme and enfeebling distension to which they have been so long subjected; and I, therefore, strictly enjoin the constant use of a flannel abdominal bandage, which I do not allow to be given up until the fluid has ceased to reappear.

In the course of *one or two days after the operation, I always resume the use of elaterium or jalap* in such doses as the stomach will bear without sickness, which ought always to be carefully avoided; and I have frequently found that a single pill daily, containing one-sixteenth of a grain of elaterium, produces copious watery purging without sickness after the operation, though the patient derived no benefit from it before the tapping.

The health should be sustained by a liberal diet, of which malt liquor or spirits may form a part or not, according to the circumstances of the case. Iron tonics have also appeared to be useful.

I feel that some apology is necessary for laying so much stress upon the results of so small a number of cases as the three which I have brought before you; but the principles upon which the treatment is based appear to me to be rational; and, if we can throw even but a little hope into the treatment of a disease which is generally so intractable as ascites, our patients cannot be great losers, and may possibly be great gainers. I trust that the kindness of my medical brethren will induce them to communicate to the profession whether their experience in future bears out or contradicts the principles now laid down; viz., that, in the treatment of ascites and anasarca, we ought to *resort early to the mechanical removal of the fluid*, instead of considering tapping as a last resource; to *employ long continued mechanical support afterwards*; and to *administer such doses of appropriate medicines* as the patient's stomach will bear, *early after the performance of the operation*.

*Discussion.* In the discussion which ensued, several members confirmed the observation about the increased action of remedies after the operation of acupuncture; and it appeared to be thought that the plan of treatment recommended in the paper offered a reasonable ground of hope, which rendered it deserving of trial.

**SCIENCE IN TURKEY.** The lectures on chemistry in course of bi-weekly delivery at the Dar-il-Fanoum, Constantinople, by Dervish Pasha, have attracted large and enthusiastic audiences. The lecture-theatre is very comfortably fitted up *à la Européenne*, and the lecturer is amply provided with excellent instruments, diagrams, and materials for experiment—all at the expense of the Turkish Government. At the conclusion of the series, the present lecturer will be followed by Salih Effendi, late President of the Pera Municipality, who will deliver a course on Natural History, and will be in his turn succeeded by Edhem Pasha, who will discourse on geology. "Shades of Amurath and Bayazid!" exclaims the *Levant Herald*, "can all this be taking place within the very shadow of St. Sophia?"

**OZONE IN CITIES.** Kosmann asserts that ozone in cities is more abundant during the night than in the day; but that where there is much vegetation, the reverse holds good. He shows that ozone is discharged from the green portions and the leaves of plants.

## Progress of Medical Science.

**ICTERUS IN PREGNANT WOMEN.** Dr. O. Saint-Vel relates that in 1858 the island of Martinique was, without appreciable cause, visited by an epidemic of jaundice, remarkable for its severity in pregnant women. It broke out at St. Pierre towards the middle of April, attained its maximum height in June and July, and terminated towards the end of the year. All races were attacked; the patients were mostly adults; no liver-complication could be detected; nor could any resemblance be traced between the disease and yellow fever. It was fatal to females only, especially during pregnancy. Of thirty pregnant women who were attacked at St. Pierre, ten only arrived at the full period of pregnancy without presenting any other symptoms than those of ordinary jaundice. The other twenty all had abortion or premature labour at the end of a fortnight or three weeks, and died in a state of coma, which appeared a few hours before or after the abortion. The females who died were from the fourth to the eighth month advanced in pregnancy. In some cases, slight delirium preceded the coma, which was never interrupted, but became more and more profound up to the time of death. Its longest duration, in two cases, was twenty-four and thirty-six hours. It was not preceded by any notable modification of the general sensibility, nor of the respiration or circulation. Hæmorrhage was absent, except in one case, where a female had it before delivery. When death was delayed till three or four days after delivery, the lochia were healthy. Almost all the children were still-born; some lived a few hours; one alone survived. None of them had the icteric colour; nor was there any sign of jaundice in the ten children who were born at full term of mothers who had had the disease. (*Gazette des Hôpitaux*, 20 Novembre 1862.)

**MECHANISM OF DISLOCATION OF THE LOWER JAW.** M. Maisonneuve has succeeded in producing dislocation of the lower jaw on the dead body, by strongly depressing the chin, pushing the condyles forward by placing the fingers behind them, and suddenly raising the jaws by means of the index and middle fingers of each hand, placed behind and under the angle, so as to imitate the action of the masseters. This plan, he says, has never failed in more than thirty instances. On dissection, M. Maisonneuve has found that the condyles are carried in front of the transverse root of the zygomatic processes, and rest on their anterior face; that the coronoid processes, completely enveloped by the tendon of the temporal muscle, are depressed below the zygomatic arches, which they scarcely ever touch, and that they oppose no obstacle to bringing the jaws together; that the capsule of the joint is much stretched, but is not torn; that the external ligament, of which the normal direction is oblique from before backwards, becomes oblique from behind forwards, and is stretched, as are also the speno-maxillary and stylo-maxillary ligaments; that the temporal muscle is elongated, but its tendon is not torn; and that the external pterygoid muscles and masseters are strongly stretched, but that the general direction of the action of their fibres is in front of the dislocated condyles, and not behind them. M. Maisonneuve found also that reduction was not facilitated by dividing the coronoid processes at their base, nor by dividing the zygomatic arches, nor by opening the capsule of the joint. On dividing merely the stylo-maxillary and speno-maxillary ligaments, as well as the posterior fibres of the external ligament, the dislocation was reduced by the slightest pressure. He believes that the difficulty of reduction depends on the fixing of the con-

dyle in front of the transverse root of the zygoma, by the passive resistance of the ligaments and the energetic contraction of the elevator muscle. He concludes hence that the best method of reduction is to gently depress the chin so as to relax the ligaments, and to push the condyles strongly back by means of the thumbs, introduced into the mouth, and resting on the coronoid processes. (*Gazette Méd. de Paris*, 8 Novembre 1862.)

**CAUSES OF OBSTRUCTION OF THE TRACHEA.** Dr. Hermann Demme arranges the causes of obstruction of the trachea under three principal heads; viz.: 1. Compression; 2. Disease of the walls of the trachea itself; 3. Foreign bodies in the tube. 1. *Compression* is generally produced by tumours of neighbouring organs, among which the most important are: Tumours of the thyroid gland—a very common cause: Tumours of the thymus gland—very rare: Tumours of the œsophagus, especially canceroid and carcinoma—very frequent: Tumours of the lymphatic glands—frequent: Tumours of the vertebral column—rare (a case is recorded by Ollivier): Congenital hygomatous cysts—rare (cases recorded by Wutzer and Hawkins): Aneurism—by no means rare; the bronchi are more frequently compressed by aneurism of the aorta, the trachea in aneurism of the carotid and arteria innominata. The occasional abnormal course of the subclavian artery between the trachea and œsophagus, producing sometimes dysphagia and difficult respiration, must also be remembered. Compression may also be produced by abscesses in the neighbourhood of the trachea, such as retropharyngeal and œsophageal abscesses, abscesses of the thyroid body, and diffuse phlegmon of the cervical muscles; by effusions of blood; or by foreign bodies, such as bullets, lying encysted between the œsophagus and the trachea. 2. *Obstruction from disease of the trachea itself* may be produced by extensive circular cicatrices, the result of tubercular ulceration, typhous processes, syphilitic ulceration, burns, and ulcers following croup. The trachea may also be narrowed by infiltration into its walls; by croupy exudation; by suppuration and the formation of abscesses around the cartilages; by necrosis of the cartilages; by diffuse thickening of the submucous areolar tissue, hypertrophy of the cartilages, and calcareous deposits, observed especially as the result of chronic catarrh; and by new formations of various kinds, such as papillary growths and polypi of the mucous membrane and submucous tissue; canceroid of the mucous membrane; and carcinoma, rarely primary in the walls of the air-tubes, but generally extending to them from neighbouring organs. 3. *Obstruction from bodies in the trachea* may be produced by foreign substances introduced into the larynx; sequestra of the cartilages detached as the result of necrosis; and croup-membranes. (*Archiv für Klinische Chirurgie*, 3 Band, 3 Heft, 1862.)

**NEW MOTOR SYSTEM OF THE HEART.** Professor von Bezold of Jena states that he has, in the course of some researches on the motion of the heart, discovered a new source of motor nerves of this organ, which connect it much more intimately and importantly than the cervical sympathetic or even the par vagum with the cerebro-spinal system. The following results were arrived at by him from experiments on animals paralysed by woorara. 1. When the pneumogastric and sympathetic nerves were divided in the neck, so as to cut off the hitherto recognised conduction of nervous influence from the central organs to the heart, irritation of the medulla oblongata produced a very marked increase in frequency of the pulse and an uncommon augmentation of the pressure of the blood in the arteries—the latter being sometimes more than doubled. 2. When, further, the spinal cord was divided in these animals at any point above the seventh cervical vertebra, the acti-

vity of the heart was almost immediately diminished: the pressure of the blood in the carotid was diminished to three-fourths, the beat of the heart became weak, and its sounds almost inaudible, etc. On the other hand, when the division was made in the neighbourhood of the third or fourth dorsal vertebra, no such effect was produced. Hence the centre of innervation does not extend below the fourth dorsal vertebra. 3. If, after dividing the cord above the seventh cervical vertebra, the medulla oblongata or the portion of the cord above the division be irritated, however violently, whether mechanically or by electricity, no change is produced in the pressure of the blood or in the frequency of the pulse. But if the portion of the cord on the distal side of the division be irritated, the blood-pressure and the heart's action, which have been diminished by the section, may be raised to or even above the normal height. Hence the motor nerves (exclusive of the par vagum and cervical sympathetic) do not come off above the seventh cervical vertebra. 4. If, in partially poisoned animals, the medulla oblongata and the peripheric portion of the divided vagi be simultaneously irritated, the results are, not an increase, but a diminution, of the pressure of the blood; not an acceleration of the pulse, but a retardation or even cessation. Bezold derives the following conclusions from his experiments. *a.* He believes he has ascertained the existence of a new central organ for the motions of the heart, having its seat neither in the medulla oblongata nor in the brain. *b.* Its fibres run through the cervical spinal cord, and pass out between the seventh cervical and fifth dorsal vertebrae. *c.* They very probably pass through the lower cervical and upper dorsal sympathetic ganglia, and enter the breast as the lower and middle cardiac nerves. *d.* This central motor organ normally furnishes three-fourths of the entire propulsive force of the heart; when it is abnormally irritated, the energy of the contractions of the heart may be increased sixfold. *e.* This cardiac nervous system, apparently having its seat in the medulla oblongata, stands in a reflex connexion with the sensory cerebro-spinal fibres. *f.* Various poisons, especially digitalis and strychnia, increase and strengthen the heart's beat, after division of the vagus, by increasing the irritability and activity of this cerebro-spinal cardiac nervous system. (*Berlin. Med. Centralzeitung*; and *Wiener Med. Wochenschrift*, Dec. 20, 1862.)

**SUPPURATIVE AORTITIS: ITS INFLUENCE IN PRODUCING PURULENT INFECTION.** M. Leudet of Rouen has published a paper on this subject, which, though the observed facts are as yet few, is of some importance. In 1829, M. Andral, in his *Précis d'Anatomie pathologique*, described an abscess existing in the coats of the aorta. The correctness of his interpretation of what he saw was, however, long doubted; and Rokitsansky suggested that a softened atheromatous deposit had been mistaken for an abscess. On the other hand, Virchow, in 1847, stated that he had been on the point of supposing an abscess to be a softened atheroma, until microscopic examination revealed the presence of distinct pus-corpuscles. In 1852, Spengler published the first case in which the clinical history had been ascertained. The patient, after exposure to cold, had subacute articular rheumatism; then, after being again exposed to cold, he had general symptoms of thoracic and cardiac inflammation, followed by symptoms of purulent infection. At the *post mortem* examination, there was found to be ulcerative endocarditis, with an abscess between the coats of the aorta opening into the heart. In 1856, Dr. Schutzenberger communicated to the Strasburg Medical Society the history of a man who was recovering from pneumonia of the left lung, when he was attacked with violent rigors occurring at irregular intervals, copious sweating, and a peculiar yellow tint of the skin and sclerotic. At the autopsy, an abscess of the size of a

nut was found, which had formed between the external and middle coats of the aorta, and opened into that vessel. M. Leudet has also observed a case similar to those related by Spengler and Schutzenberger. In all three, abscess was at the origin of the aorta; but this is not always its seat, for M. Leudet refers to two cases noticed by Rokitsansky and Lebert, where the collection of pus was higher up in the vessel. Suppuration may also, in place of being idiopathic and primitive, be a consecutive result of the deposition of atheroma. In the cases collected by M. Leudet, the pus was collected in a small cavity in the external cellular coat, and was infiltrated into the middle elastic coat. These two coats, especially the external, presented marked vascular injection. Fine capillary vessels sometimes extended into the thickness of the middle coat, but never reached the inner coat, which most generally was not at all coloured. In no case were false membranes or clots observed at the level of the inflamed artery. The pus presented the ordinary characters of this secretion. The large opening by which the abscess communicated with the vascular canal had no doubt introduced a small quantity of pus into the blood during life. The existence of pyæmia was denoted by the simultaneous presence of abscesses in the liver, lungs, spleen, etc. In M. Leudet's patient, there was meningitis; in Rokitsansky's case, abscess of the spleen; and Spengler's patient had hypostatic pneumonia. The study of the symptoms of suppurative aortitis is rendered very difficult by the coincidence of numerous lesions, which may mask the peculiar symptoms of the disease. The first stage of the disease is one of inflammation, probably simply exudative, of the coats of the vessels or of the heart. This inflammation is generally intense, as appears from the results of *post mortem* examinations. It is that form of endocarditis which M. Bouillaud terms phlegmonous, in opposition to superficial; he compares the first to phlegmonous, and the second to simple erysipelas. Nothing in the symptoms of the cases appears to have led to the suspicion of so intense an inflammation. After the manifestation of symptoms which may be supposed to denote the presence of exudative inflammation, there is a kind of remission, which is, however, far from constituting complete convalescence. These symptoms of purulent infection set in—especially rigors. This symptom may lead to a diagnosis, when no inflammation can be discerned elsewhere, especially in the venous system. (*Archiv. Génér. de Méd.*; and *Gazette Méd. de Paris*, 20 Decembre 1862.)

**PNEUMONIA FOLLOWED BY ABSCESS IN THE LUMBAR REGION.** Dr. Brandicourt of Amiens relates the case of a young woman aged 22, who in April 1861 had an attack of pleuropneumonia followed by empyema of the left pleura. In July, she was attacked with severe pain in the left renal region; and at the end of August, a swelling appeared at the outer part of the spine on the left side, two finger-breadths above the crest of the ilium. Fluctuation was not distinct, but there was a pasty feeling under the finger. The patient had an obstinate cough, and expectoration was very copious. In the middle of September, Dr. Brandicourt opened the swelling, by plunging in a bistoury to the depth of nearly two inches. A very large quantity of serous pus, of good colour, immediately escaped; the flow being influenced by the respiratory movements, and resembling the jet of an intermitting fountain. The discharge, which amounted to three litres, was partially restrained by closing the aperture; and on auscultation, the respiratory murmur in the lung, which had not been heard during several months, was detected. The pus continued to be discharged during a month, during which time the patient had rigors every evening, and became very weak. Under the use of tonics, including quinine, the rigors disappeared; the suppuration gradually dis-



appeared; and by the beginning of November the left lung was discharging its functions nearly as well as the right. In a short time, the patient recovered perfectly. (*Gazette des Hôpitaux*, 21 Octobre 1862.)

## British Medical Journal.

SATURDAY, FEBRUARY 7TH, 1863.

### THE ATTEMPT TO CONVERT A PRIVATE CHARGE INTO A PUBLIC SCANDAL.

DR. BURROWS was last year elected President for the year of the British Medical Association. By accepting the office he committed an unpardonable mistake or crime in the eyes of the *Lancet*. Whether it be *post hoc* or *propter hoc* of this presidency—our readers may judge for themselves—it is a fact that, for the last three weeks, Dr. Burrows has been prominently introduced into the pages of that journal, under the heading of “Alleged Consultation with a Homœopath”. Carefully abstaining from making any direct accusation against our President, the *Lancet*, with the true spirit of Tartuffe, has quietly allowed (with a sort of “I could now an’ if I would” language) the idea to go forth to the profession that there was some actual truth in the accusation. Having, however, striven its best during three weeks to find out, if not overt, some kind of constructive treason; and, having utterly failed in its respectable efforts, the *Lancet* now admits with the worst of grace, and forced by the strength of facts, “that in many respects the letter of Dr. Burrows is satisfactory”; which, being put in plain language, means that “we admit the charge brought through us against Dr. Burrows, and which for the last three weeks we have been carefully fomenting, is without foundation in fact; we admit that Dr. Burrows did not knowingly meet a homœopath in consultation.” In this way the *Lancet* characteristically withdraws the charge which it has published, which it has manifestly patronised, and which it cannot sustain.

Our readers will remember that we dealt with this case as we have dealt with every other of the kind which has been brought under our notice. We have never allowed such a grievous imputation to appear in our pages, unless the evidence in our hands was clear and unmistakeable. In this case, when the statement was brought under the notice of Dr. Burrows, he positively denied that he ever, to his knowledge, had met a homœopath in consultation. Dr. Burrows is a man of honour; and we willingly took his word that, in meeting this man at Bedford, he did not know he was meeting a homœopath. More than this: we showed his letter to two of the hospital medical officers at Bedford, and both expressed their belief that Dr. Burrows had not

knowingly met the homœopath. Under such circumstances, and in the absence of any evidence to the contrary, to have introduced the incident week after week into print, and to have tacitly allowed the reader to think we believed in the truth of the charge, would have been, in our opinion, simply the fomenting of a gross scandal. Had we done this, we might have very fairly laid ourselves open to the charge of having made use of the pages of this JOURNAL for the purpose of gratifying private malevolence.

Such is our opinion. The *Lancet* thinks otherwise; and in order to cover its retreat from a false position, and annoyed at the discovery of the mare’s nest over which it has been three weeks brooding without hatching, it cannot retire without its usual *mud-fling* at this JOURNAL.

Let the members of the Association hear from the high-toned morality of the *Lancet* what sort of a JOURNAL they possess, and what sort of honour and honesty presides over its management. “In the following week,” says Tartuffe’s organ, “the servile print which disgraces the honourable Association of which he is President bent itself in adulation, and declared naïvely that it had determined, if possible, to avoid all public allusion to the matter,” and that the charge “was made under an utter misunderstanding of the facts of the case.” Here Tartuffe has surely overdone it: we mean his old game of praising the Association and abusing its JOURNAL. Is it logical to say that an Association can be *honourable*, whose JOURNAL is *servile*? At all events, we are now taught by the mouthpiece of the *Lancet* that to act according to the ordinary principles of honour and of charity, which are supposed to guide the intercourse of gentlemen and members of the profession, is to perform an act of disgraceful servility. We must leave our readers to form their own comments on the character of their JOURNAL, and on the morality of the *Lancet*; remarking only that we will not, until assured of the fact, believe that the lines referred to were penned by any member of the medical profession.

Let us recapitulate the facts of the case. Dr. Burrows is summoned to Bedford by a gentleman who, it turns out, is notoriously (in Bedford) a practitioner of homœopathy. He meets him in consultation with the physician of the infirmary there. Dr. Burrows has not the slightest idea of this person’s homœopathic principles; not a word thereon is insinuated to him by the local physician, who must have been well aware of the fact, and whose silence on the occasion is inexcusable. The patient is treated, not homœopathically, but medically; not one word of the globalistic method is suggested or thought of in the consultation. Throughout the whole affair, Dr. Burrows is free from the very smallest imputation of having dealt knowingly,

either directly or indirectly, with homœopathy or its practisers. But now steps in Don Basilio, calumniator in chief, and *insinuates* that Dr. Burrows must have known that he was dealing with the thing, because this very person's claim for registration under the Medical Act came under the consideration of the Medical Council on an occasion when Dr. Burrows was himself in the chair. Now to this allegation Dr. Burrows's answer is most explicit: "I certainly did not remember that the name of Coombs was among those who had applied to be registered on diplomas granted by a homœopathic college; and even if I had remembered that name, I should not have suspected that it was that of a former pupil, who, as I have elsewhere stated, has frequently requested me to prescribe for his patients on principles diametrically opposed to homœopathy." Dr. Burrows assures us that he had not the slightest recollection that the man whom he met at Bedford had ever applied to be registered as an M.D.; and that, even if the name of the man who sought the registration in 1860 had come across his mind, he would not have had any suspicion that it was the name of him at Bedford, who was his former pupil, and who had previously sent him patients to be treated medically. And it is well to remember that this Medical Council meeting took place two years and a half ago.

This is the answer which Dr. Burrows gives to the *Lancet*, who has furbished up the scandal; and who says: "It is for Dr. Burrows to explain this striking discrepancy." Dr. Burrows has, we will venture to say, given an answer which will be accepted by every member of the medical profession. But how does Don Basilio receive the reply to the question which he asked? He asked it insinuatingly, and he receives the reply insinuatingly. Like his prototype, the *Lancet* could neither boldly nor truly bring the accusation; he produced it obliquely. And now, when the positive denial has come, true to his character, he admits, from the very force of the facts, that "Dr. Burrows's letter is in many respects satisfactory," and then proceeds to accept the explanation exactly as he made the accusation, insinuatingly and obliquely. And this is the journal which, not many months ago, actually threw its shield over and bedaubed with the most fulsome flattery a gentleman who avowed that he met homœopaths in consultation, and openly defended the practice! No; it is not true to say that Dr. Burrows's answer is "in many respects satisfactory." His answer is not satisfactory unless it is completely so. Either the accusation is true or it is false. But it has been proved to be utterly devoid of all foundation, and, therefore, the answer is wholly satisfactory. As such, we are sure, notwithstanding all the artifices of Don Basilio, it will be received by the profession at large.

We, of course, do not for one moment wish it to be understood that any blame in this matter is to be attributed to the gentlemen who brought this question under the notice of the medical press. We think, on the contrary, they only did their duty in so doing; and we are satisfied that no persons will be more gratified than they to have their doubts cleared up as they have been by Dr. Burrows's emphatic answers.

#### CHOLESTERINE: ITS PHYSIOLOGICAL AND PATHOLOGICAL IMPORT.

CHOLESTERINE is a product of the animal body regarding which, though it is found in sufficient abundance, and the localities in which it exists are tolerably well determined, physiologists have as yet failed in ascertaining precisely where it arises, or what becomes of it, or whether it has any pathological importance beyond its frequent presence in gall-stones. Thus, Longet, writing in 1861, says that "it is one of the products destined to be expelled from the economy"; but in what manner he does not attempt to shew. Robin and Verdeil also speak of its physiological import as altogether unknown; and, not to quote more instances, our physiological treatises in general are equally deficient of information on more than the existence and locality of this substance.

Dr. Austin Flint, junior, of New York, has made some observations in order to clear up the unsettled points relating to this substance, and has published his researches, with the results at which he has arrived, in the October number of the *American Journal of the Medical Sciences*. He has examined cholesteroline in its relations with seroline, a substance found hitherto occasionally in small quantities in the blood, but which Dr. Flint discovers to exist normally in fæces, and which he therefore calls *stercorine*. He holds that these two substances—cholesterine and seroline or stercorine—have a direct relation to each other; that the knowledge of this relation is likely to be of great pathological as well as physiological importance; that, in fact,

"What the discovery of the function of urea has done for diseases which now come under the head of uræmia, the discovery of the function of cholesteroline may do for the obscure diseases which may hereafter be classed under the head of cholesteræmia."

The general facts that cholesteroline is found in the bile, brain, liver, brain and nerves, and also in the crystalline lens, meconium, and (occasionally) faecal matter, and that it is eliminated by the liver, being recognised, Dr. Flint applies himself to the examination of the question: Where is the substance formed? Its principal seats being the liver and the nervous system, he has endeavoured first to determine whether it is formed or merely deposited in the brain and nervous system, by making comparative analyses of arterial and of venous blood. His results, in six

experiments on animals, shew a marked increase of cholesterine in the blood of the internal jugular vein, and also an increase in the blood returning by the femoral vein, as compared with the blood of the carotid artery. He infers hence that the cholesterine is produced in the brain and absorbed therefrom by the blood; and, since the increase in the blood of the jugular vein can only have come from the formation of cholesterine in the brain, he argues, supported by the known results of chemical analysis of the tissues, that the cholesterine found in the general venous system must be produced in the nerves.

To further confirm this theory, he has analysed blood taken from each arm of three patients suffering from hemiplegia; the result being that on the sound side the blood yielded from 0.481 to 0.808 parts of cholesterine per 1000; while on the paralysed side not a trace could be found.

Dr. Flint has also made analyses of the blood of the portal and hepatic veins, as compared with that of the carotid artery. He finds in them proof that cholesterine is eliminated by the liver; and that, apparently, the diminution of cholesterine in the blood of the hepatic vein is nearly equal with the increase of this substance in the blood that has passed through the brain. Hence he sees in the bile two important elements having separate functions.

"1. The bile contains the glycocholate and taurocholate of soda; which are not found in the blood, are manufactured in the liver, are discharged mainly at a certain stage of the digestive process, are destined to assist in some of the nutritive processes, are not discharged from the body, and, in fine, are products of secretion.

"2. It contains cholesterine; which is formed in the blood, is merely separated from it by the liver, and not manufactured in this organ, is not destined to assist in any of the nutritive processes, but merely separated to be discharged from the body, and is a product of excretion."

At this point, Dr. Flint takes up the examination of the hitherto undetermined question: What becomes of the cholesterine after it has been discharged from the liver?

Cholesterine has been said by several authors on physiology and physiological chemistry to be present in fæces. Dr. Marcet, however, has noticed its absence; and Dr. Flint's analyses lead him to the same conclusion. Convinced, however, that the substance must be discoverable in some shape, he has, by treating dried fæces with ether and alcohol, etc., obtained a substance in the form of delicate transparent needles, having all the characteristics of seroline. This substance being found in large quantities in the fæces, he terms *stercorine*. It is not, according to him, the same substance as that which has been described by Dr. Marcet under the name of *excretine*.

The observations which Dr. Flint has made in regard to stercorine are as yet incomplete; but he brings forward the following evidence to show that it is a result of a change of the cholesterine during

the digestive process. Cholesterine is found in the meconium, where stercorine is absent. This arises from the fact that bile is formed long before any food is taken into the alimentary canal, and before the intestines have had an opportunity of performing their digestive function. As soon, however, as digestion is established and the digestive fluids are secreted, the cholesterine is lost, and stercorine appears in the excrements. In hibernating animals also, cholesterine is found in the fæces during the period when no food is taken, but disappears when the animal awakes and takes food. Again, normal fæces do not contain cholesterine; but, by examining the discharges of fasting animals, Dr. Flint has succeeded in finding small quantities of cholesterine in conjunction with the stercorine. Hence he infers that the change of cholesterine into stercorine is evidently connected with the digestive process.

The effect of cutting off the supply of bile from the intestines on the presence of stercorine in the fæces has been noticed by Dr. Flint in the case of a patient who had jaundice from duodenitis. The fæces were clay-coloured for a time; and, on examination, no cholesterine nor stercorine could be found in them. Nineteen days afterwards, when the fæces had regained their normal colour, they were again examined; and 0.34 of a grain of stercorine was found in 502 grains.

Further, the theory of the conversion of cholesterine into stercorine is supported, according to Dr. Flint, by the fact that the amount of stercorine found in the fæces corresponds very nearly with the calculated average amount of cholesterine discharged from the liver.

Regarding the pathological relations of cholesterine, Dr. Flint promises more complete observations than are contained in his present paper. So far, however, as his investigations have gone, he has arrived at the conclusion that the retention of cholesterine in the blood is liable to produce a train of symptoms of blood-poisoning, which he designates *cholesteræmia*. He explains in this way the difference in the gravity and fatality of the symptoms of two forms of jaundice; one being attended only with yellowness of the skin, and dependent merely on the retention of the bile in the excretory passages, and the absorption of its colouring matter; while in the other the cholesterine is retained in the blood. In the former case, that of simple jaundice, such as that depending on duodenitis, the amount of cholesterine in the blood is not necessarily increased; while in jaundice connected with structural change, as cirrhosis, the increase over the average maximum in healthy blood has been found by Dr. Flint as high as 146 parts in 1000.

The morbid condition which Frerichs terms *acholia* is explained by Dr. Flint on the theory of the retention of cholesterine. In it there may or may not

be jaundice; but, as described by Frerichs, the patients may "become unconscious, and be afterwards seized with noisy delirium, from which they pass to deep coma, and in this state die." In one case observed by Frerichs, there was "spasmodic contraction of the muscles of the left side of the face." In such cases, attempts have been made to discover the elements of the bile—biliary acids and pigment—in the blood; it being argued that they ought to be accumulated in this fluid in the same way as urea in uræmia. Yet, as has been shown by Frerichs and Moleschott, they have not been found. Dr. Flint suggests, however, that if search had been made for cholesterine, the result would have been different. As regards this acute form of jaundice, Dr. Flint has not had an opportunity of actually determining the retention of cholesterine; although the analogy of the symptoms referrible to the nervous system with those found in cases of cirrhosis, where the retention of cholesterine has been ascertained, is strongly marked.

The degree to which cholesterine may be retained, and the quantity of stercorine in the feces correspondingly diminished, varies in cases of cirrhosis with the amount of structural disease. If the liver be but partially affected, the symptoms of cholesteræmia may be slight or absent; for the same reason that the function of the kidneys may be partially interrupted without producing symptoms of uræmia.

These researches of Dr. Flint, of which we have given an outline, and which we hope he will extend, are apparently of considerable importance. They seem to show that, physiologically, cholesterine bears the same relation to the liver and bile as urea does to the kidneys and urine; and that, pathologically, the retention of cholesterine in the blood produces a train of symptoms designated by Dr. Flint as *cholesteræmia*, which may be compared with those resulting from the retention of urea—uræmia. Finally, as Dr. Flint observes:

"When we add to these conditions the cases of what is ordinarily called biliousness, attended with drowsiness, an indefinite feeling of *malaise*, constipation, etc. (and all this relieved by a simple mercurial purge, which is said to promote the secretion of the liver), cannot we hope that some light will be shed on their pathology by a knowledge that there is a condition called cholesteræmia? As yet this is but speculation; but the discovery of the important function of cholesterine opens an almost boundless field of inquiry in this direction; and ere long the physician may talk of 'biliousness' and 'liver-complaint' with some definite ideas of their pathology."

Here for the present we leave Dr. Flint and his researches. If at a future time he should continue and publish his observations, we will endeavour to lay them before our readers. What he has already laid before the profession on the subject of cholesterine, we commend to the careful attention of British physiologists and chemists, and practical

physicians; in order that they may test for themselves how far the observations of our able American *confrère* are trustworthy, and his conclusions sound.

### GRATUITOUS MEDICAL SERVICES.

WE have already pointed out the great use of "cottage" village hospitals, and the peculiar services which they are capable of affording to the sick and wounded of the district wherein they are located. It is very probable that the one which has already succeeded so well at Cranley may be the model for the construction of many similar ones throughout the country. We have, in fact, received a circular announcing the intention of establishing a "cottage" hospital at East Grinstead; and we, therefore, at once strongly urge upon the consideration of the medical men who may be attached to such hospital the most important question of gratuitous services. In the plan which lies before us, one part of the programme is, that the medical officer is to "give his professional services gratuitously"; and, in fact, we gather from the circular that here, as in like cases, the chief promoter of the scheme is a member of our profession. Now we would ask that gentlemen to tell us what are the grounds upon which he thus tenders his services gratuitously. He may answer, that he is only doing like all the rest of the professional world; and truly it is not with any idea of blaming him that we ask the question. Our wish is to try and arrest an evil which is ruining and degrading our profession; and to prevent, if possible, its extension into this new field of competition which appears opening before us. We simply ask this: Can any gentleman, who gives or offers these public services gratuitously, adduce one single reasonable argument in favour of the suicidal folly, as we must, in the meantime, be permitted to call it. Here are the Medical College and many medical benevolent funds continually ringing in our ears the direst tales of distress and misery falling upon members of our profession. Continually, also, we have loud complaints of the miserable receipts of the hard-worked and over-worked surgeon; and yet daily do we continue and extend this mad system of doing the work of the community gratuitously. Does the lawyer ever do one stroke of public business without pay? Where is the highly educated, experienced, and wealthy vicar, dean, or bishop, who does regular gratuitous public work in a hospital? Do the surveyors of our public medical charities survey gratis? Do wealthy contractors lay their bricks gratis? Do butchers supply the hospital sick with beef gratuitously? Is there one single class of persons in this country, from the Queen down to the scavenger, who do public work gratis, except medical men? Undoubtedly not. To us alone belongs the silly, thankless palm of performing public work—the work

of the community at large—without pay and without thanks. Nay, more than this: we actually go down on our knees and ask the public permission to do this work.

Let it be remembered, the system is one of modern invention; it was begotten by selfishness, out of competition. It was no love of doing the heaven-work of pure charity which presided over, and which still presides over, its existence. We would, therefore, earnestly ask the medical supporters of these cottage hospitals to pause before they assist in the extension of this absurd system of professional spoliation.

#### THE "POMMADE DIT HOLLOWAY."

"PROFESSOR" HOLLOWAY has gained the day against his agent, Mr. Sellen. The court has decided that Mr. Sellen did not obtain from the French Government the permission required by the "Professor," and was, therefore, not entitled to his pay. "Professor" Holloway agreed to pay the agent £500 if he could obtain him permission to sell Holloway's Ointment in France and her colonies. By the French law, which prohibits the sale of secret remedies, that could only be done by permission of the Minister of the Interior. Holloway's Ointment was a secret remedy, and was so treated. To obtain a patent for it, it had been treated as a cosmetic and called a "pomade," and as the analysis showed that it contained only butter, lard, turpentine, and wax, the French had laughed at it, and said there was nothing noxious in that, it might be sold as a "pomade."

But even the patent to sell the "pomade dit Holloway" was worthless; for when offered to the defendant by the plaintiff it was long after it had been granted, and when it had become void though the non-payment of certain fees.

Who in future will venture to say that a "rose by any name would smell as sweet"? Here is the famous invention which as "Holloway's Ointment" is a "sovereign remedy," and which as "Pomade dit Holloway" is an unsaleable article. A part of the "court," it is worthy of note, in the shape of Justice Williams, could not let slip the occasion of bringing under the notice of the public at large an excellent application,

"Mr. Justice Williams said he should be ungrateful if he did not express his obligations to the *pomade* known as *Pomade Divine*, from which he had frequently obtained benefit."

The "Justice" did not (as he should have done) tell the public whether it was from the application of the "pomade" to his skin or to his wig that the benefit resulted. We trust the proprietors of the divine pomade will not fail to thank Mr. Justice Williams, and have his words and name distributed over the surface of the earth on the backs of their ointment-pots.

#### THE WEEK.

OUR attention has been called to the following announcement in a country paper, and from the statement made at another page we cannot doubt as to its general correctness. We sincerely trust that if the manifest evil done in the present case is irremediable, the fact may lead to the prevention in future of such unwarrantable exercise of power. It seems to us that the gift of the appointment ought to be placed in more responsible hands than in that of a Government Inspector of Factories; and we should strongly recommend those gentlemen who are moving in this case to apply also to the Home Secretary to have the gift of the appointment placed in more fitting hands. We read in the *Oldham Standard* as follows:—

"We are informed that the office of government medical officer for the factories for this district, vacant by the death of Dr. Earnshaw, has been conferred on Mr. Coles, the son of Mr. Coles, the government sub-inspector of factories. Mr. Coles is quite a young man; and has scarcely had any experience in his profession to warrant his appointment to such an important office. It is one of the worst pieces of jobbery perpetrated here for some time; and we understand that the medical gentlemen in the town very properly intend memorialising Sir George Grey on the subject. Surely youth and inexperience ought not to be preferred to age and merit."

SIR E. B. LYTTON, as some of our readers may remember, last year insulted the common sense of the British people by the publication, in *All the Year Round*, of a Mesmeric tale. The fanciful baronet did this, we must suppose, for the purpose of puffing his favourite science—the Mesmeric. We are not surprised, therefore, to find that a journal which could admit such transcendental nonsense into its pages should also admit a fling at "illiberal doctors"—the illiberal doctors being those who refuse to meet homœopaths in consultation. Having exalted the virtues and miraculous powers of Mesmerism, naturally enough *All the Year Round* would defend the high priests of the art, even though at the expense of the medical profession. In its current number, it in fact thus abuses a resolution of the Dublin College of Surgeons, for the purpose of praising the epistle of his Mesmeric Grace the Archbishop of Dublin. One can only deplore the illogical ignorance which could dictate the insertion of such a paper in a journal of such pretensions, and may fairly suppose that the great defender of the faith, Sir E. B. Lytton, had a finger in its construction. If so, we wish the homœopaths joy of their new friend.

THE Royal College of Physicians has refused to entertain the subject of the matter in dispute between Dr. Tweedie and Dr. Murchison.

THE *Chemical News*, in speaking of the cleanliness of the process pursued by Messrs. Stevens in their bread making, winds up with the following excellent bit of advice, which we recommend to the consideration of all honourable purveyors of sound articles of food and physic :—

"In conclusion, let us advise the company most strongly to have nothing to do with testimonials from the numerous adulteration-mongers, from whom, we have no doubt, they have long since received applications to analyse their bread. If their bread is good—and the samples we have tasted were excellent—the public will soon find it out, and bestow on them the best of testimonials, a large trade; while fulsome letters from half-a-dozen 'chemical and microscopical analysts,' with half the alphabet added to their names, can only bring suspicion on their wares, and make sensible people chary of dealing with them. If 'good wine needs no bush,' what shall we say of that still greater rarity, good bread? The company has commenced in a spirited and dignified manner, without puff or flaming advertisements. Let them go on so, and we venture to prophesy that their household loaves will soon become 'household words.'"

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

### BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SHROPSHIRE SCIENTIFIC. [Annual.]	George Hotel, Shrewsbury.	Friday, Feb. 13th, 2.30.

### NORTH WALES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held on Tuesday, January 27th, at 1.22 p.m., at the Dudley Arms Hotel, Rhyl, under the presidency of Dr. G. TURNER JONES of Denbigh. There were also ten other members present. Several letters were received from members, regretting their inability to attend.

*Annual Meeting.* It was unanimously resolved that the annual meeting of the members of this Branch be held on Tuesday, the 7th of July next, at 1 p.m., at the Royal Hotel, Rhyl.

*Papers.* The following papers and cases were communicated, and elicited a long and interesting discussion.

1. Diphtheria, followed by Ascites and Recovery. By T. E. Jones, Esq., Llanasa.

2. Case of Retention of Urine. By L. Lodge, L.R.C.P. Ed., St. Asaph.

3. Case of Occlusion of Vagina and Anus. By J. C. Davies, M.D., Holywell.

4. Case of Hermaphrodite. By J. Williams, Esq., Holywell.

The members afterwards dined together, and passed a pleasant and agreeable meeting.

### METROPOLITAN COUNTIES BRANCH.

*Gratuitous Medical Services.* At a meeting of the Council of this Branch, held on February 3rd, the following proposals for the restriction of the system of gratuitous medical services were approved, and ordered to be published in the JOURNAL.

1. To give publicity to all hospitals and dispensaries that recognise the principle of payment for medical services. (This has done good service in the case of the insurance companies.)

2. To append to every medical vacancy announced in the JOURNAL the amount of salary or honorarium, if any, that is attached to the post, just as the value is given with every clerical vacancy.

3. To bring from time to time the expediency as well as the justice of paying for medical, no less than for legal and clerical services, under the consideration of the governors and committees of all institutions.

*New Members.* The following gentlemen, residing in the Metropolitan Counties district, have been duly elected members of the Association, according to Law xiv, at meetings of the Council of this Branch held on January 13th and February 3rd.

Atkins, Jas. R., M.D., Grove House Asylum, Stoke Newington Green  
Barker, Alfred J., M.D., Upper Holloway  
Blackstone, Joseph, Esq., Gloucester Road, Regent's Park  
Bridgeman, George W., Esq., 73, Margaret Street  
Bryant, Thomas, Esq., Assistant-Surgeon to Guy's Hospital, Finsbury Square  
Burrows, William A., Esq., Quadrant Villa, Islington  
Cahill, Thomas, M.D., Albert Terrace, Knightsbridge  
Challice, John, M.D., Great Cumberland Street  
Clark, Alfred, Esq., Twickenham  
Clark, Andrew, M.D., Assistant-Physician to the London Hospital, Montague Street, Russell Square  
Clark, F. Le Gros, Esq., Surgeon to St. Thomas's Hospital, St. Thomas's Street  
Dixon, Thomas, M.D., Porchester Place, Bayswater  
Dow, John, Esq., St. Martin-le-Grand  
Edwards, D. O., Esq., Giltston Road, Brompton  
Eyles, Richard S., Esq., St. Andrew's Court, Holborn  
Forbes, John Gregory, Esq., Devonport Street, Hyde Park  
Forsyth, John, Esq., C.D., late Bengal Medical Service, Oriental Club  
Galton, Robert Cameron, M.D., Harley Street  
Gibson, John R., Esq., Surgeon to Newgate Prison, Russell Square  
Grant, Alexander, Esq., late Bengal Medical Service, Park Road, Haverstock Hill  
Hawkins, Francis, M.D., Registrar to the Medical Council, Bolton Street  
Hayward, Henry H., Esq., Queen Anne Street  
Headland, Edward, Esq., Upper Portland Place  
Holt, Barnard, Esq., Surgeon to the Westminster Hospital, Savile Row  
Hunt, Alfred, Esq., Hammersmith  
Kisch, Joseph, Esq., Circus Place, Finsbury  
Kitching, George, M.D., Enfield  
Langmore, John C., M.B., Oxford Terrace  
Latham, Peter M., M.D., Grosvenor Street  
Leared, Arthur, M.D., Physician to the Great Northern Hospital, Old Burlington Street  
Lee, Newton B. C., Esq., Talbot Terrace, Westbourne Park  
Mackmurdo, Gilbert, Esq., F.R.S., Surgeon to St. Thomas's Hospital, New Broad Street  
Mapleton, Henry, M.D., Inspector General, Army Medical Department, Whitehall Yard  
Mushet, William B., M.B., Fulham  
Norton, Robert, M.D., Westbourne Grove West  
Pearse, George, L.R.C.P. Ed., Regent Street, Westminster  
Phillips, Richard, Esq., Leinster Square  
Randall, John, M.D., Medical Officer to St. Marylebone Infirmary, Portman Street  
Rendle, James Davy, M.D., Medical Officer to the Government Convict Prison, Brixton Hill  
Rose, Henry Cooper, M.D., Hampstead  
Russell, William A., L.R.C.P. Ed., St. Alban's  
Sankey, William H. O., M.D., Asylum, Hanwell  
Skey, Frederick C., Esq., Surgeon to St. Bartholomew's Hospital, Grosvenor Street  
Slyman, William D., Esq., Wellington Road, Kentish Town  
Smith, Thomas, Esq., Demonstrator of Anatomy at St. Bartholomew's Hospital, Montague Street  
Smith, William A., M.D., Physician to the City Dispensary, Doughty Street  
Spitta, Robert J., M.D., Medical Officer to the Clapham Dispensary, Clapham Common  
Stone, Thomas A., Esq., Grosvenor Street  
Witten, Edward W., Esq., Gibson Square



## Reports of Societies.

### MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

DEC. 3, 1862.

L. BORCHARDT, M.D., in the Chair.

*Iridectomy.* Mr. THOMAS WINDSOR exhibited a case in which he had performed iridectomy, chiefly with the view of showing how beautifully the ciliary processes were displayed.

*Encephalocele.* Dr. LORIMER exhibited a case of encephalocele evidently protruding from the occiput, and about which he purposed making some future remarks.

*Rupture of the Uterus.* Dr. THOMAS exhibited an uterus ruptured transversely across the fundus. The pelvis was slightly contracted; and ergot had been given by a homœopathic practitioner.

*Diabetes Mellitus.* The debate on Dr. Noble's paper was resumed, and was of considerable interest. Dr. J. O. Fletcher, Dr. Roberts, Mr. Greaves, Dr. Edward Smith of London, and others, took part; and the opinion that there is at any rate a practical distinction between certain classes of diabetes was generally maintained.

*Medical Diary.* Dr. BARLOW read a narrative of a voyage to Australia and back in the *Donald McKay*. It was of much interest, and abounded with practical hints suitable for various emergencies.

ANNUAL MEETING, JANUARY 14TH, 1863.

L. BORCHARDT, M.D., in the Chair.

*Report.* The annual report was read and approved of. It showed that the society was never in a more flourishing condition as regards numbers or general activity; but regretted the gradually increasing financial difficulties; and suggested that to meet these, as well as to increase the attractiveness of the library, it was advisable to raise the annual subscription.

In accordance with this suggestion, it was afterwards resolved that the subscription for town members be increased to two guineas.

*Office-bearers and Committee.* The following gentlemen were then elected office-bearers:—*President*, E. Lund, Esq.; *Vice-President*, Dr. D. Noble; *Treasurer*, Dr. Borchardt; *Honorary Secretary*, Dr. W. Roberts; *Honorary Treasurer*, Thomas Windsor, Esq.; *Honorary Editor*, Dr. J. Thorburn. *Committee*, Dr. Alcock; M. K. Day, Esq.; G. Greaves, Esq.; Dr. Medd; Thomas Mellor, Esq.; Dr. Samelson; Dr. W. Skinner; R. B. Smart, Esq.; Dr. Stone; Dr. Thomas; Dr. Thorburn; J. Windsor, Esq.

### EPIDEMIOLOGICAL SOCIETY.

MONDAY, DEC. 15TH, 1862.

CHARLES MURCHISON, M.D., in the Chair.

REPORT ON THE STATE OF EPIDEMIC DISEASE IN GREAT BRITAIN IN 1861-2. BY J. N. RADCLIFFE, ESQ.

THE Report referred to the twelve months ending the 30th September 1862. The following is a recapitulation of some of the principal facts recorded.

The health status of the English population, as estimated from the unusually low rate of mortality throughout the year, was generally good, notwithstanding dearth of provisions and an excessive amount of pauperism. The health status of the Scottish population was markedly below the average, as shewn by the large amount of sickness prevalent in the last quarter of 1861, and the high rate of mortality since the commencement of 1862.

The average death-rate of Scotland, it is well to remark, is below that of England. Thus, during the six years 1855-60, the annual proportion of deaths in England was 219 per 10,000 population; during the same period in Scotland, the proportion was 208.

The high range of temperature in the winter months and low range during the summer, in England, exercised a favourable influence over the health, notwithstanding much wet and variability of weather. In Scotland, similar conditions of temperature and weather existed, but to an exaggerated extent; and the great changes which were experienced, and especially the undue humidity of the atmosphere, were apparently the fostering causes of the influenza and throat-affections, which appear to have been more common there than in England.

The epidemic diseases most prevalent in England were continued fever, scarlatina, measles, diphtheria, whooping-cough, and small-pox. In Scotland, the same diseases, with the exception of small-pox; also, and more particularly, sore-throat, often assuming a diphtheritic character, and accompanied by diphtheria, played the chief part in the epidemiology of the twelve months.

In both parts of the kingdom, continued fever prevailed most commonly in the autumn quarter of 1861; and in England, the affection would appear to have been more general in the northern than in the southern portion of the kingdom.

In both countries, *scarlatina* was widely prevalent in the northern districts in the last quarter of 1861; but the disease became more active in the southern districts in the third quarter of 1862.

Measles prevailed extensively, and in some instances very fatally, in the winter quarter in England. In Scotland, the disease appears to have been most prevalent in the spring and summer quarters.

Diphtheria was, in England, principally fatal in the autumn quarter; but the disease prevailed more or less in every registration district during the year. In Scotland, the disease, together with sore-throat, appears to have been epidemic throughout the year.

Whooping-cough was widely prevalent in England during the winter quarter; in Scotland, during the winter and spring quarters.

Influenza was epidemic in Scotland in the autumn and winter quarters.

Finally, small-pox broke out in many districts of England, but more particularly in the eastern and south-western and northern counties, and in Yorkshire.

In no instance did an outbreak of any of the different diseases referred to, as occurring in England, assume what may be termed general proportions. The outbreaks were essentially local. But the dispersion of the various maladies, or of their centres of manifestation, over the kingdom; the cropping out of exaggeration of these diseases in different localities; and the effects they apparently exercised upon the sickness and mortality of certain districts, without heightening the death-rate of the whole kingdom, present a study of great interest. From this study, it is reasonable to conclude that, in dealing with these local outbreaks of epidemic disease in ordinary periods, the best chance is afforded of warding off the wide spread and more deadly outbreaks of extraordinary periods.

The detailed mortuary returns for Scotland extend as yet only to the year 1857; but the returns for England are brought down to 1860. From the latter, then, may be obtained information as to the status of the several epidemic diseases most prevalent in the twelve months discussed, immediately prior to that period.

Since 1857, the mortality from continued fever has slowly declined. In that year, the deaths from this cause amounted to 19,016; in 1860 they were 13,012.

In 1855, the mortality from scarlatina was 17,314. In 1856 and 1857, the number of deaths from this dis-

ease fell considerably—the mortality in the latter year being 12,646. The year following, the mortality increased enormously, becoming well-nigh doubled—the number of deaths from the malady being 23,711. In 1859, the number fell to 19,310; and in 1860, it became as low as 9,395. Prior to 1855, deaths from scarlatina, cynanche maligna, and diphtheria, were not separated in the Registrar-General's report. Whether the detailed reports of the Registrar-General will show an increase in the mortality in the whole of England from scarlatina, during 1861 and 1862, as great as occurred in London, cannot be predicted. It is certain, however, that the activity of scarlet fever was great in several parts of the kingdom.

The deaths from cynanche maligna in 1855 amounted to 199; in 1858, to 770. In 1860, the mortality from the disease had decreased to 376.

The mortality from measles was largely augmented in 1858; and there was a steady increase in the number of deaths from the disease in the two subsequent years.

The deaths registered from diphtheria in 1855 numbered 186; in 1859, 9,587. In 1860, the mortality from this disease had decreased to 5,212.

The mortality from whooping-cough in 1860 was the lowest since 1852; and the mortality from small-pox had declined from 6460 in 1858 to 2749 in 1860.

The reduced rate of mortality throughout England, which occurred in 1860, was chiefly due, Dr. Farr states, to the decline of the number of deaths from scarlatina, diphtheria, and diarrhoea. A decrease also in the mortality from small-pox, erysipelas, and cholera, contributed to the favourable results.

The most noteworthy fact in the epidemiology of the metropolis during the twelve months, was the remarkable outbreak of typhus. In 1858, 1859, and 1860, typhus had become so rare a disease in London, that the question of converting the Fever Hospital to other uses, was seriously entertained. In 1861, typhus again became epidemic; and since January 1862, the number of admissions to the Fever Hospital for typhus has exceeded that at any period of the history of the hospital. Dr. Murchison attributes this epidemic to the *artificial scarcity* produced by the system of strikes, which had for some time previously disorganised the labour market, and the condensation of population caused by the arrival of labourers in the metropolis from the country in search of work. (See Dr. Murchison's recently published *Treatise on the Continued Fevers of Great Britain*, p. 52, for an account of this epidemic.)

The mortality from continued fever in London, doubtless owing to the outbreak of typhus, was in excess of that of any like period since 1848. Indeed, the total mortality of the winter, spring, and summer quarters of 1862 (2839), from this disease, was alone in excess of that of any year since 1848. The true source of this excess of mortality would not have been rightly understood except by the careful nosological and etiological distinction of the forms of continued fever, insisted upon by Dr. Murchison.

The mortality from scarlatina was but a little below that from continued fever during the twelve months—the total mortality from the former malady being 3437; from the latter, 3463. Next in order of mortality was whooping-cough. Continued fever, scarlatina, and whooping-cough, were the chief epidemic affections of the period under observation in the metropolis. The mortality from continued fever increased to a maximum in the second quarter of 1862. The mortality from scarlatina was at its maximum in the last quarter of 1861, then decreased throughout the two succeeding quarters, but largely increased again in the summer quarter of 1862. The mortality from whooping-cough was greatest in the first quarter of 1862. Diphtheria was still largely fatal, having occasioned 625 deaths.

Mr. Radcliffe detailed the history of the outbreak of

typhus at Preston in Lancashire to the date of reading the report. He dwelt also at some length on epizootic diseases; brought together the chief accessible information on epiphytics; and terminated his report by a brief analysis of the principal contributions to epidemiological literature in Great Britain during 1861-2.

The chief diseases prevalent among domesticated animals were epizootic pleuropneumonia, and the vesicular disease of the mouth and feet. Scores of sheep suffered and were lost from *filaria* in the bronchial tubes and abomasum; there were several local but very fatal outbreaks of influenza among horses; and an outbreak of *variola ovina* occurred in Wiltshire. The history of the latter outbreak, which excited great alarm at the time, will be imperfect until the official reports are published. There was no special disease among plants during the year.

Dr. MURCHISON complimented the author on the valuable report which had been read to the Society; and observed that a continuation of such reports would be of great service to future writers on epidemics. With regard to continued fevers, he pointed out the necessity of distinguishing the different forms, before drawing conclusions as to their causes. The terms "typhus" and "continued fever" were commonly employed to designate different idiopathic fevers arising from totally different causes, as well as many febrile affections symptomatic of local inflammation, which might put on typhoid symptoms. Consequently, all official returns, from which these sources of error were not excluded, were of no value for drawing any inferences as to the probable causes of an increased or diminished prevalence of the diseases in question. He proceeded to allude to certain instances where great misunderstanding had arisen from confounding the different forms of continued fever. Twenty years ago, a memorable discussion took place between the late Dr. Alison of Edinburgh and the London Poor-Law Commissioners, respecting the causes of "fever"—the latter maintaining that it was often due to putrid emanations from decaying organic matter, and was independent of destitution; whereas Dr. Alison asserted that its main cause was destitution, and that putrid emanations had nothing to do with it. Both observers were right; but they referred to different diseases. Dr. Alison's observations were made upon typhus and relapsing fever; those of the London observers on enteric fever. Again, the year 1858, in which the filthy condition of the Thames attracted so much notice, had often been referred to as proving that enteric fever was independent of putrid emanations, because "fever" was less prevalent in London than it had been for many years before. Dr. Murchison did not believe that the condition of the Thames in that year was sufficient to give rise to enteric fever; but he insisted that there was no diminution in the prevalence of enteric fever in London in 1858: the diminished prevalence of "fever" was due to the almost complete disappearance of typhus, which was acknowledged to be independent of putrid emanations. Dr. Murchison then alluded to the present condition of Lancashire, in reference to the appearance of fever. Typhus had broken out at Preston early in October; and from the reports published in the *Times*, as well as from private information, he believed it to be due to overcrowding consequent on destitution. The unparalleled relief which had been afforded to the distressed operatives, and the great ability with which this relief had been distributed, had alone prevented the outbreak of an epidemic, like that which devastated Ireland in 1847, after the failure of the potato crop. It had been repeatedly stated that throughout Lancashire there had not as yet been a single death from starvation. In London, on the other hand, the daily papers reported numerous deaths from starvation; and the poor population had been condensed by the arrival of numerous

labourers from the country in search of employment. Consequently, London had been suffering from the commencement of 1862 from an epidemic of typhus, greater than any which had visited it for many years. Since January 1st, nearly 2,000 cases of true typhus had been admitted into the London Fever Hospital, a far larger number than in any previous year of its existence; and there had also been numerous cases in the other metropolitan hospitals.

Dr. LAWSON, Inspector-General of Army Hospitals, directed attention to the probable existence of a certain epidemic influence, which, for want of a better term, he designated *epidemic force*. His own observations, systematically conducted in several parts of the globe, had shown that, the ordinary local predisposing causes of epidemics being present, epidemic outbreaks recurred with curious regularity. This periodical recurrence indicated, he thought, a law of epidemic action, independent of, although acting concurrently with, the recognised fostering causes of epidemics, which was deserving of wide and attentive examination. The epidemic force, as he characterised the phenomenon, became at times pandemic. He suggested the propriety of keeping this probable epidemic influence in view, in examining the mortality records of this kingdom. They would doubtless throw much light on the subject.

Dr. RICHARDSON remarked that he had been much struck, whilst listening to Mr. Radcliffe's report, with the tacit assumption by the author of the spontaneous development of certain epidemic contagious affections. He thought that the question of the spontaneous development of contagious maladies of an epidemic character was open to much doubt. He believed that it was a question which might with much advantage be submitted to discussion by the Society. He would, therefore, with the permission of the members, take an early opportunity of asking the Society to express an opinion upon the debated points.

#### LIVERPOOL MEDICAL INSTITUTION.

JANUARY 8, 1863.

A. B. STEELE, Esq., Vice-President, in the Chair.

*Imperforate Anus.* The CHAIRMAN mentioned that the case of imperforate rectum reported at the last meeting had terminated fatally. Obstruction had come on, followed by swelling of the belly and sinking. He was not allowed to make a *post mortem* examination.

*Tumour containing Hair.* Mr. LOWNDES shewed a tumour of about the size of a filbert, which was removed from the upper part of the outer angle of the orbit, and contained loose hairs in it, and had hair growing on its lining membrane.

*Cystic Disease of Breast.* Mr. FLETCHER shewed a specimen of cystic disease of the breast, removed from a woman aged 35. It had existed for a year. It was found to be a complete cystic tumour with a large fungus protruding into one cyst.

*Wound of the Penis.* Dr. NOTTINGHAM brought forward a case of extraordinary wound of the penis. He said it was more properly a wound of the penis received in an extraordinary way. A gentleman, after intercourse with his wife, observed hæmorrhage, and an incised wound of the penis. It appeared that his wife had been using a glass syringe some days before. On examination, Dr. Nottingham found a piece of glass behind the uterus fixed at one point. He made use of a four-barred speculum to open out the vagina, and removed the piece of glass with forceps. It suggested itself to him that, in such a case, the fragment might be pushed through the peritoneum. The woman was unconscious of its presence. He shewed the fragment, which was very thin and sharp; and also the syringe from which

it had become detached. In another case, he had found several pieces of glass in the vagina. These glass perforated syringes are very thin and dangerous, and he always recommended a Higginson's syringe and porcelain tube.

Mr. DENTON had met with a case in which, during intercourse, the husband met with an alarming accident. A stem pessary which the female was wearing had become inverted, and the stem, projecting into the vagina, had entered the man's urethra and caused great pain and great hæmorrhage.

Mr. HIGGINSON said that some pessaries, when the stems are short, are liable to turn round, and also to drop out entirely. He might be allowed to say that he had no doubt in the world of the value of a stem in cases of anteversion, retroversion, and dysmenorrhœa.

*The Turkish Fever Ship.* Mr. HIGGINSON read a paper on information collected at Malta and Alexandria respecting the crew of a Turkish frigate, on their voyage from Egypt and return thither, in reference to the outbreak of fever in Liverpool in 1861. Mr. Higginson observed that the medical history of that outbreak of fever is contained in thirteen papers in the *Medical Times and Gazette*, April to July 1861; in four papers in the *Lancet*, April 1861; and in a paper by Dr. Duncan in the first volume of the *Transactions of the Epidemiological Society*, 1862. Thirty-two sick men from the *Schah Gehaad* were admitted into the Liverpool Southern Hospital, four of whom died of dysentery; "there was no typhus." Nevertheless, typhus attacked those who attended on the Egyptians on board the ship, at the baths, and in the hospital; thirty-one people were seized with typhus, and eight died. Mr. Higginson learnt at Malta that when the *Schah Gehaad* arrived there from Alexandria on her way to England, seventy-three of her crew were received into hospital; namely, seventeen cases of febris intermittens, thirty-seven of febris continua, eight of gastritis, four of diarrhœa, and seven of other diseases. One case only of those of febris continua proved fatal; and he was told that the cases classed under this head presented "a pulse of about 100, skin hot, no eruption, tongue white and coated, but not dry; they always had an appetite." Into the same hospital, there were received from the *Voyageur de la Mer*, on her way from England to Egypt, nine cases, of which two were classed under the head of febris continua, and of these one died. There were one case of gastritis, four of diarrhœa, and two of rheumatism. The captain also died of fever, and a resident engineer, who worked on board one night, also took fever (true typhus), and died about the ninth day. At Alexandria, Mr. Higginson learnt that about twenty-five of the Arab crew had been taken to hospital, fourteen of whom had symptoms of continued fever, and of these one died, which was the only death of those arriving in Egypt. Six European passengers, who suffered from a febrile attack more or less severe, all recovered. No contagion is known or suspected to have emanated from these cases. From these data, Mr. Higginson inferred that, in the case of these Egyptians, the same poison may produce fever in hot and dysentery in cold climates.

Dr. CAMERON said that in Mr. Higginson's account it seemed that out of seventy-three cases in the first series, only one proved fatal. These could not then be cases of true typhus, but might be of febricula. This form of fever is recognised and described by Dr. Murchison. With regard to the cases that were under his own care at the Southern Hospital, much had been said and written about them, and he had re-considered them most carefully, and the only conclusion he could come to was that they were certainly not cases of true fever. There was a total absence of prostration; the patients were generally able to walk, and they could eat well; there was no delirium; the tongue was clean. Again, more than 200 men worked on board the ship, and did not

take fever. This was not like the contagiousness of ship fever. He referred to several authorities on this point.

Mr. IRVINE, referring to his own published statement on this subject, said that the cases he had there classed under the head of constipation might, perhaps, like Dr. Cameron's, have been cases of febricula. During their stay these patients shewed no signs of true fever, and they bore with impunity the rough treatment they were subjected to on board ship.

Mr. FLETCHER thought Mr. Higginson's paper valuable as proving that there was nothing like typhus at Malta, whatever the physician there chose to call the slight cases under his care. The dirt and emanations from these Turks at the hospital were quite sufficient to give rise to fever. At the Paul Street Baths men took fever after being only a very short time in contact with these patients.

Dr. NOTTINGHAM said that these Egyptians had been closely packed, and exposed to all the circumstances calculated to cause an outbreak of fever; had they been Saxons they ought to have had fever, at any rate when they got into the typhus regions. He is disposed to believe that that Oriental race is less liable to typhus than we are.

Dr. CAMERON said it was very remarkable that those patients of his, whatever disease they themselves had, imparted true typhus to the Europeans who were exposed to the infection.

Dr. Vose, during the outbreak in question, had attended a clergyman who had contracted the disease at the Southern Hospital. He had distinctly typhus—measly eruption, etc. These filthy Egyptians seemed able to radiate a disease distinct from their own.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, JAN. 16TH, 1863.

M. BAINES, M.D., Vice-President, in the Chair.

ON SOME POINTS IN CONNECTION WITH CEREBRAL HÆMORRHAGE. BY T. JONES, ESQ.

The author's opinions were based upon forty fatal cases which had occurred at St. George's Hospital. These were taken indiscriminately; but after a careful scrutiny, selecting only those cases in which a perfect *post mortem* examination of all the organs of the body took place, and in which a visible hæmorrhage could be demonstrated from the cerebral arteries, thirty-six cases were found perfectly reliable for his remarks. Of the predisposing causes, the influence of age was first discussed; and, contrary to what had been often advanced, he shewed that the greater number of cases occurred between the ages of 40 and 50; for in thirty-eight cases, he had found three had occurred between 30 and 40 years; thirteen between 40 and 50; ten between 50 and 60, nine between 60 and 70; and three between 70 and 80. But a further examination showed that by comparing the numbers of cases with the respective numbers of population at similar ages, the period of life at which the disease was most prone to occur relatively was between 60 and 70; for between 30 and 40 years, three cases occurred in a population of 2500; between 40 and 50, thirteen cases in a population of 1800; between 50 and 60, ten cases in 1300; between 60 and 70, nine cases in 1000; and between 70 and 80, three cases in a population of 500.

With regard to sex, males were shown to be more liable to the disease than females; for of forty cases, 11 only were females.

Mr. JONES next described the efficient causes of cerebral hæmorrhage, and the intimate connexion between the latter and disease of the kidneys, heart, and arteries. This being one of the principal objects of the paper, he entered minutely into details of the thirty-six fatal cases,

in which disease of the kidneys, or the heart, or arteries, was found, conjointly or singly, with cerebral hæmorrhage. The analysis of these thirty-six cases was then examined; the result being that disease of the cerebral and other vessels, of the heart, of the kidneys, was found in conjunction ten times; disease of the cerebral vessels, of the heart, of the kidneys, twenty-two times; disease of the heart and kidneys, twenty-nine times; of the cerebral vessels and kidneys, twenty-two times; of the cerebral vessels and heart, twenty-four times; of the cerebral vessels and heart (hypertrophy), ten times; of vessels not cerebral and kidneys, thirteen times; of vessels not cerebral and heart, thirteen times.

The further results of the analysis showed that in more than one-half the cases, the kidneys, heart, and cerebral vessels were simultaneously affected, and in almost all those cases in which there was absence of disease in one or other of these organs, there was the history of an accident to which the attack was attributed.

The various morbid appearances found in the kidneys, heart, and arteries, under the foregoing circumstances, were fully and minutely explained, the author being strongly of opinion that the diseased condition of the kidneys first led to that of the arteries, and subsequently to the heart.

In support of this opinion, Mr. Jones offered an hypothesis to the effect that the kidneys, from their disorganised state, being unable to depurate the blood on the one hand, but allowing the albumen to unduly pass away on the other, this fluid was rendered unfit to carry on the nutrition of the tissues, and that the arteries suffered early from this defective nutrition. The conclusions which the author drew from his examination of the subject, were:—

1. Cerebral hæmorrhage, when associated with renal disease, is almost always found to be dependant upon rupture of one or more of the cerebral arteries, in consequence of certain morbid changes having taken place in their walls.

2. These changes in the walls of the vessels are induced by the altered state of the blood, the effect of advanced disease of the kidneys.

3. The enlargement of the heart is the immediate effect of the renal disease, conjointly, perhaps, with the alterations in the coats of the vessels.

The paper concluded with some remarks upon the treatment of these cases, in which a tonic and stimulating plan, rather than a lowering one, was advocated, and two cases were given, which seemed to justify it.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 27TH, 1863.

SAMUEL SOLLY, Esq., F.R.S., in the Chair.

CASE OF WHITE FIBRO-SEROUS DISCHARGE FROM THE THIGH. BY A. B. BUCHANAN, M.D., GLASGOW.

[Communicated by E. H. STEVEKING, M.D.]

THE author recorded the history of a remarkable case of discharge of white fibro-serous fluid from the posterior cutaneous surface of the thigh, under his care in Glasgow. The patient was a woman, in other respects in fair health, aged 46, and mother of six healthy children. The discharge was white, like milk, and flowed from excoriations produced by the rupture of small vesicles scattered over the back of the thigh; and particularly from an infiltrated patch, of the size of the palm of the hand, on which the vesicles and excoriations were most abundant. The milky fluid coagulated a few minutes after being passed. It contained a fatty molecular base, similar to that of chyle, and a few nucleated cells. The results of a chemical analysis closely corresponded with those yielded by "chylous urine."

The patient dated the commencement of her malady from a shivering fit twenty-one years ago, shortly after which she noticed a "lump" in the situation of the affected surface. Fifteen years ago vesicles appeared, from which a brownish fluid exuded on scratching. For the last six years the discharge had been milk-white, and was always worst in wet weather, and while the patient was walking about, when its amount might be half a pint per hour. At night it ceased to run, recommencing about an hour after the patient rose in the morning; but in dry and frosty weather it was occasionally absent for a week or two. The veins of the affected limb were varicose, but no enlargement of the lymphatic glands could be detected. The author succeeded in controlling the discharge for two months by a long elastic stocking; the use of which, however, had to be discontinued, owing to severe lancinating pains in the thigh. The breasts also swelled, and began to secrete small quantities of colostrum. Immediately on ceasing to use the stocking the uneasy sensations subsided, and the discharge commenced anew.

After remarking that cases of this affection were extremely rare in temperate latitudes, Dr. BUCHANAN pointed out, by referring to several recent examples, that they were probably more frequent in warm climates. He cited, however, and gave an account of, two unequivocal cases of the same affection, both dating from the seventeenth century; one of which, in a male subject, occurred in Germany, and the other, in a female, in France.

While referring to various pathological theories, the author fully recognised the identity of the above disease with "chylous urine," or, as he would prefer to call it, "white fibro-serous urine." He objected particularly to the theory which identified white fibro-serous discharges in general with chyle. He gave his reasons for believing that it was more natural to consider them as equivalent to the white liquor sanguinis—to transudations of the serum of the blood during its periodical milkiness after meals, but with certain modifications inseparable from the mode of its secretion. Thus, while the water, albumen, and salts, and possibly also the fibrine, would come from the blood directly, he showed that the cells present in the discharge must be derived from the secretory layer of the skin, or from the epithelium of cutaneous glands. He contended that the molecular base was unquestionably derived from the blood; but that the molecules could not be conceived to filter directly through the walls of the vessels without presupposing the existence of a uniformly and intensely milky serum while the discharge was flowing, even at long intervals after meals. To avoid this difficulty, it might be supposed that the epithelial cells of the glands of the skin had the power of separating, by a perverted function, fatty matter from the blood, much as the epithelial cells of the intestine are concerned in filtering it into the lacteals. The cells would then become gorged with fatty molecules, and the uniformly white colour of the discharge would be accounted for without its being necessary to suppose that the liquor sanguinis was ever milky except, as usual, after meals. On this view, white fibro-serous discharges would depend immediately on deranged glandular action, and the foregoing case might be defined as a rare functional affection of the glandular apparatus of the skin.

The paper was illustrated by specimens of the milky discharge and by a drawing of the diseased surface.

REPORT ON SYPHILIS AS A CONSTITUTIONAL DISEASE. BY J. MARSTON, M.D.

A portion only of the report was read, and its further reading was adjourned to Feb. 10th.

#### NEW LITHOTRITES.

Mr. HENRY THOMPSON exhibited some lithotrites of a new construction, on behalf of Messrs. Weiss and Son,

who wished to show them to the fellows of the Society before making them generally public. As the alteration appeared to him a real improvement, he readily assented to do so. He premised that this related entirely to the mode of applying and disengaging the power, and not at all to the part concerned in crushing the stone. In order to demonstrate the qualities of these instruments, it was necessary to call to mind what are the main points to be achieved in constructing the movement of a first-rate lithotrite. 1. Economy of time in its action; anything which shortened the period necessary to a proper performance of the operation in the bladder was so much clear gain to the patient. 2. To reduce to a minimum vibration or concussion in its action. 3. To permit the utmost delicacy of perception, especially valuable in dealing with small fragments. He showed the deficiency of the old screw instrument in all these respects, and the inferiority of this latter to the instrument known as Charrière's, which was now so commonly substituted for it. He showed the improvement made by Mr. Coxeter, and placed in the International Exhibition; and finally demonstrated the action of Weiss's new instrument as uniting all the characters given above with the greatest strength, comparing it also with the rack and pinion instrument, to the advantage of the former. The power in Weiss's instrument is that of the screw; it is disengaged and converted into sliding action with the most perfect ease, and without moving the hand, while the entire instrument can be changed in direction, or even entirely rotated, by a light application of the finger and thumb. The apparatus for accomplishing this is exceedingly simple, at the same time very strong, and not liable to get out of order.

## Correspondence.

### PREFERMENT BY AFFECTION.

SIR,—I venture to address you on a subject which is at present engrossing the attention of the medical profession in this town, and which, I have reason to believe, is not indifferent to the general public.

You are no doubt aware that there are in Lancashire, numerous medical appointments, in connection with the staple manufacture—cotton, of considerable value; these being held for life, as under the Poor-law, or during the *good behaviour*, as it is called, of the incumbent.

They are government offices, and in the gift of the Inspector of Factories for the district in which a vacancy occurs. Those who hold them are denominated, "certifying surgeons to the factories," because all children under the age of 16 have to undergo medical inspection before they can be employed as factory operatives. The *direct* pecuniary value of these appointments varies from £100 to £400 *per annum*; and *indirectly*, they are a means of introduction to much surgical practice, considerably more. In the town of Oldham, there are two such appointments; one, the largest in the country I am told, is supposed to yield between £400 and £500 *per annum*; the other from £250 to £300. It is with the latter I have to do.

You may naturally suppose, that whenever a vacancy occurs, there is much emulation amongst the medical residents to gain the prize, especially as the duties pertaining to the position are by no means onerous, and perfectly compatible with the conduct of a large general practice.

It has been customary for the Inspector when called upon to discharge this public trust, to nominate some medical gentleman of established reputation, resident in the town, and possessing the confidence of the public.

During the past week, the death of Mr. Earnshaw, one of the certifying surgeons here, has placed at the

disposal of the Inspector of the district the appointment of a successor. Judge of the surprise of the profession when it was announced that, ignoring age, reputation, and status, he had violated his trust by nominating a non-resident young gentleman, who has just completed his education, the son of a sub-inspector in a neighbouring district! Is it a matter of surprise that all here view this proceeding as a deliberate insult, and a gross piece of official jobbery? We are anxious to take such steps as may manifest this opinion, having in view either the annulling of this appointment, or the prevention in future, here and elsewhere, of a similar injustice. It has been determined, therefore, to call a meeting of the profession in the course of a few days; and it would much aid their object to be fortified by the support of the medical press. It is to the interest of all of us that nepotism should be strangled in its birth.

I am, etc., BETA.

Oldham, January 27th, 1863.

### DYSCHROMATODERMA.

LETTER FROM C. HANDFIELD JONES, M.B., F.R.S.

SIR,—Will you allow me, through the medium of the JOURNAL, to call Mr. E. Wilson's attention to an interesting instance of dyschromatoderma, which he has not alluded to in his recently published essay? I refer to the peculiar dark suborbital tinging of the skin which accompanies aguish disorder, and which is perhaps oftenest observed in children. It forms a curve, commencing and being deepest near the inner canthus of the eye, and gradually shading off into the usual tint of the face as it passes below the inner and lower part of the orbit. The parents notice it readily, and say their child is "so dark under the eyes". It does not appear to be a permanent discoloration, as it disappears when health is regained. It is a really valuable sign of the presence of aguish affection, and as such I have long been acquainted with it. Till lately, however, I have been rather inclined to ascribe it to some venous congestion; but I am now more disposed to adopt the view that it depends on pigmentary deposit, derived from abnormal changes taking place in the blood. It is very probable that other causes besides malarious disease may induce it, but I have not observed it so marked in any other states as in this.

I am, etc., C. HANDFIELD JONES.

London, January 1863.

### THE TITLE OF DOCTOR.

SIR,—I have found the opinions editorially enunciated by you in our JOURNAL generally so just, that it is with diffidence I venture to differ from you as to permitting the claim set up by some of the Licentiates of the Edinburgh College of Physicians to the title of "Doctor". No doubt Licentiates practising as physicians only have been customarily addressed as Doctors, as no other title could properly designate them; but the case is widely different when my unscrupulous opponent—the general practitioner—invests £10 in a license, with the purpose of imposing upon the public by falsely representing himself as having a title which gives him a superior professional status to myself. We have in our town two of these Edinburgh Licentiates, and one of them (who signs himself Dr. —, Physician, Surgeons, etc.) industriously circulates the report that he has a higher professional title than myself; and I am convinced that, if we silently allow this assumption, the public will be cheated into this belief; indeed, I have daily knowledge that such is the fact. Then why should I lend myself, contrary to my conscience, to aid in disseminating a falsehood by calling a general practitioner "Doctor", when he has no degree, and his only

title to it is "humbug"? Of what is he Doctor? Certainly not of medicine; and I do not understand how any honourable Licentiate can expect as a right to be called Doctor, when his College cannot and does not pretend to give him the title. I shall, therefore, as a duty to myself, oppose such an assumption, and decline to address a mere Licentiate as "Doctor", even at the risk of "exposing myself to the charge of discourtesy and to angry rebuke". I hope that our Association will take up this matter, and follow the example of the Manchester Medico-Ethical Society, which some time ago resolved that a Licentiate was not entitled to be called Doctor, as I am convinced that the more respectable members of our profession will not from any feeling of courtesy give the title of Doctor to those who, from the desire to rise higher than their competitors, resort to such an imposition.

I am, etc., F.R.C.S.

February 3rd, 1863.

[Our correspondent must recollect that, if there is any blame to be attached to any one in this matter, it is to the authorities of Colleges of Physicians, who during that famous year of grace (or money-making) deluged the country with ready-made physicians. No one before that day refused the courtesy title of "Dr." to a physician; and we must confess (and for reasons which we have already given at length) that we do not see how the title can be refused now. There are, we believe, still alive gentlemen, non-diplomatised, to whom the London College many years ago actually gave distinct permission to take the title of Doctor. How would our correspondent deal with them? The tacit gift of the "Doctor" was part of their bargain with the College. But if we give the title to one physician, how can we refuse it to any physician? But there is another important view of the question, to which we would seriously invite attention. Do these titles really give a man any special advantage in the eyes of the public? Is not a man's honourable position won by his own honourable conduct, whatever be his medical testimonial—whether diploma or license? We have given long and earnest consideration to the subject, and we can come to no other conclusion than that we have done. EDITOR.]

### PUBLIC GRATUITOUS MEDICAL SERVICE.

SIR,—Mr. Spencer Wells deserves the thanks of the profession for exposing the injustice attempted to be inflicted on us by the Liverpool and London Assurance Office. As this is, perhaps, the only species of the numerous demands on our gratuitous service that has been successfully resisted, it occurs to me to ask whether the other Protean exactions on the time and skill of the profession cannot be withstood on the same grounds?

Foremost, and may be parent of all, there is the monstrous injustice of gratuitous service at our hospitals and dispensaries, where the general public require us, at the cost of much time, skill, and labour, to treat the ailments of their nominees, dependants, or labourers, as the case may be. Now, the public (*i.e.*, the subscribers to these institutions) obtains a large amount of valuable service, if not actual profit, from the labour rendered or preserved to it by us at these institutions. Ought we not, therefore, to participate in this profit as a reward for our services? "Woe unto him," exclaimed the prophet of old, "that buildeth his house by unrighteousness and his chambers by wrong; that useth his neighbour's service without wages, and giveth him not for his work." (Jeremiah, chap. xxii, 13.) Now, that cottage hospitals and dispensaries are being opened every day, it is high time that some steps, such as those suggested by Dr. Gibbon, should be taken by our Association to scotch if not to cure the evil.

I am, etc., M.D.



## Medical News.

**APOTHECARIES' HALL.** On January 22nd, the following Licentiate was admitted:—

Nesham, Thomas Cargill, Newcastle

**Admitted on January 29th:—**

Brittain, Thomas Lewis, Chester  
Ellis, Heber Dowling, St. Bartholomew's Hospital  
Gray, Frederick John, March, Isle of Ely  
Handley, Joseph, King Street, Oldham  
Johnson, James Mercer, Everton, Liverpool  
Lyman, John, Weston Favell, Northamptonshire  
Mann, John Dixon, West View, Kendal  
Matthews, James, Cowes, Isle of Wight  
Miller, John Nicholas, The Square, Hampstead  
Patrick, Samuel Alexander, Tipping Street, Manchester

### APPOINTMENTS.

Fox, Wilson, M.D., appointed Assistant Physician to University College Hospital.

\*HARLEY, George, M.D., appointed Assistant Physician to University College Hospital.

MATTHEWS, Charles S., Esq., elected Surgeon to the Farringdon General Dispensary.

MURRAY, J. Jardine, Esq., appointed Surgeon to the Brighton and Sussex Infirmary for Diseases of the Eye.

WILLIAMS, William R., L.R.C.P.Ed., appointed Resident Apothecary to Bethlehem Hospital.

### POOR-LAW MEDICAL SERVICE.

GRAHAM, Fitzgibbon L., L.K.Q.C.P.L., to be Medical Officer to the Celbridge District of the Celbridge Union, co. Kildare.

HORTON, Henry, Esq., to be Medical Officer for the West District of the parish of Wednesbury.

RUSSELL, William S., Esq., to be Medical Officer for the Eckington District of the Chesterfield Union.

SHANNON, Thomas E., M.D., to be Medical Officer for the Ropsley District of the Grantham Union.

### ARMY.

LAMP, Staff-Assistant-Surgeon H., to be Assistant-Surgeon 50th Foot, *vice* O. Owen.

To be Staff-Assistant-Surgeon:—

OWEN, Assistant-Surgeon O., 50th Foot.

### ROYAL NAVY.

CALDWELL, John, Esq.	} Assistant-Surgeons to be Surgeons.
COULMAN, Thomas, M.D.	
CONICE, William H., Esq.	
EVANS, Richard, Esq.	
CRAWFORD, William, Esq., Surgeon (supernumerary), to the <i>Clyde</i> convict-ship.	
FERGUSON, Robert, Esq., Assistant-Surgeon, to <i>Itaslar</i> Hospital.	
FLETCHER, William B., Esq., Acting Assistant-Surgeon, to the <i>Narcissus</i> .	
LITTLE, Archibald J., Esq., Staff-Surgeon, to the <i>Colossus</i> .	
POWELL, W. L., Esq., Assistant-Surgeon, to the <i>Racoon</i> .	
STABLES, William, Esq., Acting Assistant-Surgeon (additional), to the <i>Narcissus</i> .	
YOUNG, James, M.D., Surgeon, to the <i>Racoon</i> .	

### INDIAN ARMY.

JOHNSON, Assistant-Surgeon C., Bengal Army, to be Surgeon.  
PEARSON, Assistant-Surgeon F., Bengal Army, to be Surgeon.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

GOULD, W., Esq., to be Assistant-Surgeon 2nd Manchester R.V.

To be Honorary Assistant-Surgeon:—

MARSHALL, W., M.D., 1st Dumfriesshire R.V.

### BIRTH.

HEWITT. On February 1st, at Winkfield, near Windsor, the wife of \*T. S. Hewitt, M.D., prematurely of a son, who survived but a few hours.

### DEATHS.

BEALE, Miles, Esq., Surgeon, at 31, Finsbury Square, on Feb. 2.  
BUCKNILL, Samuel, Esq., Surgeon, at Rugby, aged 78, on Feb. 1.  
CUMMING. On January 30th, at Limehouse, aged 26, Duncan, youngest son of W. S. Cumming, Esq., Surgeon.  
EARNSHAW, John, Esq., Surgeon, at Oldham, on January 17.  
HALLAM, William, M.D., at Newcastle, Staffordshire, aged 49, on January 30.  
HARRIOTT, Wm., Esq., Surgeon, at Rainford, aged 38, on Jan. 30.

HOVELL. On January 30th, at Clapton, aged 3, Henry S. R., third son of D. De Berat Hovell, Esq., Surgeon.  
HUDSON. On January 29, at Shepton Mallet, Jane, wife of Thomas St. J. Hudson, Esq., Surgeon.  
JOHNSTONE. On December 24th, 1862, at Rajecto, Elizabeth, wife of Assistant-Surgeon T. P. Johnstone, 16th Native Infantry.  
SHERWOOD. On January 20th, at Melcombe Place, Dorset Square, aged 5 years, Digby, youngest son of W. H. Sherwood, M.D., of Bathurst, Gambia.

**THE CONSOLIDATED FUND.** The Lunacy Commissioners', etc., expenses were £11,929 in 1861-2, as compared with £12,278 in 1860-1.

**ROYAL COLLEGE OF SURGEONS.** The Hunterian oration will be delivered on Saturday next, in the theatre of the College, at three o'clock, by Professor Gulliver, F.R.S., and on Tuesday Professor Huxley, F.R.S., will commence his course of lectures.

**THE QUEEN'S PHYSICIAN.** On the occasion of the christening of the infant son of Dr. W. Jenner on Friday week, her Most Gracious Majesty was pleased to stand sponsor, being represented on the occasion by Lady Augusta Bruce, who, in obedience to the wishes of the Queen, gave the boy the name of Alfred Victor, accompanied with the present of a magnificent tankard, bearing a suitable inscription, and as a Royal recognition of the great professional attention paid by Dr. Jenner to his Royal Highness the Prince Consort.

**SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.** A half-yearly general meeting of the members of this society was held on January 28th, T. A. Stone, Esq., President, in the chair. It appeared that during the past year £1,933 had been distributed in half-yearly grants amongst forty-three widows and twenty-six orphans of former members; £10: 10: in immediate relief to a family; £45 towards the self-maintenance of two older orphans; £15 for extra relief to a widow; and £20 as a special grant to an adult son in great distress and illness abroad. We are happy to state that a much larger number than usual of new members has been elected by the Society, and we hope that this increased ratio will continue, so lamentable, and often unexpectedly, is the condition of the families of deceased medical men. The following officers and directors for the ensuing year were elected: *President*—T. A. Stone, Esq. *Vice-Presidents*—M. Ware, Esq.; E. A. Brande, Esq.; P. M. Latham, M.D.; J. Bacot, Esq.; T. Turner, M.D.; D. H. Walne, Esq.; A. J. Sutherland, M.D., F.R.S.; E. Tegart, Esq.; G. Burrows, M.D., F.R.S.; John Miles, Esq.; Sir John W. Fisher; Caesar H. Hawkins, Esq., F.R.S. *Treasurers*—J. T. Ware, Esq.; G. H. Roe, M.D., (Atg.); R. S. Eyles, Esq. *Directors*—B. G. Babington, M.D.; J. Wetherfield, Esq.; J. J. Sawyer, Esq.; T. Brown, Esq.; C. J. B. Aldis, M.D.; W. Dickinson, Esq.; J. C. Salisbury, Esq.; H. Blenkarne, Esq.; T. K. Chambers, M.D.; J. Clarke, M.D.; D. Scannell, Esq.; P. E. Hewett, Esq.; W. J. Little, M.D.; J. G. Forbes, Esq.; W. Munk, M.D.; B. W. Holt, Esq.; C. Miles, Esq.; W. Cathrow, Esq.; H. Sterry, Esq.; A. Fisher, Esq.; H. Jeafferson, M.D.; J. Paget, Esq., F.R.S.; H. S. Illingworth, Esq.; F. Hawkins, M.D. The seventy-fifth anniversary dinner of the Society, is appointed to take place on May 20th, at the Albion Tavern.

**ABUSE OF TOBACCO.** There is another habit respecting which I shall venture to say a few words, because it is both a bad one and a comparatively new one—I mean the immoderate use of tobacco—a habit brought amongst us from the continent of Europe, on the cessation of the French revolutionary war. Young military men are apt to regard the habit as a manly one, until severe dyspepsia, giddiness, shattered nerves, sallow complexion, disturbed action of the heart, and other symptoms show themselves, and then it is frequently too late to stop. "The sallow complexions, black, broken, and unsound teeth"

of the Germans are matters of notoriety to all travellers. "You may," says one of them, "smell a German in any part of the room, or scent him at a quarter of a mile's distance in the open air, if the wind be favourable. Much is talked of the good effects of tobacco-smoking in damp and malarious localities, by persons who, in defiance of geographical differences, carry the habit wherever they go—from the marshes of Burmah to the arid plains of Hindustan, forgetting that, meanwhile, in the language of Cassio, "they put an enemy in their mouths to steal away their brains;" but I think there is good reason to question the benefits of this habit of smoking even in the fatherland of fog and damp, or that tobacco ever acts as a preventive to any disease, and least of all to fever. The truth is, that many persons puff themselves into the good graces of snops and spoonies like themselves, and use cigars by the score now, as Lord Chesterfield drank and smoked in his time, notwithstanding his aversion to wine and tobacco—"because he thought such practices very genteel, and made him look like a man." How his lordship may have looked under the united influence of wine and tobacco, his biographers have failed to relate; but we all know how our modern "spoonies" and "snobs" in our thoroughfares look after a course of cigar-smoking alone. (*Sir R. Martin.*)

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY..... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Mr. Thomas Bryant, Lettsomian Lecture "On the Differences between the Physiological and Pathological Processes in Children and Adults, and on some Congenital Deformities, as Harelip and Malformations of the Rectum."—Royal Geographical.

TUESDAY. Royal Medical and Chirurgical Society, 8 P.M., Ballot; 8.30 P.M., Continuation of Dr. Marston's paper on "Constitutional Syphilis"; Mr. T. Longmore, "On Two Cases of Kelts."—Zoological.

WEDNESDAY. Society of Arts.—Microscopical.—North London.

THURSDAY. Royal.—Antiquarian.

FRIDAY. Astronomical.—Royal Institution.

SATURDAY. Royal Botanical.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—JANUARY 31, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys ..1123 Girls.. 968 }	2111 1351
Average of corresponding weeks 1853-62 .....		2008 1466

**Barometer:**  
Highest (Wed.) 30.296; lowest (Sat.) 29.353; mean, 29.857.

**Thermometer:**  
Highest in sun—extremes (Th.) 85.6 degs.; (Sat.) 52 degs.  
In shade—highest (Th.) 55.2 degs.; lowest (Wed.) 32.2 degs.  
Mean—41.5 degrees; difference from mean of 43 yrs.+6.6 degs.  
Range—during week, 23 degrees; mean daily, 11.9 degrees.  
Mean humidity of air (saturation=100), 83.  
Mean direction of wind, S.W.—Rain in inches, 0.00.

#### TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. HARRISON'S BOOK ON CHILDREN.—SIR: I beg respectfully to state, that the comments made on my little work on the *Diseases of Children*, in the BRITISH MEDICAL JOURNAL of December 13th, 1862, appear to me unfair in imputing to me a wish to "cast reflections on the medical body in general." I must distinctly deny the most remote intention of so doing. On the contrary, I have always entertained a high opinion of the medical profession as a body, both for its enlightened humanity and varied learning. At the same time, I cannot but think that remarks which are not of a personal nature, may be fairly directed against errors which occasionally arise. Indeed, you properly say yourself in the next issue of your JOURNAL, page 600: "We need not tell our correspondent that from one end of the country to the other amateur and professional quacks daily prescribe and daily administer medicines."

I am, etc.,

J. BOWER HARRISON.

Higher Broughton, Manchester, January 1863,  
[We willingly insert Dr. Harrison's note. We are satisfied, however, that the construction we put upon Dr. Harrison's words, as they stand in his book, was the legitimate one. We are very glad to hear from him that no such idea was present in his mind in writing them. EDITOR.]

FOREIGN PRACTICE BY ENGLISHMEN.—SIR: Can you inform me what examination an English registered M.R.C.S. is required to pass, before he is allowed to practise in a French town?

I am, etc., H. W.

[We believe that there is something more than examination required. It is requisite for a foreigner to obtain permission from *l'autorité* to settle in France as a medical man; and we have always understood that such permission is not easily obtained. EDITOR.]

DECAPITATION BY HANGING.—Dr. Gibb has kindly sent us a Canadian newspaper, containing an account of the decapitation already referred to in this JOURNAL. We must still, notwithstanding the printed details, hold the fact as hard of belief. If the body was emaciated, its weight would have been slight. *No medical man gives any information on the subject.* It seems incredible that any rope of the ordinary strength used in hanging criminals, should not give way, rather than the neck. We read in the journal referred to:—

"The fall being so great, and the man's body being in a diseased condition, the vertebrae and muscles connecting the head with the shoulders gave way, and, terrible to relate, the head rolled off, while the body fell with a heavy plunge into the interior of the scaffold! The life-blood of the criminal poured out in livid streams from the headless trunk, while the torn muscles and gaping arteries presented a sickening spectacle."

W. C.—Our correspondent is, no doubt, aware that it is often much easier to ask than to answer a question. The names attached to the programme prove the authenticity of the society; but, with regard to the announced proposal of a new society, we are disposed to think that, as so many societies now exist in this metropolis, to invent a new one, except upon very distinct and urgent grounds, is very undesirable. An Anthropological Society certainly seems to us to be, from its title, much of a kin with the Ethnological Society; and, if it really be so, then we can only say that, in our opinion, it falls under the category of an undesirable novelty. To the institution as a publishing society, however, there may be less objection.

COMMUNICATIONS have been received from:—Dr. WILLIAM RUDD; Mr. H. HAILEY; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. J. HUGHES BENNETT; Mr. P. HEWITT; Mr. THOMPSON; Dr. HANDFIELD JONES; Mr. ROGERS; Dr. COLE; Dr. SKINNER; Mr. LIONEL BEALE; Mr. A. B. STEELE; Mr. J. KENT SPENDER; Mr. HENRY WADE; Dr. HEWITT; Dr. TENISON; Mr. S. BENDROFT; Mr. KENT JONES; Mr. W. COOKE; Mr. J. B. CURGENVES; H. W.; Dr. JAMES RUSSELL; Dr. STRAP; Mr. S. WOOD; Mr. T. M. STONE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. DUNN; Mr. P. LESLIE; and Mr. J. J. GODFREY.

# Facts and Arguments

OPPOSED TO

## DR. BENNETT'S THEORY OF ORGANISATION.

BY

LIONEL S. BEALE, M.B., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN KING'S COLLEGE, LONDON; PHYSICIAN TO KING'S COLLEGE HOSPITAL; HONORARY FELLOW OF KING'S COLLEGE; ETC.

DR. BENNETT deprecates further discussion until the whole of his lectures are published; but as this theory is not a new one put forward for the first time by a young observer, as most of the statements have been repeatedly made, as the same facts and arguments have been advanced before, and many of the drawings now being published have been already used for illustrating similar observations, there seems to me no sufficient reason for postponing the discussion already commenced; and if the forthcoming lectures contain as many statements open to discussion as those which have already appeared, the task of criticism would be too great to attempt. Nor would it be just to the author to raise objections so long after the statements which called them forth had appeared.

Moreover, when a public teacher of deservedly high repute, and an examiner in one of our great universities, makes such vague statements as the following, "*the molecules of the ovary first coalesce to form the ovum*"—"after fecundation the *spermatozooids and germinal vesicle disintegrate and form histolytic molecules*,"—it seems only right to ask at once for further explanation, for it is doubtful if the author means literally what he says. What evidence has he in favour of the view he has expressed? I am not aware of any observations by Dr. Bennett, or by any other observer, which tend in any way to show that the ovum is formed by the *coalescence of the molecules of the ovary*, or that spermatozooids and germinal vesicles disintegrate to form *molecules*.

Again, under the head of "practical applications," Dr. Bennett says,—"*The molecular theory must ultimately constitute the basis for the arts of horticulture, agriculture, and medicine. Thus, vegetables and animals grow by the juxtaposition of molecules which are introduced into the economy in the fluid form. This fluid holds in solution the particles of which the different textures consist. These are deposited, and so increase of bulk takes place.*" It would seem that every sentence here requires further explanation; and I can see no logical connection between the first and those that succeed it.

Dr. Bennett, not content with publishing his own doctrine, asserts that by his view several conflicting theories are reconciled, and at once proceeds to combine ideas which are quite incompatible with each other. He accepts completely contradictory statements, and himself makes assertions so opposite to each other, that both cannot be correct.

If vegetables and animals, as Dr. Bennett asserts, grow by the juxtaposition of molecules, such molecules must exist as positive particles. If in solution, they are no longer molecules. Dr. Bennett must accept his own definition of a molecule as "*a minute body seen*," "*a visible molecule*;" or he must admit, with other observers in the present day, that living matter absorbs substances in solution, and converts these into matter of the same, or into matter of a different, kind. If the matter is in a state of *solution* when it comes into contact with the living mass there can be no *juxtaposition of molecules*, and Dr. Bennett agrees in this matter with other observers.

With regard to the formation of vibriones, Dr. Bennett says that his assertion that molecules united to form the minute filaments is an inference, like my statement that the particles divided. The latter is a fact generally admitted by observers here and on the continent, and to be *seen* in whole classes of organisms. The former is a statement, in making which, I believe, Dr. Bennett stands quite alone.

Dr. Bennett says living organisms may be formed in one way, and multiply in another;—"Having been produced by precipitation, they may increase by absorption or imbibition of nutritive fluids." Now there is, in such a number of cases, incontrovertible evidence that a living mass does increase in size by the absorption of nutritive fluid, and that it does multiply by a portion of the living matter becoming separated, or moving away from the general mass, or by the division of the mass into two parts, that we are quite justified in concluding that living matter *always* increases in the same manner, and living particles *always* multiply in the same way.

There is, therefore, no reason for assuming that molecules become aggregated together to produce nuclei and cells, for the observed facts can be accounted for in a much more simple manner. That living matter always increases by absorbing nutritive pabulum in a state of solution, and that every living particle springs from a preëxisting living particle, are generalisations justified by observation.

I shall conclude this paper by drawing attention to Dr. Bennett's observations upon the use of high powers. Since many of the drawings and observations now being published by Dr. Bennett were made, vast improvements have been carried out in microscopes and magnifying-glasses, and new methods of observation have been introduced. Dr. Bennett maintains that in rare cases only has he gained any advantage by using powers varying from 700 to 1200 linear. I would simply observe in answer to this—

1. That it has been proved that points can be seen by the use of high powers which are not visible by a power of 250 diameters, and I shall be happy to show specimens in proof of this assertion to any one.

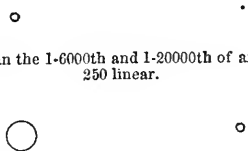
2. It is a fact, that for purposes of class illustration a power of 700 linear can be used quite readily. Objects under such a magnifying power were seen by classes of upwards of one hundred persons in London nearly two years ago.

3. There is no difficulty in proving that, by the use of very high powers and special modes of preparation, facts bearing in a most important manner on the mode of growth and multiplication of living particles can be demonstrated which cannot be seen

with powers in ordinary use; and there is every reason to believe that by improved means of inquiry new and valuable facts will be elicited.

The difference in mere dimension may be illustrated by the following figures of the same circle variously magnified; from which it must be obvious that the higher degrees of enlargement must give a clearer insight into the most minute recesses of structure than the lower powers used by Dr. Bennett, it being understood that the loss in definition bears no proportion to the augmentation of area.

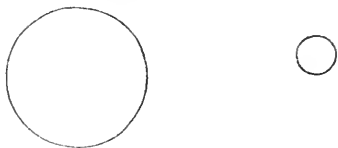
Molecules less than the 1-6000th and 1-20000th of an inch, magnified 250 linear.



Molecules of about 1-4000th and 1-20000th of an inch in diameter, magnified 700 linear.



Molecules of the 1-4000th and less than the 1-20000th of an inch, magnified 1800 linear.



Molecules of the same diameter, magnified 3000 linear. The engraver has made the smaller circle too wide by nearly one-third of its diameter.



Vibriones, magnified 1700 linear.



Vibriones and vegetable growths in epithelium of the mouth, magnified 3000 linear.

The one-thousandth of an English inch, magnified 250 linear.

The one-thousandth of an English inch, magnified 5000 linear.  
This line should have been exactly three inches in length.

It is only just to Messrs. Powell and Lealand that I should state here most distinctly that the high powers made by them, and magnifying from 1700 to 1800 linear with the low eye-piece, are thoroughly practical working glasses. That extremely delicate instruments of any kind rather confuse and discourage than assist those who are just beginning to learn, is certain; but this is no argument against

their use by those who have been working for years. Better and higher powers and improved processes of preparation are clearly the means by which alone this branch of inquiry can be advanced.

Now, if molecules have united to form the vibriones represented in the last figure but one, the molecules were *certainly invisible* even to a power of 3000 diameters. The smallest of these organisms is less than the 1-100,000th of an inch in diameter. Particles considerably larger than this are quite invisible under a power magnifying 250 linear. It is certain, therefore, that if this particle were formed by the aggregation of smaller particles, these must have been quite invisible by the powers employed by Dr. Bennett; and since I can at least prove by direct observation that living particles of this size (1-100,000th of an inch in diameter) *do not coalesce or become aggregated* to form larger masses (*compound molecules*), I may affirm that this process cannot occur in the case of particles so large as those figured by Dr. Bennett.

TRANSFORMATION OF UREA INTO CYANIDE OF AMMONIUM. M. Fleury effected this change (*Comptes Rendus*, t. lv., p. 519) by heating urea with an excess of bisulphide of carbon. The products were carbonic acid and sulphocyanide of ammonium ( $C^2H^4N^2O^2 + CS^2 = CO^2 + NH^4C^2NS^2$ ). He has not perfectly succeeded in forming urea from sulphocyanide of ammonium.

ALUMINIUM BRONZE. In the supplementary number to vol. xxiv of the *Philosophical Magazine*, just published, is an article by Lieutenant-Colonel A. Strange, on the properties and present value of aluminium bronze, an alloy consisting of ten parts of aluminium and 90 of copper. Its tensile strength is stated at 73,185lbs. per square inch, being more than double the breaking-strain of gun-metal, and 1,185lbs. more than the average tenacity of cast steel. Its resistance to compression is 132,416lbs. to the square inch; that of cast iron being 115,542lbs. This alloy may be drawn out under the hammer almost to a needle-point at a red heat. Its rigidity is about three times that of gun-metal, and 44 times that of brass; it is less affected by change of temperature than either of the latter; it may be cast with extraordinary facility into any shape; it does not clog the file, and yields fine elastic shavings on the lathe. It tarnishes much less readily in the air than any other metal or alloy used for astronomical instruments, and will receive the finest graduation possible. It is extremely elastic, can be rolled into sheet metal, or also hammered and drawn, and seems admirably adapted for the tubular parts of astronomical instruments. Its specific gravity is 7.680, nearly the same as that of wrought iron. To make this alloy extremely pure, copper should be used; the best is copper deposited by electricity; but since that kind is very expensive, the next best is copper from Lake Superior, which makes an alloy of excellent quality. The ordinary coppers of commerce generally fail, owing, it is said, chiefly to the presence of iron, which appears to be specially prejudicial. Another precaution is to remelt the alloy two or three times. The first melting, in the proportions above stated, produces an alloy of extreme brittleness; but each successive melting, up to a certain point determined by the working, and particularly the forging properties of the metal, improves its tenacity and strength. The present price of English made 10 per cent. aluminium bronze is 6s. 6d. per lb., or four or five times the price of gun-metal; but as a much smaller quantity of the new alloy would give the same strength, the cost of ordnance made of it would not be very considerably increased. (*Galignani's Messenger*.)

# Addresses and Papers

READ AT

## THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

### OBSERVATIONS ON THE OCCURRENCE OF MALIGNANT PUSTULE IN ENGLAND: ILLUSTRATED BY NUMEROUS FATAL CASES.

By WILLIAM BUDD, M.D., Clifton; Honorary and  
Consulting Physician to the Bristol Royal  
Infirmary.

"Le médecin doit, dans ses premières études, jeter un coup d'œil  
sur les animaux qui se rapprochent le plus de l'homme."—*Chaus-  
sier*. (Adopted from Régnier.)

[Continued from page 113.]

CASE V. The notes of this case were kindly given to me by my friend Mr. Humpage of Cotham, who attended the patient.

"Mrs. S., aged about 40, married, the mother of three children, and of what is called the leucoplegmatic temperament, had complained for several days of a pimple on the chin, which, becoming troublesome, was seen by a surgeon three days before I was first called to her.

"I first saw her on Oct. 12th, 1855, in the evening, and found the following state of things:—On the chin a puffy tumour, with a livid spot on its apex; great surrounding swelling and infiltration of the cellular tissue of a hard and unyielding character, difficult deglutition, and much constitutional disturbance, indicated by a very low and rapid pulse, and general exhaustion.

"On the following morning, finding all the symptoms much aggravated, I advised a consultation with my friend Mr. Green. We agreed the case was one of the most imminent danger. A free incision was made through the parts; but they cut like brawn, *dry and solid*. The patient was directed to take brandy freely; but she rapidly sank, as if poisoned, about twelve hours after the incision, and in about thirty hours from the time of my first seeing her."

I have been informed by the husband of this person that for the first three days there was no general illness; nothing, in fact, to lead him to suppose that the malady from which his wife was suffering was any other than a common boil. It began as a minute vesicle, which the patient punctured with a needle on the day following that of its first appearance, and it was her own impression that in this operation she had poisoned the flesh. The vesicle was attended by intense itching when it first appeared.

In some notes of the same case communicated to me by Mr. Green, it is mentioned that when the incision was made, nothing but a little serum slightly tinged with blood oozed from the wound.

CASE VI. For the knowledge of this case I am also indebted to Mr. Green, in whose words, for the most part, it is related.

On June 18th, 1858, late in the evening, I was sent for to see Miss S., living about seven miles from Bristol. Her father, who drove in for me, told me that a few days before a pimple appeared on the lip, followed by enormous swelling, discoloration, and stony hardness. She was, he said, frightfully disfigured. His account left me little doubt as to the nature of the disease I was to find; and I told him that I feared his daughter was suffering from malignant pustule, an uncommon and most dangerous form of disease.

I found the left half of the face principally affected. It was swollen through its entire extent; the lips were greatly enlarged, indurated, and everted. The skin was of a dark, livid colour. There was a small pimple covered by a thin, hard, dry crust on the left side of the upper lip, which was indurated to the extent of about an inch above its margin. The lower lip on the same side was in a state of slough. Sloughing had also begun at the angle, and was extending backwards into the mouth, under the skin, which had not yet lost its vitality. The eyelids were closed; but the swelling there being œdematous, allowed the eye to be examined. This organ was found to be uninjured. The pulse was 120 in the minute; the tongue was foul. There was, however, no delirium or loss of consciousness, and no particular complaint of weakness or depression. The swelling and colour of the face, and the large projecting lips, caused great disfigurement, and removed all doubt from my mind as to this poor young lady's fate.

The disease had first appeared three days before, in the form of a small vesicle, which itched very much, and which the patient herself punctured with a needle the same night. This operation, as in most of the other cases, was followed by great temporary relief to the pruritus. This young lady had spent the greater part of the day in the hay-field, and while there was, as she believed, bitten by a fly. It was in the seat of the supposed bite that the vesicle afterwards appeared. The next day, the face began to swell and change colour; and from that time the disease progressed rapidly, until it had attained the stage in which I now saw it. The right side of the face did not participate in the swelling, but was of a sallow and yellowish tinge. On the second day of illness, the part in which the pimple first appeared having become black, Dr. Vaughan of Keynsham, who was in attendance, made an incision into it. Poulices had been applied to the face, and quinine and iron given internally.

A strong solution of chloride of zinc was now applied to the sloughing surface, and, in place of the quinine, dilute nitromuriatic acid was given every three hours. Wine and strong beef-tea were freely exhibited.

On the following day, there was little change, except that the sloughing had considerably extended.

On June 20th, soon after daybreak, she became rapidly worse. The pulse could hardly be felt; the extremities were cold; she was unable to swallow; and the entire cheek seemed about to sphacelate. She died at noon of the same day, five days after the first appearance of the vesicle, which, in its origin, had seemed so trivial.

This young lady had been somewhat out of health for some months prior to the fatal attack.

CASE VII. For the particulars of the next case, I am indebted to Mr. Bartrum of Bath, and Mr. Hinton of Hinton, who was nearly related to the patient.

The subject of it, W. H. W., was a fine, well-grown, and athletic young man, 19 years of age, who, up to the date of his attack, had enjoyed uninterrupted health.

On October 7th, 1859, he returned from Clifton to his home near Bath, with a painful and swelled lip. The disease had begun the day before in the form of a small vesicle seated on the left half of the upper lip. Whether the itching and hot stinging sensation which usually mark the onset of the malady were present is not said.

On his reaching home, the appearance of the lip led his friends to suppose that a boil was about to form in it. He complained a little of pain in the back, and seemed slightly feverish; but, beyond this, did not feel ill.

On the 8th, the swelling had increased; but, with the exception of a general dingy appearance, there was no local discoloration. On the nights of the 8th and 9th, the tension and pain of the lip were so great as to prevent sleep.

On the evening of the 10th, he took a slight sedative, had a good night, and never after suffered from pain.

Up to this time, nothing had occurred to awaken the minds of the patient or his friends to the terrible nature of the attack, which they still supposed was nothing more than a painful boil.

On the 10th, the swelling extended to the neighbouring parts; the inner surface of the upper lip became livid, almost black, "but without any defined boundary, as though a large carbuncle was forming on the inner surface."

On the 11th, the parts were freely and very deeply incised (from within), with much relief to the symptoms. The cut surfaces presented streaks of dingy yellow, interspersed with dark, livid, bloody, sodden tissue. The blood was thick and treacly. There was no pus.

On the 12th, the swelling occupied the whole face below the eyebrows. The incisions were repeated in several parts that felt brawny, and appeared to give much relief. The pulse had gradually become more rapid, ranging from 140 to 160 in a minute.

The mind remained perfectly clear until about four hours before death, which occurred at midnight on the 14th, eight days after the first appearance of the vesicle. In the second period of the disease, several new vesicles made their appearance in the neighbourhood of the first. Beef-tea, wine, and other nutriment, were given liberally throughout. The patient was unable to assign any cause for his attack.

For the following brief, but clear and graphic, account of the next two cases, I am indebted to my friend Dr. S. H. Steel of Abergavenny. They are extremely interesting, as examples of the disease originating in the hand.

CASE VIII. "While paying my usual visit at an iron-work, four miles from my house, I was requested to see Mary John, the daughter of an innkeeper, a tall, healthy, well developed girl, aged 19. She stated that two days before, a red spot, attended by pain and itching, had appeared on the back of her right hand. The redness had extended, and was now very painful.

"I found on the back of her hand a rather irregular, livid spot, half an inch in diameter, surrounded by an erysipelatous blush; deep near the centre, and gradually shading off till it ceased half way up the forearm. The hand and arm were swollen, but not greatly so. The pulse was small and frequent; the tongue was slightly coated and moist; the bowels were confined. She complained of great depression. The treatment ordered was a large warm fomentation to the hand and arm, and an aperient, followed by a stimulating mixture.

"The next morning, I received a message that she was much worse. I saw her at 11 A.M. The livid spot had spread over the whole of the back of the hand and wrist. The swelling of these parts had rather subsided; but the whole arm was oedematous, and the erythema extended to the axilla and side of the chest. The pulse was very frequent and feeble; the tongue was still moist. She was sensible, and answered readily in a feeble voice, but was evidently moribund from prostration. I made two or three free incisions into the livid and adjacent oedematous parts. No blood, but only a little colourless serum, exuded, and no pain was felt. The appearance of the part was very peculiar. The lividity was less deep than that of ordinary gangrene, and shaded off into a dusky erythema, the oedema being greater as it receded from the central disease. The patient died at 2 P.M.

"I was convinced, from the whole aspect of the case, that it was one of some form of animal poisoning, and I made careful inquiries, especially whether any glandered horse had lately been in the inn stable; but I was unable to discover any clue to the cause of the disease."

CASE IX. "On January 2nd, 1854, I was sent for to

see Morgan Jones, a labourer, aged 34, living about four miles from Abergavenny. He told me that five days before a red, irritable spot had appeared on the back of his right hand, which was chapped in several places from cold. The redness and pain had gradually increased; but he had paid little attention to it till the day before, when he felt very weak, and was unable to go to work. I found the back of the hand livid, and the arm red and oedematous, presenting an appearance precisely similar to that observed in Mary John's case. An incision through the livid part let out only a little serum. The pulse was small and frequent; the tongue was brown and furred, and had been so for a day or two. The man was perfectly sensible. An energetic stimulant treatment was adopted, but the case was evidently hopeless. It terminated fatally the following day. There was no history of animal infection that I could trace. The patient had been employed in tending sheep; hurdling them, and supplying them with cut turnips; but I could not ascertain that the sheep were unhealthily.\*

"I was much perplexed by these two cases. I had no doubt of their animal origin; but they did not answer to the description of glanders, to which I was at first inclined to refer them.

"Some time afterwards, I was asked by my father's farm-bailiff to look at two lambs which were diseased, and likely to die of some strange complaint. The hinder extremities of both were greatly swollen, and inside the thighs, where the wool is scanty, the skin exhibited the same livid aspect that I had observed in my two patients, and upon cutting into it, the same discharge of serum only took place.

"I had no doubt that I had before me an identical or very closely allied disease. I did not, however, recognise it as malignant pustule, till I heard you relate your cases of that malady. The pustule, which is described as the point of departure of the disease, either did not exist in my cases, or, more probably, was overlooked."

This history, brief as it is, is a very pregnant one. It brings into striking relief a point on which I have not before touched, but which is very important; I refer to the perfect identity of the local morbid changes in the malignant pustule of man, and the corresponding disease of the animal. I need scarcely say to those who are acquainted with the subject, that these two lambs were suffering from the disease familiarly known to veterinarians under the name of "blood," and identical in nature and origin with the "quarter evil" in cattle. Both lambs died in the course of the day in which Dr. Steel first saw them.

In addition to the cases already related, I have obtained, as I have before said, some particulars of no fewer than fifteen others, which have occurred, for the most part, within the last few years in various parts of the country. It may be mentioned, as a remarkable fact, that in all fifteen—as in seven of the nine just detailed—the disease began in the face, and in the greater number, either in the lip, or in the immediate neighbourhood of the mouth.

In all, save one, in which life was apparently saved by early resort to cauterisation and free incisions, the malady ended fatally. In all, save this same one, its seemingly trivial nature in its early stage betrayed the patient into the fatal error of wasting in mere temporising the only period in which curative measures are of any certain avail.

Of the whole series there was only one in which the disease was actually traced to contact with a diseased animal. In its bearing on the question of cause, the history of that case is not unimportant.

A pointer belonging to a gentleman who was out part-

\* It is worthy of remark that in both these cases the disease was seated on the back of the hand. This is the usual seat of malignant pustule in the hand. It is obvious that, from the greater thinness of the skin, this part is more exposed to an effective inoculation.



ridge shooting, fastened upon the carcase of a sheep which lay dead in a field, and took possession of one of its legs. The morsel was so savoury that the dog would not give it up, and his owner was obliged to wrest it with his own hand from the animal's mouth. Immediately afterwards, this gentleman, unthinking of danger, mechanically put his hand to a part of his face where there was a scratch. On the following day, a malignant pustule made its appearance on the very spot to which the tainted hand had been carried. The disease of which the sheep had died was not ascertained. The dog received no harm.

The circumstances of three other cases are also worth mentioning. One of the subjects was a bullock-jobber, who at the time of his attack was carrying on large dealings in cattle; and another was a sheep-farmer living on the borders of Dartmoor, who owned and tended very large flocks. Although in these two the actual source of the disease was not made out nor indeed inquired into, there is no improbability in the supposition that the pustule might have arisen from contact with cattle or sheep affected with quarter evil or blood.\* It is not irrelevant to observe that both these cases occurred in hot summer weather. I may add that the subjects of both were more than fifty years old.

In a third case, the pustule was undoubtedly the result of the bite of a fly. The patient—as in the similar case already related—was a young lady who was attacked by the insect while she was walking in her garden on a hot summer's evening. The itching, heat, and burning of the first stage succeeded immediately to the bite, and in the course of a few hours the characteristic vesicle made its appearance in the exact seat of the puncture. The case was the most rapidly fatal that I have yet heard of.

[To be continued.]

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASES OF RHEUMATIC PERICARDITIS.

Under the care of JAMES RUSSELL, M.D.

[Continued from page 137.]

THE following case was not under my care; but I had the opportunity of watching it throughout. It exhibits the treatment of pericarditis as employed twenty years ago.

CASE II. J. R., aged 21, a baker, came under treatment February 8th, 1843. He had been exposed to sudden alternations of temperature. Seven years previously he had acute rheumatism, accompanied by dyspnoea, præcordial pain, and palpitation; but no symptoms of cardiac disorder remained on the subsidence of the attack. The rheumatism returned in January 1843, together with the pain, dyspnoea, and palpitation. The pain was felt very severely over the entire chest, but especially in the cardiac region, and with it there was a short dry cough. On the date above indicated, all the rheumatic symptoms were subsiding; the pulse and respiration were nearly natural; the thoracic pain alone remained. He was cupped to twelve ounces over the region of the heart; three grains of calomel and a black draught were given; and one-twelfth of a grain of tartar emetic and five grains of nitrate of potash in saline mixture every four hours.

It was not until three days afterwards (Feb. 11), that any record of the physical examination of his chest was made. The cardiac dullness extended to the third rib; but not to preternatural extent in any other direction; and a soft systolic mitral bellows-sound, and a faint diastolic blowing sound at the base, were audible. The symptoms described above, especially the severe pain over the left side of the chest, continued, and respiration had become accelerated. Fourteen ounces of blood were taken from the arm, with the effect of causing faintness, but not of affording relief; and on the 12th, six leeches were applied.

On the day after (13th), the pulse and respiration were 108 and 44. The pain was severe. There were pallor and much exhaustion, with considerable increase of the rheumatic pain in the limbs. His cough was troublesome. A distinct friction-sound had now announced its presence. He was cupped to fourteen ounces.

On the 14th, the distress from dyspnoea and pain was augmented. The pain extended over the entire part of the chest, with an intolerable sense of compression; and movement so much aggravated the pain that the patient's posture was fixed; to the pain was added a harassing cough. The pulse and respiration were 124 and 56. To the friction-sound, evidence of large effusion was superadded; the cardiac dullness extending across the middle third of the sternum for two or three inches into the opposite side. He was ordered to repeat the leeches; to employ inunction of mercurial ointment; and to take a grain of calomel and two grains of Dover's powder every four hours.

The following day presented further aggravation of the symptoms, gasping breath and a ghastly aspect of face, indicative of great distress. The pulse and respiration were 25 and 60. His intellect was entire. The pain unrelieved. Leeches were repeated, and the dose of calomel raised to two grains, the inunction being also continued. The effect of each bleeding was only to induce faintness without affording relief to the pain or to the breathing. The patient passed a wretched night; and on the 16th, his aspect was most distressing. He could not utter a continuous sentence from breathlessness, which he endeavoured to relieve by frequent change of posture; exhaustion had increased; the face was ghastly; the lips livid; but the intellect remained unclouded. No sign of salivation had announced itself. The physical signs were unchanged.

In the afternoon, he was sitting up in his bed, when he suddenly fell back dead, on the fourth day from the first appearance of physical signs of pericarditis.

SECTIO CADAVERIS, twenty-four hours after death. The pericardium contained a considerable quantity of bloody serum. The outer surface of the heart and the inner surface of the pericardium were thickly coated with soft lymph; in many parts, of a deep blood colour, especially posteriorly. The layer of lymph was thicker posteriorly than in front; it could be easily removed, leaving the serous membrane smooth. A large *tache blanche* existed on the apex of the heart; and several others on the posterior surface. The heart was adherent to the pericardium by soft lymph, at the apex, along the right border, and at the posterior part of the base; it was hypertrophied; its muscular tissue was pale. The aortic flap of the mitral valve was thickened at its edges; the parietal flap was much contracted. The lining membrane of the left auricle was opaque and rough; and that of the right auricle was also somewhat roughened between the orifices of the cava. Both ventricles and the right auricle were much distended with coagula, partly recent, partly of pure fibrine. Each pleural cavity contained some straw-coloured fluid; and the substance of the lungs was greatly congested, scarcely crepitating anywhere. Some subpleural emphysema existed at the acute margins.

\* The same remark applies to one of Dr. Steel's cases.

It is of the utmost importance in pericarditis correctly to estimate the amount of power possessed by the heart; both as a guide to the selection of remedies, and as affording a basis for prognosis. Among various circumstances which may create difficulty in accomplishing this, none are harder to deal with than extreme nervous susceptibility on the part of the patient. Every practical man knows well what an unfavourable influence is exerted upon the symptoms and progress of organic disease by a morbidly excitable or hysterical temperament; how every symptom is intensified and disguised; how the action of remedies is perverted, and the influence of active disease exaggerated. Every one, too, is aware of the peril of encountering a sudden and fatal termination to a case of disease under such circumstances; a termination often due simply to nervous depression.

But in no class of cases do these difficulties and dangers exist in greater force than in those which relate to the heart, and especially in cases of active inflammation of that organ; for no organ is so liable to be injuriously affected by nervous depression or excitement as the heart.

I quote the following case in illustration. I am still ignorant what is the precise share of blame to be given to the inflammation, and what to the very sensitive temperament of the patient. I more than once congratulated myself that my case occurred in hospital practice, and not at the patient's home.

CASE III. Emma Piper, aged 17, a servant, was admitted Oct. 20th, 1862. Her first attack of rheumatism occurred in March 1861; she was not free of the disease till after Christmas. Her present attack (the second) set in about the middle of this month. She had always lived well. Her menstruation had been irregular. Both parents were rheumatic, and she lost a brother in this institution of rheumatism.

On October 22nd, she was noted to be of full habit and of very moveable temperament. The pulse and respiration were 120 and 40; she had rheumatic inflammation of most of her joints, excepting those of the left arm, and she also complained greatly of her back. She perspired much. The tongue was covered with white fur. Half a scruple of Dover's powder given on each of the preceding two nights had failed to procure sleep. The sounds of her heart were clear. She was ordered eight minims of tincture of opium, with bicarbonate of potash every four hours, and half a scruple of Dover's powder nightly.

She continued in much the same state until the 25th. The rheumatic affection had extended to the left arm; the opium had failed to relieve the pain and the restlessness. On the 25th, she had much improved; and the rheumatism was subsiding. The pulse and respiration were 128 and 44. Her urine was neutral. The sounds of her heart were still normal.

In the night, however, pericarditis developed itself. In the morning, the pulse and respiration were 136 and 50; and the face manifested a tendency to lividity; the jugulars also were rather full. *Fremissement* was felt in the region of the third costal cartilage, and a double friction-sound was heard over the upper part of the cardiac region; the cardiac dullness included the third interspace. Eight leeches were ordered to be applied to the chest; and the entire left chest to be fomented.

On the 27th, the rheumatic affection was rapidly subsiding; but the patient had passed a bad night. Her face was pallid, and her aspect indicated great distress. She complained much of a paroxysmal pain in her back, rising to her throat, and especially excited by drinking. Her respiration and the action of her heart underwent remarkable variations. At one time, she breathed or rather panted at the rate of 80 per minute; her face was pallid; and the action of her heart became, at the same time, so feeble that the rubbing-sound was almost inaudible; yet, in a short time, respiration fell to 40; the ab-

normal sound at the heart was again distinct, and colour returned to her face. The *frottement* could no longer be distinguished; her jugulars were free from distension. The pulse was about 136; steady, though rather collapsing. Her abdomen was much distended, and she complained of much pain in that region. A turpentine stupe was ordered to be applied to her chest. She was directed to take every three hours eight minims of tincture of opium and a drachm of compound spirits of sulphuric ether; and to have half an ounce of brandy every three hours.

Her condition in the evening appeared more perilous; the distress was great, the intellect clear, face leaden. The pulse and respiration were 132 and 60. The region of dullness extended from the right edge of the sternum to the nipple, and upwards to the third rib. A blister was applied. Brandy was given every three hours, and the opium was omitted.

During the following two days she improved; and on the 29th, a remarkable disappearance of the entire cardiac dullness was noticed, though on the preceding day it had occupied wider limits than those indicated above. Quinine had been substituted for the stimulant, and the brandy was given every three hours.

On the 30th, she seemed in comparative comfort; yet, in marked contrast, her respiration was 60. The friction-sound was faint, but general.

Again, on the 31st, distress reappeared; respiration still taking the lead, rising to 76, in a succession of pantings with intervals between. Pulse 112 to 120, steady. Her complaints were vehement, and her impatience of pain very great; but, after an interval, the excitement subsided, and she became calm. The cardiac dullness had regained its former limits. Diarrhoea was also present. She was ordered eight minims of tincture of opium and sixteen minims of chloric ether three times a day.

Through eight days from this date, she steadily mended, though still liable to excitement. But on Nov. 9th, the period when the poor girl the subject of the first case, who occupied the next bed, was undergoing her fatal relapse, the patient was found with return of all her former symptoms with great intensity. I now discovered some dullness at the right base; but though some amount of pleurisy might be chargeable with the recurrence of the disturbance, yet experience of her extreme irritability, together with some evidence that her symptoms increased in intensity at the time of the visit, and the evidently depressing influence of the nervous perturbation which she permitted, suggested the necessity of full doses of opium; and, accordingly, with a blister to the right side, sixteen minims of the tincture with an equal dose of chloric ether were ordered to be taken every three hours. The medicine had a decided, but only temporary, beneficial influence. Again we were met with recurrence of all the symptoms, and as the influence of imitation was now clear, from her unfortunate neighbourhood and attendant circumstances, the effect of decided rebuke and firm remonstrance was tried. A hysterical attack was the consequence, and she remained in a decidedly hysterical condition till midnight, when she fell asleep, and from that time progressive amendment might be dated.

It should be added that the pleurisy gave no further trouble. On Nov. 25th, the patient was permitted to leave her bed, and had the appearance of health.

As if for the purpose of establishing a violent contrast, at the time I was treating the preceding case, the subject of the following notes was admitted into the hospital.

CASE IV. (Mr. Hiron.) John Holland, aged 14, a brass-founder. When examined, the day after admission, his face was tranquil, well-coloured, and presented the aspect of health, though he admitted that he had lost flesh during his illness. Pulse 102; respiration 16. He

was perfectly free from pain, intercostal tenderness, and cough, and was not conscious of any trouble in breathing; slight deficiency, however, was observed in the expansion of the left side of the chest. His joints were quite unaffected; and he was with difficulty induced to enter the hospital; and, when in, was most unwilling to keep his bed. His urine was very acid, and deposited a cloud of pink urates; in all other respects it was normal.

Cardiac dulness extended upwards to the second cartilage; laterally it reached from the left edge of the sternum to the nipple. A remarkably loud and superficial pericardial friction-sound was heard over the heart; it was indeed one of the loudest rubbing-sounds I ever heard; very coarse, recalling to one's mind the action of a large saw; although so loud over the whole region occupied by the heart, it became inaudible at a very short distance from that region, excepting that it was distinct in the left subclavian space. The pulmonary sounds were normal.

The patient's history was as follows:—Both parents and eight brothers and sisters were all free from rheumatism. The patient had never suffered from rheumatism previously to seven weeks before admission, when he caught cold from bathing. A week afterwards, he was attacked with severe pain in his knees without swelling, for which he kept his bed three days. No other joint was implicated; and three days after leaving his bed he returned to work. Again, a week afterwards, he suffered pain in his left side; which, however, was not constant, and only kept him at home half a day. At the end of another four days, this pain returned with greater severity, and on this occasion he remained from work two days. A fortnight's respite followed, when the pain recurred, but in a milder form; and on the evening of the ensuing day, he was brought to the hospital, the pain having ceased, and the patient rebelling violently against being considered an invalid. During these several relapses, his joints remained free; but he had symptoms of catarrh and coryza.

No fresh symptoms presented themselves during his residence in hospital; he seemed in good health. Nevertheless, no change occurred in the physical signs for twelve days, saving some reduction in the extent of the heart's dulness. At the end of that time he was allowed to get up; and the next day but one, dulness had assumed nearly its normal dimensions, and the friction-sound, though quite as loud, had become smooth. Three days afterwards, the sound was soft, precisely resembling a double bellows murmur, and was hardly distinguishable beyond a limited space in the upper part of the sternum. At the same time the cardiac dulness attained the third cartilage. In two days more not a vestige of friction-sound remained, though once it reappeared for a single day, accompanying the first sound of the heart only, and audible at the junction of the first and second bones of the sternum.

The patient was discharged on the twenty-seventh day, having already made two flights home. At that time cardiac dulness was extended laterally as far as the nipple, close to the fourth cartilage. The impulse of the heart had slightly a peristaltic character, and was rather heaving. The first sound of the heart was decidedly feeble; but there was no bellows sound.

The treatment consisted simply of a blister to the cardiac region with salines, and subsequently, four ounces of wine. Iodide of iron and cod-liver oil were subsequently prescribed.

This case forces on us the conviction how small a part of disease is embodied in the mere organic changes by which it may be accompanied, and how feeble is morbid anatomy, standing alone, as an exponent of pathological science. But a further question arises. Notwithstanding various means of discrimination, it is sometimes difficult, if not altogether impossible, to distinguish be-

tween an exocardial and an endocardial murmur; and such a case as the present may suggest that it may also become a question difficult of solution, whether or not we have to do with an acute attack at all; the more so, as Dr. Gairdner has given some instances in the essay quoted above, to prove that an exocardial murmur may sometimes be persistent, as is usually the case with an endocardial murmur.

The other day Dr. Maxwell drew my attention to a woman under his care as an out-patient. She had been in attendance for a week; she had nursed a son through an attack of rheumatic fever, and applied for relief in consequence of pain in the left hypochondrium. She made no complaint whatever referable to the heart, but on applying the stethoscope, Dr. Maxwell heard the sounds, much as they presented themselves to my ear. A week afterwards, a loud harsh systolic sound, quite superficial, was heard beneath the sternum, from the second cartilage to the ensiform cartilage, becoming, however, fainter just above the latter spot. It was scarcely heard beyond the limit of the sternum, but existed feebly beneath the right sterno-clavicular joint, though not up the carotids. The normal sounds of the heart were heard to the left of the sternum, though more feebly than usual. There was no extension of cardiac dulness.

The woman had never had rheumatism nor any cardiac symptoms. She walked to the hospital on each occasion.

I felt no doubt that the murmur was pericardial, from its situation, its limited extent, its superficial character, and its quality; but I certainly could not venture to assert that it was associated with acute development of inflammation. Unfortunately, the patient never returned.

[To be continued.]

NEW WORK ON THE BIRDS OF INDIA. Surgeon-Major Jerdon, of the Madras Army, who has a considerable local reputation as a Naturalist, is about to publish a work on the Birds of India, as the first of a series of Manuals on the Vertebrated Animals of India. (*Friend of India.*)

EIDER DOWN. This down, the eider-duck plucks from its breast to line its nest; it and the eggs are taken away. Again the nest is lined, and again robbed. The third time, the drake repairs it, supplying the down; and if this be also taken away, the nest is altogether deserted by the ill-used pair. One nest yields about two and a half ounces of the finest clean down, or about half a pound in all if removed three times. What is plucked from the dead bird, it is said, possesses none of that wonderful elasticity which constitutes the value of the other. We should think, however, that this would depend on the state of the plumage at the time. Many thousand pounds weight of it are annually exported for quilts, pillows, cushions, etc. It sells in Iceland at from 10s. 6d. to 17s. 6d. per pound. From three to four pounds are sufficient for a coverlet, which, to be enjoyed in perfection, ought to be used unquilted and loose like a feather bed. Quilting is only useful where a small quantity of down is required to go a long way; but, with three or four pounds at command, there is no comparison in point of comfort between loose and quilted—we have tried both. The eider coverlet combines lightness and warmth in a degree which cannot be otherwise obtained. With a single sheet and blanket, it is sufficient for the coldest wintry night. Its elasticity is proverbial; hence the Icelandic conundrum we had propounded to us by our good friend Mr. Jacobson, "What is it that is higher when the head is taken off it?" Answer—"An eider-down pillow!" (*Pen and Pencil Sketches of Faroe and Iceland.*)

## Original Communications.

### THE FIBROUS TUNIC OF THE EYEBALL, OR "OCULAR TUNIC": ITS ANATOMICAL RELATIONS AND BEARINGS IN OPHTHALMIC PRACTICE.

BEING REMARKS ON THE COURSE OF CLINICAL  
INSTRUCTION AT THE CENTRAL LONDON  
OPHTHALMIC HOSPITAL.

By HAYNES WALTON, F.R.C.S., Surgeon to the Hospital,  
and to St. Mary's, Paddington; late Teacher of  
Anatomy and Demonstrator of Operative Surgery  
in St. Mary's Medical School.

It may seem strange to say that, till lately, the anatomy of the ocular appendages was not correctly taught. An extensive and important membrane about the eyeball, concerned alike with operations and in the discrimination of disease, was not recognised in orbital dissections, but disregarded and taken away as so much cellular tissue to be cleared out, in order to render evident other anatomical relations.

Knowing how little this structure is understood, how scarcely it has been alluded to either by anatomical writers or surgical teachers, and seeing the importance of it, I shall make it the subject of a short lecture, describing the anatomy, and pointing out the influence it has in actual practice.

So long ago as the year 1804 Tenon demonstrated this ocular tunic, and called it the tunic of the eye. Like, however, many valuable hints in anatomy and surgery, it was forgotten for a long series of years, till a later recognition of it was declared a new discovery. Drs. O'Ferrall and Bonnet were the next to treat of it, each claiming the merit of originality. The former made his views known in 1841, in the *Dublin Journal of Medical Science*, and to him indisputably is due the merit of surgical and pathological application. Bonnet's notice appeared a year later.

I shall now give a description of this tunic, which has been also called tunica vaginalis oculi, cellular capsule, Bonnet's capsule, cellular sheath of eye, fibrous sheath.

It is a distinct tunic of a white colour and fibrous consistence, continuous in front with the posterior margins of the tarsal cartilages, and, extending backwards, adheres to the optic nerve as this penetrates into the sclerotic. With the sharp end of a probe, or of a director, it may be separated from the eyeball, by breaking the fine cellular tissue to which connects them. Within, it is smooth, facilitating the ocular movements; externally, it is loose and cellular. The muscular portions of the recti muscles lie at the outside, so that it insulates and protects the eyeball in the most perfect manner possible. Half an inch posterior to its front margin are six well defined openings, through which the tendons of the muscles pass to their insertions in the sclerotic coat, and over which they play as through a pulley, and get their force properly directed, securing rotation, and opposing retraction, which would otherwise predominate.

The readiest way of exposing the tunic is to cut through the palpebræ vertically, to turn back the separated parts, and to divide the conjunctiva at its angles of reflection from the internal surfaces of the eyelids to the ball of the eye.

How different all this is from the usually received opinion of the orbital muscles being in contact with the eyeball.

The first beneficial result of a proper knowledge of the tunic was the present improved manner of extirpating the eyeball, in which the conjunctiva is cut through close to the cornea, the recti and oblique muscles divided

at their sclerotic attachment, and the optic nerve severed within the tunic; so that the orbit is as it were left sealed in front by the membrane. This contrasts greatly with the old operation of dissecting away the whole of the orbital fat and cellular tissue, when it was desirable only to get away the eyeball, and not any of the appendages, an act that can scarcely be justifiable, except in the somewhat doubtful measure of clearing out the orbit for a cancerous growth. The difference in the severity between the two processes and the after effects is great indeed. In the one, there is no shock to the system, and the patient is scarcely invalidated, and the effect passes off quickly in one or two days. The orbital vessels and nerves are left intact, and there can scarcely be any bleeding. The extent of the other, the hæmorrhage, the general bodily disturbance, and the somewhat risk, are well known.

The better result in the operation for internal squint is also to be ascribed to the recognition of the ocular tunic. Formerly a very free dissection was made at the inner corner of the eye, and unfrequently the tunic detached from its connection under the supposition of being "adhesions" that needed disconnection. The common issue of such mal-operating being frightful eversion of the eyeball with prominence. We now know how essential it is, in order to secure the correct ocular movements, that the divided muscle should acquire an attachment as near the natural spot as possible, through one or other of the four or five processes that *post mortem* inspection has revealed to us, and which is beyond the range of possibility, if the parts in connection, especially the tunic, be much cut and displaced. I think, too, that prominence scarcely, if ever, occurs to any marked degree, when the tunic is not interfered with.

Another addition arising out of this knowledge, is the greater facility and accuracy afforded in the removal of orbital tumours. As it is not in the plan of these remarks to give the detail of cases, I shall not cite instances. Suffice it to say, that it greatly furthers the execution of such operation, whether the growth be solid, or encysted. I have on many occasions been able to proceed with more confidence, better to avoid parts not involved in the disease, and to get superior results. I may mention that these morbid products may grow outside the tunic, on it, or within it. It should be the object of the operator, in every instance, to preserve the tunic as intact as possible. On one occasion, while removing a fibrous tumour from the upper part of the orbit that had cellular connections to the vestment, I was enabled by slow and careful scratching with the point of the scalpel, rather than cutting, to get the whole away without damaging it.

The position of abscesses in the orbit, and their relation to the eyeball, can be better understood, and therefore, the evacuation of the pus more surely accomplished. When a student, I was taught always to keep the instrument, used for such a purpose, towards the wall of the orbit, lest the eyeball should be wounded. But if this be adhered to, how is the abscess to be got at when it is within the tunic. With the commonest care when here, it may be evacuated without the least risk. I have relieved several patients after other surgeons, not cognisant with the anatomical matter in question, have failed to find the pus.

To Dr. O'Ferrall is due, too, the credit of recognising rheumatic inflammation of the ocular tunic; and, with his accustomed ingenuity and accuracy, he makes the anatomy of the eyelid available in the diagnosis. He shows that under the orbicularis muscle is a distinct layer of fascia, and that this is the first element of the eyelid that enters the orbit; that there is another layer of fascia beneath the levator palpebræ, which also enters it, and uniting with that above, forms a sheath for the accommodation and support of the muscle; and he points out the attachment of the ocular tunic to the orbital margin of the tarsal cartilages. This anatomical

arrangement he then traces on the outer surface of the eyelid in the two portions separated by the natural fold of the skin, the upper portion constituting about one-third of the surface of the lid, the lower the remaining two-thirds. From these he makes the pathological deduction, that certain forms of disease within the orbit that are seated in, or internal to, the motor apparatus—that is in the substance of, or within the cavity of the ocular tunic, extend their effects to the lower portion of the eyelid, with which they are continuous, and that certain other affections situated external to the motor apparatus—which is that part of the orbit containing the fat—will show themselves by inflammation or other changes in the upper division of the same.

The last subject to be noticed in connection with the ocular tunic, is the greater light that Dr. O'Ferrall has been able to throw on the causes that protrude the eyeball. Inflammation of the ocular tunic will in itself cause ocular prominence. This is chiefly through effusion into the cellular membrane connecting it to the ball of the eye. The infiltration is apparent where the conjunctiva is reflected from the eyelid to the eyeball, just where this membrane closes up the ocular tunic in front. Here it receives the pressure of the effused serum, and becomes separated from the sclerotic coat by the extension of the infiltration. The amber coloured chemosis, originating in inflammation of the conjunctiva, is distinguished from it by redness as well as serous infiltration.

### ON THE USE OF NITRIC ACID IN THE CURE OF ULCERATION OF THE OS AND CERVIX UTERI.

By HANMETT HAILEY, M.R.C.S.Eng., formerly House-Surgeon to the Midland Counties Lying-in Hospital.

At a meeting in 1862 of one of the leading London medical societies, the subject of discussion was the value of nitrate of silver as an escharotic in cases of ulceration of the os and cervix uteri. Having for years past had extensive experience in the treatment of uterine disease, and tried the various kinds of applications in general use, both fluid and solid, and finding but one upon which I could rely in producing permanent amelioration of the disease, viz., pure nitric acid,—I will select from my notebook a few well-marked cases of ulceration in its various stages, from the phagedænic down to simple excoriation, that have not only been cured, but have borne inspection some years afterwards, and have never in a single instance in my practice shown a tendency to return—a fact that cannot be induced in favour of nitrate of silver, or any other solid, or, I believe, fluid, caustic application now in general use.

My nomenclature of diseases affecting the os and cervix uteri is, like the treatment, simple: 1. Cases of cancerous ulceration, or disease with apparent malignant tendency, where the ulcer is large, excoriated, discharging pus or matter of a mucopurulent character, in conjunction with great derangement of the general health—in fact, every symptom of cachexia; 2. Cases of simple ulceration or excoriation, with or without hypertrophy, accompanied by symptoms not quite so distressing to the general health. I will detail a few cases of each variety; and then offer some remarks on the relative value of the various applications, solid and fluid, generally employed in the treatment of ulceration situated about the mouth of the uterus. Of the first variety, or cases of an apparent malignant nature, I have selected three examples.

CASE. In the year 1850, I was requested by a gentleman to visit a poor woman aged 42, the mother of six children, the youngest two years old. Since the birth of this child she dated her failing health.

For the last fourteen months she had been gradually losing flesh, with pains in the back, sickness, loss of appetite, perspirations, constipation, and slight cough. She had been treated for pulmonary disease by a private practitioner, and had undergone a digital uterine examination in a neighbouring infirmary. On examination with the speculum (May 8th), I found the uterus prolapsed, and the os imbedded in a mass of mucopurulent discharge (although the patient used daily alum injections), on the removal of which both labia of the os uteri were found extensively ulcerated some distance up the cervix. The patient was directed to have a liberal diet, and for medicine a vegetable tonic with iodide of potassium; for local application, the nitrate of silver. At the end of two months, finding my patient no better and the ulceration but little checked, I resolved to change my treatment both locally and generally. Having washed the parts ulcerated with a moist sponge, and freed the sore from all discharge, I painted the diseased portion with pure nitric acid, requesting the patient to keep the speculum (one of Fergusson's) fixed in its present condition for half an hour. The application caused no pain of importance. Internally, I gave twenty minims of the tincture of sesquichloride of iron twice a day, and left her for a fortnight. At the expiration of this period, I again applied the speculum, and was surprised at the improvement that had taken place. The excavated portions of the ulcer were quite filled up, and the whole disease presented a most healthy appearance. The same treatment was persisted in, and the nitric acid was again painted over the unhealed portion of the ulcer. From this time the symptoms gradually improved; the discharge of mucopurulent matter decreased; and, in less than two months from the time when the nitric acid was first applied, the patient's health was quite restored.

In the year 1853, I attended her in labour of her seventh child. There was not a single symptom of uterine mischief present; nor did there appear any cicatrix to interfere with the proper contraction and dilatation of the os uteri. This patient died of consumption in 1858, without presenting another indication of uterine disease.

CASE II. In the year 1859, M. H., a poor woman, aged 33, sent for me one night, having been suddenly seized with a pain over the region of the heart and fainting. She was a washerwoman, and had been delivered of an illegitimate child three years before. She considered her disease to be of two years standing.

There was great emaciation; vomiting after meals; cough; loss of appetite; diarrhoea; fainting upon the slightest exertion or excitement; and every symptom of general cachexia. The catamenia were regular, but attended with pain and difficulty in micturition. Between the menstrual periods, the discharge was excessive, thick, and grumous. On examination with the speculum, the vagina appeared red and inflamed, and gave evidence of its disordered condition by frequent small discharges of blood. The os uteri, as in the former case, was encased by a layer of mucopurulent matter, on the removal of which the following state of disease presented itself. The labia of the os could not be defined; but the whole cervix appeared one mass of ulcerated disease (so far as a bivalve speculum could display), bleeding upon the slightest touch. The menstrual period being over, nitric acid was applied; the ulcerated parts being well covered with it, by means of a glass brush, as before. A pledget of wool was then introduced, fastened to a piece of silk, and passed up the vagina, so as to cover the diseased portion. This application was repeated three times in six weeks; and the last examination displayed a sound and healthy looking surface. The medical treatment was the same as in the last case—tonics, with a generous diet. The patient has remained quite well up to the present; the

catamenia being regular, and no discharge occurring in the interval. This patient had been twice in an infirmary within the last year, but had only been examined digitally; and lotions of zinc and lead had been injected.

CASE III. In April 1860, I saw in consultation M. H., of a consumptive family, the mother of three children, the youngest fourteen months old. She had been ill for twelve months, and confined to her bed during five. She was much emaciated; the countenance was pale; breathing short; pulse feeble. She had occasional attacks of hysteria with violent palpitation, accompanied with pulsation of the descending aorta sufficient to raise the bedclothes. The catamenia were regular; the bowels constipated. She had no pain over the region of the uterus, but occasionally a discharge of mucopurulent matter, accompanied with pain.

After a careful examination, no organic disease being discovered, I suggested an examination of the uterus with the speculum, which was complied with. After washing away the thick stratum of mucopurulent matter in which the os uteri was imbedded, I discovered a large excavated ulcer situated upon the posterior labia of the os, and extending up into the cervix. The ulcer was very extensive, and evidently of the sloughing variety. I applied a good layer of the pure nitric acid, retaining the speculum until every chance of the adjacent mucous membrane being touched was over; and, on its removal, I plugged the vagina with wool. A tonic with hydrocyanic acid was given internally, to allay the violent sickness which disturbed her during the day; and generous diet with port wine was ordered. Ten days from this date, I again applied the speculum, and found the ulcer nearly healed, and the general symptoms much improved. The nitric acid was again applied to the parts of the ulcer not already cicatrised, and the general treatment continued. The patient slowly recovered her strength; the ulcer became perfectly healed, without another application; the discharge became natural; and in the early part of 1862 she was again delivered of a fine child, without the slightest indication of uterine disease being present.

I will now give some cases of simple ulceration of the os and cervix uteri, with or without hypertrophy.

CASE IV. In the year 1855, a lady, aged 30, married, consulted me for relief from a disagreeable taste in the mouth, sickness after taking food, lumbar pain, accompanied by severe constipation. She had never borne children, but had miscarried twice, and considered she was now three months advanced in the family way. I prescribed rest and the remedies usual in such cases, but without success; for she aborted the following week. In about six weeks after this event, when my patient had quite recovered, I requested to be allowed an examination with the speculum, which was granted. Upon examination, there appeared a slight amount of hypertrophy, for both labia of the os were elevated; but the fissure, quite into the cavity, was ulcerated and slightly excavated, looking as if small pieces had been cut out, discharging a fluid, not mucopuriform, as in the former cases, but such as would be expected from an ulcer on any other portion of the body. The whole of the diseased surface was fully displayed by a Ferguson's speculum; therefore, without removing the instrument, I freely painted the diseased portions with nitric acid with a glass brush, as before, allowing the liquid to pass into the cavity; requesting the patient to retain the speculum *in statu quo* for half an hour—this being the most effectual method of preventing the acid from injuring the adjacent parts. I next prescribed for her twenty drops of the syrup of the iodide of iron and manganese twice a day, and a liberal diet. I found it necessary to apply the acid to the surface ulcerated in about ten days, after which period, with the exception of slight hypertrophy, the part was quite healed, and the patient paid her

usual annual visit to the sea. I have since attended her in two accouchements; and the mother and both children are alive and well.

CASE V. C. S., aged 27, married, consulted me in 1856. When single, she had suffered from dysmenorrhœa, and between the menstrual periods from a discharge of a grumous character. Since her marriage, she had miscarried twice—once at six months, and the other time at the fourth month. She had all the appearance of being *enceinte*. The papillæ on the breasts were formed. I supposed her to be about four months advanced. I recommended rest; but in a few days afterwards I received a letter to say she had miscarried, and was going on well. Six weeks after this event, I requested an examination with the speculum, which was granted. The os uteri appeared swollen; but, on close inspection, the orifice between the labia presented an ulcerated appearance, with little indurations on its surface. The nitric acid was allowed to touch the whole of this surface; and this operation was repeated before the next menstrual period. The tincture of the sesquichloride of iron was given internally, and liberal diet and moderate exercise in the open air were recommended. Her recovery was rapid. I have since delivered her of two children—one in 1858, the other in 1860. The old symptoms have not shown any tendency to return.

CASE VI. In the year 1858, I visited Mrs. B., aged 26, married, the mother of one child. She had suffered since her confinement from dyspepsia, with pains in the back, occasional sickness, palpitations, and extreme nervous irritability. She had taken tonics, and had also consulted a London practitioner, who had applied the nitrate of silver, with temporary advantage.

On examination with the speculum, the os uteri externally appeared much hypertrophied; but the whole of the internal surface of the labia was much excoriated, exuding a muco puriform discharge. The nitric acid was applied as on the former occasion, being allowed to pass into the neck as far as possible. The tonic treatment was continued; and, one month afterwards, not the slightest unevenness or ulcerated surface remained. The hypertrophy continued for some time, causing painful defæcation; but, with the aid of sea air and bathing, it ultimately disappeared.

REMARKS. If, in the language of Dr. R. Lee, the women of England have suffered from the injudicious use of the speculum matricis, I think it is our duty to occasionally record cases containing proofs of the benefit resulting from its judicious employment. I am quite aware there are men even in the present day, well versed in uterine pathology, who believe and freely assert that for all practical purposes, digital examination is sufficient to explore all the ordinary affections of the os and cervix uteri. The gentleman quoted above says, "I am fully satisfied that the speculum does not enable us to decide earlier than the finger that cancer has commenced; and if it did so, as some maintain, and enable us to make applications to the os uteri, which could not be made without, not the slightest advantage would be gained in practice."

With regard to the first part of this statement, I have no wish to dispute the powers which some persons possess, from extensive experience, of ascertaining or obtaining a knowledge of diseases by the organ of touch; but as to the latter part, viz., the inutility of appropriate applications in the ulcerative stage of uterine diseases, including malignant, I wholly differ. Hundreds of females have testified to the comfort and freedom from pain experienced from the use of judicious applications to disease of the uterus, even in its worst stage—the process of ulceration. What, for instance, would have been the fate of Case No. II, where the poor woman had for months undergone digital examination, and consumed gallons of injection of lead and alum; and where, though



reduced to a shadow and despairing of ever receiving relief, after the loss of the greater part of the os and cervix uteri by ulceration, she recovers strength and is restored to her original health and vigour, and at the present time pursuing the most arduous of female occupations?

There is one remark emanating from the pen of Dr. R. Lee, viz., the impropriety of using the speculum to the virgin uterus, with which I quite coincide. For my own part, I never make use of it in the unmarried; and there is a certain class of cases of young females, with fair hair and light complexions, of the strumous diathesis, who suffer much from dysmenorrhœa when single, become much worse after marriage, and frequently miscarry. Upon examination with the speculum, ulceration, with or without hypertrophy, will, in almost every instance, be found the cause of mischief; and, in a mild degree, was no doubt the cause of the dysmenorrhœa prior to marriage. It is a question in my mind which would be the most correct course of practice; to cure this malady prior to marriage, and thus save the patient much suffering mentally and bodily, or to wait until the mischief has taken place, before the remedy is applied.

The subject under discussion, not being one treating of the diagnosis or exploration of uterine mischief, but relating to the properties of the various applications now in use for the amelioration or cure of that stage of inflammation of the most accessible portion, called ulceration, I will, in describing these applications, divide them into two classes; viz., solid and fluid. The first, or solid, are the lunar caustic; potassa fusa; the actual cautery; and lastly, Mr. Ellis's electric cautery. The second class, or fluid applications, are, injections of various substances, such as solutions of lead, alum, oak bark infusion, nitrate of silver, and various other substances, according to the nature of the case; and for escharotics we have chloride of antimony, tincture of the sesquichloride of iron, the acid nitrate of mercury, and the various mineral acids.

Before dilating upon the merits of these various applications, we must first see what we require them to do for the diseased parts, in order to bring about the object desired; and to do this correctly, I cannot do better than quote a remark of Dr. Bennet on the subject. "The only treatment to be depended upon, is one of such stimulation of the ulcerated part as to modify its vitality in such a manner as to induce a healthy action, and finally cicatrization." Taking this as our text, and the above named substances as our pharmacopœia, we must next consider upon which to pin our faith.

The first amongst the solids, the nitrate of silver, has been for years past the favourite in general practice, and has in many instances succeeded; but it is very uncertain and requires constant repetition, very much to the annoyance of the patient and to the dissatisfaction of the surgeon. The result arrived at, from extensive practice private and public, is that it is only palliative, and I am convinced that if the opinion of the majority of the profession who have used the remedy were taken, they would coincide with my verdict.

The second on the list, potassa fusa, may be associated with the actual cautery, from neither of which I have seen much benefit derived, but often great constitutional irritation. With regard to the electric-cautery, all I can say is, that women have already a great repugnance to the use of the speculum, and in all probability the addition of an electric-battery in that delicate region would cause a sensation of still greater disgust. The fluids, I think, give us more hope for success; considering, that to cure effectually an ulceration of any magnitude, the application must not only be made to the ulcerated surface, but must dip into the cavity itself.

The first on this list—injections—may be passed over, as requiring but few remarks. Their use is vaginal only; for, in nineteen cases out of twenty, they never reach

the os uteri; therefore, except in cases of leucorrhœa, or cancer, as cleansers of the vagina, or to convey some temporary relief in the form of an opiate, they are useless.

The next remedy to that which I am about to extol, is the acid nitrate of mercury, an application highly spoken of by Dr. Bennet. I believe that it possesses great stimulant and healing properties; but, from my experience of its use, it is not equal to the pure nitric acid. What the former accomplishes in two or three applications, the latter will perform in one.

My attention was directed to the powerful escharotic and healing powers of nitric acid some years past, in a case of deep-seated syphilitic ulceration of the perineum, when every other remedy had failed. It not only destroyed the diseased membrane, but at the same time produced a healthy action in the new tissues—a change so rapidly accomplished that both patient and surgeon were singularly surprised by the sudden metamorphose. Of all the membranes in the body the mucous seems to be the most adapted for this remedy, as shewn by the extraordinary power which it possesses of stimulating and producing a healthy action when applied to the ulcerated mucous membrane in cases of internal piles. Very little irritation is produced by its application.

In cases of cancer of the uterus when the stage of ulceration has commenced, and hæmorrhage made its appearance, nitric acid will be found the safest and most styptic application in arresting its progress. The tincture of sesquichloride of iron will not be found sufficiently powerful in such cases as an external application; but, as an internal remedy, it performs its office more effectually.

In conclusion, after reviewing the few cases here recorded, and again adverting to my text—"Stimulation to produce a healthy action, finally cicatrization"—I may with safety say, there are three things necessary for the cure (not palliation) of ulceration of the os and cervix uteri; first, a full view of the diseased surface; secondly, supporting the general health; thirdly, the application of an appropriate powerful escharotic, that will not only touch the external portion of the os uteri, but will dip full into its cavity; the practitioner, armed with the tincture of sesquichloride of iron as an internal and the pure nitric acid as an external remedy, need never despair of not fulfilling these intentions.

I am quite aware that the plan adopted by me in the cases recorded is not novel, but employed freely by other practitioners; but, considering that confirmation of treatment is the essence—the principle—upon which the profession wish to rely, my cases are designed to confirm the nitric acid treatment in cases of ulceration of the os and cervix uteri; and with this view I am inclined to give my experience of the great value of the agent.

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**TESTIMONIAL.** A tea-service has been presented to Mr. C. Parsons, by the nurses and patients of the North Staffordshire Infirmary, as a mark of the kindness which they received at his hands whilst House Surgeon of the Infirmary.

**THE KING OF THE BELGIANS.** Professor Langenbeck's first visit to the King of the Belgians resulted in the greatest success. The stone was almost entirely removed. King Leopold, however, has thought it prudent to request the professor to defer his second visit for some time, as His Majesty fears his strength will be unequal to so speedy a repetition of the operation. Professor Langenbeck speaks with surprise of the clearness of mind and self-command displayed by the old king, who did not permit so painful an operation to prevent him from discharging his usual business. The distinguished surgeon received 200 Friedrich d'Or (£170) as *honorarium* for his services.

# British Medical Journal.

SATURDAY, FEBRUARY 14TH, 1863.

## THE LATE INQUEST AT LEAMINGTON.

[We have more than once called attention to the case of Dr. Philbrick, against whom an action has been commenced, in consequence of a most (in our opinion) unjust verdict given by a coroner's jury at Leamington. The case is one, in many respects, of much interest; and, as it has been through the evidence given by members of our profession—through medical evidence—that Dr. Philbrick has been thus placed in the position of defendant, we have placed the facts in the hands of an authority on the subject of midwifery, and have received from him the following deliberate opinion on the case. This opinion will, we are sure, satisfy our readers that Dr. Philbrick deserves the warmest sympathy at the hands of the profession; and we cannot doubt that, if he be eventually driven into a court of law, the profession will not hesitate in giving him the practical proof of their sympathy.\*]

The circumstances of the case which has recently occurred at Leamington, and in which the inquisition held by the coroner for the purpose of determining the cause of the death of Mrs. Bull, are such as to call for serious consideration on the part of those interested in the obstetric department of medical practice. The verdict of the jury, as it stands, is such as to throw blame on the practitioner who attended the case. The medical evidence, as to facts and as to points of medical practice, submitted to the jury, was such that the jury had hardly any alternative but to come to the conclusion they did. Inasmuch, therefore, as the evidence in question supplied the data on which the jury arrived at a conclusion so damaging to Dr. Philbrick, it is very essential that these data should be rigorously scrutinised as regards their scientific value and accuracy.

The case is a mixed one, and several important questions are raised by its discussion. The points which it is chiefly important to discuss are:—

1. What is the proper treatment of a woman in labour with twins, one of which has been delivered?

2. Is it possible for the second child, which, three hours after the expulsion of the first, is found to present footling, to undergo such change in position as shall result in its presenting by the two hands eight hours later?

3. What was the cause of the hæmorrhage which, as is asserted, accelerated the patient's death a fortnight after the delivery?

4. Does the occurrence of profuse hæmorrhage, as after labour, predispose to softening of the brain and extravasation of blood on the surface of the brain?

1. What is the proper treatment of a woman in labour with twins, one of which has been delivered?

In the text-books on Midwifery, it is really left to the discretion of the attendant either to expedite the delivery of the second child, or to wait the occurrence of labour-pains—that is to say, if nothing untoward have occurred or appears likely to occur. "Should the second child", says Denman, "present with the breech or inferior extremities, there can be no solicitude about the case. We must act as was before advised in such cases; that is, we must wait for the expulsion of the child by the natural efforts, if they be excited, or be equal to the effect; otherwise we must give assistance." . . . "The most fortunate presentation of the second child in a twin case is certainly with the inferior extremities." Dr. Ramsbotham says that "the length of time it would be desirable to wait after the birth of the first child before means are taken to extract the second, no dangerous symptom appearing in the interval, is a point admitting of some dispute, and deserving of very grave consideration." This author then goes on to observe that some practitioners decry artificial assistance merely in consequence of lapse of time; and "that often many hours, sometimes many days, have been allowed to pass after the birth of one child, before the labour was terminated." He agrees with Denman in thinking that, if uterine action is not re-established, some limit should be placed to our passive treatment. He specifies four hours—the time mentioned by Denman—"as perhaps the least objectionable." In a note it is mentioned that Collins' limit is two hours. If we turn to Rigby, we find it is stated in reference to the actual history of twin labours, that the uterus may resume its expulsive efforts in "twenty minutes after the birth of the first child, or it may remain quiescent for several hours without at all disturbing the regular and natural course of the process."

It is unnecessary to adduce further written authority on this point. There can be no doubt that, in the absence of dangerous symptoms, or of such malposition of the second child as to prevent delivery naturally, it is perfectly justifiable to wait the access of labour-pains before accelerating the delivery of the second child. It is a matter of opinion whether, under such circumstances, steps should be taken to complete the labour at once, or whether the case should be left to nature. This is not the place to argue which of the two methods is absolutely the best. It is sufficient to point out what is, according to recognised authorities, "admissible" practice.

To apply this rule to the case of Mrs. Bull. At the time when Dr. Philbrick was called in, was any dangerous symptom present? Here a careful attention

\* Since these lines were written, we learn that a declaration of action, with damages laid at £500, has been entered against Dr. Philbrick, to be tried at Warwick in the March Assizes.

to the facts of the case is necessary. The midwife (whose evidence, by the way, is contradictory) states that, before Dr. Philbrick had been called in, there was much hæmorrhage; but it does not appear certain whether she sent for Dr. Philbrick in consequence of this hæmorrhage, or because she did not know what was really going on. Dr. Philbrick stated before the coroner, that at the time of his visit there was no hæmorrhage; and the facts in the history of the case from the date of his visit at 7 A.M. up to 3 P.M., as derived from the statements of the husband, of Dr. Horniblow (who saw her at 1 P.M.), and of others, leave scarcely a doubt as to the fact that, during the time in question, hæmorrhage was absent. Before Dr. Philbrick arrived, the hæmorrhage spoken of by the midwife, of the occurrence of which to any extent there are grave doubts, did not make the patient even faint; the midwife made no reply when asked by the coroner, at the inquest, whether there was faintness. Dr. Philbrick found the patient, three hours after the birth of the first child, weak, and administered brandy and water; but there is no evidence that her weakness at this time was more than might very well be accounted for irrespectively of the occurrence of hæmorrhage. Dr. Philbrick, it appears, left the patient, seeing nothing in her general condition calling for immediate interference; ordering remedies of a restorative character to be given from time to time, and directing the midwife to send for him in case she required his service further. From about half-past seven to half-past eleven, nothing further appears to have occurred; there is no evidence that any hæmorrhage was going on. The husband, who went to call Dr. Philbrick the second time at 11.30, says nothing of there having been more hæmorrhage; and, even supposing there had been hæmorrhage going on subsequent to Dr. Philbrick's visit at 7.30, the midwife is clearly responsible for allowing it to proceed without calling in Dr. Philbrick, as he had directed her to do. But, as before remarked, the evidence clearly points to the conclusion that, from 7 A.M. to 11.30 A.M., there was no hæmorrhage.

Dr. Horniblow, who saw her at 1 P.M., states in evidence that he was told, at the time of his visit, there was no hæmorrhage going on; and, although the patient was found by him at that time to be exhausted, there is nothing to indicate that it was a dangerous exhaustion. Dr. Horniblow states, in fact, that her condition at that time was not such as to render it unadvisable to wait till another medical man could be called in before proceeding to interfere.

So far, then, as hæmorrhage is concerned, it does not appear evident that during the time Dr. Philbrick was at all concerned with the case—viz., from 7 A.M. to about 11 A.M.—the patient was in a dangerous state from hæmorrhage. The question of

hæmorrhage will have to be considered again presently.

2. Next we come to a question on which the evidence adduced at the inquest appeared to the coroner and jury most conflicting; viz., the nature of the presentation at the time of Dr. Philbrick's visit. Dr. Philbrick states that the child presented footling. At 3 P.M. Mr. Fenn Clark states that the presentation was that of both hands. From the other medical evidence given at the inquest, the jury could only draw the conclusion that, if Mr. Clark was right, Dr. Philbrick must have been wrong; and, in their verdict, they find that "he was mistaken as to its being a foot-presentation". This point is most important; because, applying the rule above laid down, if the case were footling, it might be left to nature; if, on the other hand, it were an arm case, no such natural termination could be expected. Now there appears nothing absolutely impossible in the supposition that both observers were right; and in this way. First, it is well known that, when the uterus is lax and loose, changes do take place in the position of the fœtus; and a slight degree of change would be quite enough to bring about an apparent evolution of the fœtus. Thus, supposing the fœtus to lie transversely, the feet and arms hanging downwards towards or in the os uteri, it will be a matter of accident whether the feet or the hands are expelled into the vagina first; and there is nothing inconceivable in the hands assuming the forward position late in the day, while at an earlier period the feet may have been lowest, forming really the presenting part. It is very true that, when the feet are felt in the vagina, the expulsion of the child generally takes place with the breech foremost; but, unless the breech itself be actually engaged in the pelvic inlet, there appears no reason why such an occurrence as that suggested above should be impossible. It is well known that, in "cross" cases, there may be simultaneous presentation of hands and feet at the os uteri; and it is perfectly reasonable to conjecture that, in the above case, both feet and hands lay near the os. They being so placed, the alteration in presentation is explicable. Further, it appears from the evidence that, during the interval in question, certain manipulations, the precise nature of which does not appear, were performed by the midwife. These manipulations may very well have assisted in producing the malpresentation. In his summing up, the coroner says: "It is perfectly clear, in the first stages of the affair, he (Dr. Philbrick) made a most unfortunate mistake."

The foregoing argument tends, however, to disprove the coroner's assertion. Admitting, therefore, as we do, the accuracy of Dr. Philbrick's diagnosis, this removes the case altogether out of the exceptional class; and it was quite open to Dr.

Philbrick, if he so pleased, to wait and allow the labour to be completed by nature.

3. We next come to a very important question; viz.: What was the cause of the hæmorrhage which, as is asserted, accelerated the patient's death fourteen days after?

First, as to the facts. *When* did the hæmorrhage occur? Reasons have already been given for concluding that before Dr. Philbrick's visit, or during the time for which Dr. Philbrick is answerable, there had not been any considerable loss of blood, though throughout the inquiry the coroner seems to assume that the contrary was the fact. In his summing up, he says: "We must assume the principal amount of hæmorrhage had occurred between the birth of the first child and the time that Dr. Horniblow saw her" (1 P.M.). But the coroner and the jury, and indeed the medical witnesses, appear to have overlooked the important fact that the chief hæmorrhage occurred after the second child had been extracted, at 3 P.M., by Mr. Fenn Clark. The latter gentleman, in his evidence, says "the subsequent hæmorrhage was fearful, and continued two or three hours before it could be stopped"; and further, that he considered it necessary to remain with the patient until 7 P.M. The placenta was, as Mr. Clark adds, detained. Now, at the inquest, the subsequent "fearful hæmorrhage" appears to have had no attention paid to it; whereas to the first hæmorrhage, the occurrence of which to any marked extent is problematical, is given the credit of producing all the serious subsequent mischief.

So far for the facts as to hæmorrhage. We now come to the consideration of its cause. We have not far to go to find an explanation of this. The woman was weakly; she had had eight children; she was pregnant with twins. All these circumstances conspired to predispose to the occurrence of uterine hæmorrhage. The serious hæmorrhage which took place was subsequent to the delivery of the *second* child, and was due to detention of the placenta. It was due to the same cause which protracted the labour; viz., inertia or sluggishness of the uterus—a sluggishness which for a time baffled Mr. Clark's doubtless skilful attempts to overcome. But this hæmorrhage, controlled with such difficulty by Mr. Clark, would it have been less, had the patient been delivered earlier of the second child? By implication, the coroner and the jury seem to have concluded that it would have been less; but it would be exceedingly difficult to prove this. Nay, the opinion might very well be defended by those who are in favour of allowing nature to act unassisted, that it was the best practice to wait, and that by so waiting there would be less risk of the occurrence of *post partum* hæmorrhage.

4. With reference to the connection endeavoured to be made out between the hæmorrhagic loss the

patient had sustained and her death from red softening and extravasation of blood on the brain seventeen days after the labour, that connection appears utterly devoid of foundation. The pathological doctrines adduced in support of this view are open to very serious question as to their truth; it is very certain they are not so generally accepted by the profession as to be capable of being made the groundwork of a charge, by implication if not literally, amounting to one of manslaughter. And it is unnecessary to consider this question at all, so far as this case is concerned, because if Dr. Philbrick was not answerable for the hæmorrhage, he could not have been answerable for the effects of the hæmorrhage.

There is one other point to which it is necessary to advert; viz., the position of Dr. Philbrick in reference to the patient and the midwife. Dr. Philbrick was called in by the midwife—so far as can be seen—to inform her as to what was going on, and it is not evident that he was called in for any other reason. Dr. Philbrick attends, gives the necessary opinion, and believing the midwife competent to conduct the case—a natural one, as he concludes—to a successful termination, ceases his personal supervision of the case.

There seems to be no reason for the statement that, under the circumstances, Dr. Philbrick was necessarily called upon to continue his personal attendance on the patient, seeing that a competent (reputedly so, at all events) individual was in charge. It will be very difficult, indeed, to prove that the patient actually suffered from, or that the subsequent accidents were in any way connected with, Dr. Philbrick's ceasing to give his continued personal attendance to the patient between the hours of 7.30 and 11.30 A.M.

It appears unnecessary here to discuss the question as to whether it was incumbent on Dr. Philbrick to undertake the management of the case anew at 11.30 A.M. when sent for, this question being one which cannot be determined by any amount of scientific reasoning. If the case be considered as one of consultation, which it undoubtedly was, the fact of Dr. Philbrick having attended once does not seem to imply any obligation on him to attend twice.

## THE WEEK.

THE London College of Physicians has issued its annual list. No Fellows have been added to the list during the past year. A little breathing time was required, we suppose, on the year following the famous one "of grace." During 1862, fourteen new Members have been elected, and sixty-three Licentiates. Naturally enough the number of Licentiates elected is less in 1862 than in 1861, when the election of Licentiates first came into operation.

SIR G. GREY has willingly accepted Dr. Brady's proposal of introducing a bill into Parliament for the regulation of the conveyance of persons, subjects of infectious diseases, in public conveyances. A great deal of nonsense has been talked upon this subject. It is evident that there is only one possible way of preventing the use of public conveyances by persons suffering from infectious disease, and that is by supplying the public with other means of conveyance expressly adapted for the occasion. It has been said by a large authority that a cabman is justified in refusing to take cases of this kind into his cab; but what does such an idea involve? Why it actually converts the cabman into a pathologist. A cabman is to decide whether or not his fare is the subject of infectious disease! So that if a man with an unfortunate rosy-spotted face should present himself, the cabman, relying on his own diagnostic powers, would have the privilege of saying—No! I shan't take you; you've got the small-pox! As we have said, the only way to meet the evil is to establish public conveyances for the purpose required. And, even then, it is very certain that the evil will only be met half way. Nothing that we can do can prevent the use of cabs and public conveyances by infected persons. The subjects of these infectious diseases are of course smitten by them before they are conscious of the fact; and when they recover from them they may still, in many instances, for a shorter or longer season, hand the disease on to others. All that legislature can do is to provide a partial remedy for the evil; and that much it is bound to do; but when such conveyances are established, it is not reasonable to suppose that any person, other than hospital and workhouse patients, will make use of them. If Dr. Brady meets all the difficulties of the case, he will show himself to be a most clever bill-maker.

It is with great pleasure we recognise the following candid remarks on a case which one of our weekly contemporaries (we might rather say two, for Tar-tuffe's friend, of course, follows suit in such a business) have attempted to convert into a scandal. The *Medical Times and Gazette* says:—"We do not think it fair or honourable to drag a respectable physician before his brethren because he has been entrapped into consultation with such a person (a homœopath)." The italics are ours.

WE are glad to find that what we lately referred to in the JOURNAL as a thing to be desired is about to be carried into effect by the London College of Physicians; viz., the electing of two Examiners in Surgery, instead of one Examiner. Two Examiners are required to give that seriousness and importance to the examination which the College evidently attach to it.

MR. COULSON has been elected to serve the office of sheriff for the county of Cornwall during the present year.

SIR R. PEEL is determined to do justice, and something more than justice, to Ireland. Led away by his newly acquired Hibernian enthusiasm, he gives the House of Commons the following piece of information, which, we are satisfied, will astonish our Irish medical brethren as much as their English confrères. It is curious that so knowing a hand as is Sir Robert Peel should have forgotten the odiousness of comparisons. "These dispensary medical officers", he says, "are superior to the village doctors in England; many of them have professional connexions extending over large tracts of country, and I believe they will be able to furnish most valuable returns."

THE following extract from an Indian journal, the *Friend of India*, gives us an idea of the complete and cruel fix in which the Indian medical officers have been placed by the government as regards their pay. It is a gross grievance that in the private councils of the Government the medical officers have no voice to represent their interests.

"We receive repeated and earnest inquiries on the subject of the amalgamation of the medical services and the publication of the Staff Pay Code. As to the former, we believe the Government of India are quite as ignorant as the public. From mail to mail a decision is expected; but as yet not the slightest indication has reached Calcutta from England as to what scheme of medical amalgamation the home authorities propose to adopt, nor when the question will be settled. This much only is as certain as anything about which Sir C. Wood and the Horse Guards are disputing can be, that the scheme adopted will not, in its main outlines, be Colonel Balfour's. Meanwhile the suspense in which Indian surgeons are kept, and the continued denial to both services of the substantial benefits of the Royal Warrant, are as disgraceful to the English authorities as the delay in paying the Indian prize-money. Were Parliament sitting, a few well put questions might secure justice."

It is reported that the two dental societies of London, the Odontological and the College of Dentists, are about to amalgamate. We should be very glad if other societies would follow their example. This union of forces is a much wiser proceeding than that of attempting to establish an Anthropological Society in the teeth of existing Geographical and Ethnological Societies.

VIRCHOW maintains, or rather is earning, a high position as a statesman. What will become of his scientific tendencies? The journals say:—

"Deputy Virchow followed, and spoke at considerable length. 'The Minister-President,' he said, 'tells us that the State must live, and from that proposition he starts to draw false inferences. I ask if that be a maxim for a statesman? Is it possible to say to a representative assembly, which has to grant money—The State wants

money, consequently you must give money; consequently you must assent to everything?" He referred to the addresses to the King sent up by the Absolutist party during the recess; and, amid the laughter of the House, read one of them couched in terms of ridiculous exaggeration. He indulged his sarcastic vein at the expense of the Premier, and apparently not without effect, eliciting from him a brief but bitter reply.

THE Commissioners in Lunacy have addressed a circular to all the superintendents and proprietors of public and private lunatic asylums, inclosing a copy of the following letter sent by them to Mr. Elliott of Munster House.

"Office of Commissioners in Lunacy, 19, Whitehall Place,  
January 9th, 1863.

"SIR,—In the letter addressed to you by the solicitors of the Board in the month of August last, the censure of the Board was conveyed to you for your culpable neglect, before taking charge of Mr. James Hall as an insane patient, to ascertain by reading the certificates that they were in all respects conformable to the statute; and the opinion of the Board was expressed in the following terms:—"There is no part of the duty of the proprietor of a licensed house which requires greater care than the examination of certificates. Your long experience ought to have rendered you familiar with the particulars in regard to them, which demand special attention; and the Commissioners, therefore, consider your negligence on this occasion as a most grave offence." Had you performed this, your obvious duty, you would not have received Mr. Hall, inasmuch as Mr. Guy's certificate was, upon the face of it, invalid and incapable of amendment under the statute, being founded upon an examination of the patient more than six weeks before its date.

"The question of the sufficiency of the facts set forth in medical certificates admits in many cases of much doubt; and the certificates, in this respect, may be amended after the reception of the patient. It is entirely different if the examination of the patient took place, as in the case under consideration, more than seven days prior to admission. Mr. Guy's certificate bore date six weeks subsequent to the day on which he last saw Mr. Hall. This was fatal to the validity of his certificate; and it is, therefore, of paramount importance that proprietors and superintendents of asylums should, before taking charge of a patient, carefully peruse every certificate.

"The Commissioners feel themselves called upon, in the existing circumstances, and for the above reasons, to intimate to you their determination to visit any violation of the provision of the law, such as that of which you were guilty in Mr. Hall's case, with the penalties of the statute.

"In order to the promulgation of their views, the Commissioners intend to circulate general copies of the present communication.

"I am, sir, your obedient servant,  
(Signed) W. C. SPRING RICE, *Secretary*.

"C. A. Elliott, Esq., Munster House, Fulham"

WE have received a long letter from Dr. Coombs of Bedford. He says, "I have now to assert that Dr. Burrows was perfectly right in assuming, as he did, that I was practising medicine according to his teaching"; and he then goes on to state that he had met "Dr. Evans, and that nearly all the practitioners of Bedford were in the habit either of meeting me in consultation or of interchanging professional services." He also points out instances in which he bleeds, gives croton oil, and in fact prac-

tises medicine. But one thing in this long letter he does not do. He does not say in two words that he does not practise homœopathy; although his letter, from beginning to end, would lead the reader to suppose that he had nothing to do with it, just as his practice led Dr. Burrows to suppose. Let Dr. Coombs say that he has nothing in the future to do with homœopathy, and we will gladly record the fact.

THE Institute of Lille offers as the subject of its next year's prize the following questions:—"What are the accidents connected with prolonged abstinence from food, and how are they to be distinguished from those proper to disease? What are the disturbances excited in the body through the exaggerated employment of alterative, antiphlogistic, purgative, and vomitive medicines?"

To perpetuate the remembrance of the services rendered to medical science by Professor Matteucci, as Minister of Public Instruction at Turin, the professors of all the universities of the kingdom of Italy have raised a subscription in order to offer him a grand medal of honour. The portrait is surrounded with the words:—"To Charles Matteucci, 1862"; on the reverse, "For having established unity in study"; and on the border, "The co-professors of the Italian Universities."

Louis Napoleon allows no opportunity to escape of rewarding with decorations his men of science. Of the French members of the jury who dealt with surgical, etc., affairs at the late exhibition, the following have been rewarded:—M.M. Balard and Nélaton have been made Commanders of the Legion of Honour; M.M. Barral, Bella, Demarquay, and Wurtz have received the rank of officers; M. Mason, the publisher, is made Chevalier, and so also M. Lecorché. The makers of instruments, Chevalier fils, Luer, and Mathieu, have been entered Chevaliers likewise. What rewards have been bestowed upon the English medical jury and the English instrument makers we know not. We suppose that, according to the custom of the country, the former will have to be contented with a clear conscience, and the latter with a brisk and more extended sale of their goods.

The three surgical instrument makers of Paris who obtained prizes at the Exhibition have celebrated the event by giving *fêtes* to their workmen, which *fêtes* "during the last few days have produced a remarkable degree of animation in the latin quarter of the city."

The corps of Italian military medical men, which in 1858 did not amount to more than 155 individuals, now consists of 755.

Casper, the medico-legist, a few weeks ago performed his thousandth medico-legal autopsy.



## EXHIBITION JURORS' REPORT.

**Preserved Meats.** Very little improvement has been made in this branch of industry since the Exhibition of 1851, notwithstanding the importance of it, and the large increase of its trade. Most of the meat is overdone, and is loaded with fat, and in many cases the food had acquired a metallic flavour from the vessel in which it was preserved.

**Pickles.** Since the Exhibition of 1851 a very great improvement has been effected in this branch of manufacture. Public attention has been drawn to the fact, that most of the green pickles of English commerce were tinted, or rather mordanted, with copper, the metal having been put into the vinegar purposely, in the form of a salt, or else communicated to the pickles by boiling them in copper pans. Little by little, however, this practice has been discontinued, or rather diminished, until the proportion of copper in a bottle of pickles hardly reached the hundredth part of a grain. Manufacturers were anxious to exclude even this small proportion; but they were met with the difficulty that, when the pickles were prepared without a minute quantity of copper, they were very unsightly, and in many cases were wholly unsaleable. The pickles of France and Belgium, however, demonstrated the fact, that very bright colour might be communicated or retained without the admixture of a particle of copper; and very recently some of the manufacturers of this country have accomplished the object without the aid of this metal. The finest specimens of this class of goods were, beyond all doubt, those very recently produced by Messrs. Batty and Co., who use a colouring material from vegetables and green foliage.

**Confectionaries.** A glance at the confectionary will show how great has been the improvement of its manufacture. There has also been a large increase in the quantity produced. No longer ago than the year 1855, the total amount of confectionary made in this country did not exceed 8000 tons in the year, whereas at the present time the quantity is not less than 25,000 tons *per annum*. One house alone, as we are informed, is making about two and a-half tons of lozenges and comfits per day, besides about fifty tons of marmalade, and sixty of jams in the course of the year.

Looking at the kind of confectionary which was in common use in this country at the time of the first Exhibition of 1851, it is manifest that a great improvement has been effected in every stage of its manufacture; no longer are the poisonous compounds of lead, mercury, and copper employed as colouring ingredients; and rarely do we find that any notable proportion of starch or flour has been introduced into the composition.

## OUR LONDON HOSPITAL SICK.

*The Social Science Review* has the following calculations respecting the sick and medical attendants of London Hospitals:—

"From the year 1856 to 1861, the average number of persons treated in the large hospitals, amounted altogether in in-door and out-door relief to 380,262; since then certain of the hospitals have published an increase, others a slight decrease, in patients received and treated. In the same year the number of physicians and surgeons who treated these patients amounted to 150. Twelve of these at least were consulting physicians or surgeons, who held office nominally, and did no work. Lately, some eight or nine acting physicians or surgeons have been added to the collective staffs, and as many consultants have disappeared. We may, therefore, take fairly and honestly the state of the hospitals in question,

—and taking them as average specimens of hospital works and workers,—that 380,262 sick people are treated annually by 150 medical officers.

"We have calculated the labours of 150 medical men among 380,262 patients, on the idea of an equal division of work. But the work is not equally divided in fact, so that our calculation is not quite exact when compared with actual practice. Of the 150 men, 82 are what are called full physicians or surgeons; these attend to the in-patients. Technically, they are said 'to have the beds,' meaning the patients in the beds of course. The other physicians and surgeons, 68 in number, are called the assistant-physicians and surgeons; these see the out-patients, and they have not, except by courtesy of their colleagues, or by special provision, any beds. It is quite an event in a man's life, in fact, when he is allowed beds. The number of in-door patients falling to the 82 chief officers amount, out of the 380,262, to 30,316. The number of out-door patients, falling to the 68 assistants, amount to 349,946. The work consequently bears this division. Each full physician or surgeon has under hand 369 cases a year; which at the rate of 16 visits to each patient, gives to him 18 a day, for every day in the year, Sundays excluded; while each assistant has 5,146 cases, which, at the rate of 8 visits to each case, yield rather more than 131 cases a day for each day in the year, Sundays excepted, or nearly nine hours work a day at four minutes to each patient."

## THE HOTEL DIEU OF PARIS.

A DEMOLITION of the hospital of the Hôtel Dieu and its reconstruction, which the inhabitants of Paris have loudly called for during many years, are at length decided on. The place on which the new hospital is to be erected is not yet fixed; but a decision must shortly be adopted, inasmuch as the present building is so defective. This is the second time that the Hôtel Dieu will have been displaced. The primitive position of the Hôtel Dieu was to the south of the little church of St. Christophe, nearly in the middle of the *parvis* of Notre Dame. The Seine was not then as it is now, confined with walls, and its waters after the least flood washed the wall of the old city. During the excavations made in 1847 the foundation of this wall was discovered. It followed a line parallel to the river, and its position is distinctly indicated by the iron railing of the garden of the Hôtel Dieu in the Rue Neuve Notre Dame. The present building, consequently, could not have been erected until after the demolition of that wall. The opening of the Rue Notre Dame, which was accomplished in 1181, in order to facilitate the approach to the grand entrance to the church then being constructed, and which absorbed a portion of the church of St. Christophe, coincides with the destruction of the Gallo-Roman wall. Thus the appellation under which it was generally known—*Hospitale Pauperum quod est apud ecclesiam Sancti Christofori*—was beginning to be replaced by its present title, *Domus Parisiensis Dei*. The hospital, moreover, did not in those distant ages possess the character which it subsequently acquired. It was rather a house of refuge for mendicants and foreigners. The friars, according to the ancient custom, washed the traveller's feet. It was not until the reign of Philippe Auguste that invalids were admitted. The Prince, who may be called the founder of the hospital, built the Hall St. Denis and its additions. Blanche de Castille, his daughter-in-law, founded the Hall St. Thomas, and Louis IX built the large hall on the bank of the river and a chapel beside the Petit Pont. The crypt, which extends under the ground occupied by the old church and by the Hall St. Thomas, and which now serves as a wine-cellar, has preserved the character of the period,

and the distinct signs of the thirteenth century. Louis XI decorated the two doorways opening on the Petit Pont. All the buildings on the banks of the Seine were constructed during his reign. In 1535 Cardinal Duprat constructed a magnificent building called the Legate's Hall. It occupied the place now used as a clothes store. When Francis I heard of this munificent act of the Cardinal, he observed that the hall should be very large to contain all the people he had ruined. It appears from the bill of the carpenter who made the beds for this hall that a bench was placed beside each bed, called "the bench of repose"—that is, if the bed contained three invalids, it might be made to accommodate six by permitting three to sit on the bench while three took their turn in the bed. During an epidemic which prevailed in Paris eight persons were placed in a bed. The buildings of the Hôtel Dieu being in a dilapidated state during the reign of Henry IV, they were repaired by that Monarch. Between the years 1802 and 1804 the Hôtel Dieu was again repaired, and the building lost its mediæval character. The chapel, with its doorway, was taken down, and the architect, Clavereau, replaced the handsome and delicate work of the 13th century with a heavy peristyle.

### THE ARMY MEDICAL STAFF.

WHAT is it that has given rise to the present deeply-felt discontent among the medical officers of the army? What cause or causes are now in operation deterring young medical men from offering themselves as candidates for commissions in the service?

How comes it that the remedy which was effectual in allaying discontent in the commissariat, the ecclesiastical, the pay departments, has failed so signally to cure the medical officers of theirs? Is it that in the one case it has had fair play, while in the other it is believed not to have been honestly tried? We fear it is even so. The medical warrant purported to regulate the rank, pay, and promotion of medical officers. It was accorded by Government, after its necessity had been demonstrated, not merely as a matter of generous feeling towards a hard-working and self-sacrificing profession, but as a necessity, in obedience to the commercial principle of supply and demand. Young medical men of any mark refused to enter the military medical service in sufficient numbers at the then rate of pay and status. The army could not exist for a month without them. It is needless now to attempt to conceal what is notorious; the War Office had much difficulty in overcoming the strenuous opposition of the Horse Guards to that part of the warrant which gave increased relative rank to medical officers, without which it would have been inoperative. The Warrant was, however, published at last, and medical officers received it with the respect due to its declared royal origin, and thought that it formed the Magna Charta of their professional rights. They now complain that it has been transgressed in several ways, and we feel bound to give place to the complaints of such a body of men.

By the 17th clause of the Warrant, it was stated to be the Queen's pleasure that "such relative rank shall carry with it all precedence and advantages attaching to the ranks with which it corresponds." One exception only was made; it was specially said, as regards precedence of courts-martial, "where our Royal will and pleasure is, that the senior combatant officer be always President." Few medical officers knew that they were eligible to sit on courts-martial; none that we ever heard of claimed to do so; although within our knowledge, where purely combatant officers were not to be had in sufficient numbers, military surgeons have been called in to supply their place. We are quite sure that medical

officers are not desirous to serve on courts-martial, although we are disposed to say that where one of their own number is arraigned before such a tribunal, it would only be fair to have a proportion of medical officers in the court. Be this as it may, military surgeons have always been required to sit on boards relating to various matters not strictly military; it constantly happened that an old surgeon and a young lieutenant were on a board together. The young military officer did not affect to know anything of a matter, nine times out of ten, quite out of his professional ken, but he acted as president of the board, and controlled its proceedings. The surgeon had to sign his name to the proceedings after him. This was the practice stigmatised by Lord Dalhousie, when Governor-General of India, in language that we must recall to the minds of our readers:—"It is impossible to imagine what serious justification can be offered for a system which, in respect of external position, postpones service to inexperience, cunning to ignorance, age to youth; a system which gives a subaltern who is hardly free from his drill, precedence over his elder, who, perhaps, has served through every campaign for thirty years; a system which treats a member of a learned profession, a man of ability, skill, and experience, as inferior to a cornet of cavalry; a system, in fine, which thrusts down grey-headed veterans below beardless boys."

When the Warrant was issued it was thought on all hands that this system was at an end. Surgeons then very properly claimed to sit on boards above described in virtue of their relative rank, and of course, if the senior be not present, to sit as president. They were ordered to sit on boards as they had done before. This they hold to be a direct breach of Her Majesty's Warrant. Shortly afterwards the Commander-in-Chief directed that when a medical officer was likely to be a senior on a board, "he should be summoned as a witness," obviously that military officers might be spared the indignity of sitting on a board or court of inquiry with a "doctor" as president. This gave the second blow to the confidence of the service in their Magna Charta. By the 17th clause medical officers having the rank of Inspector-General claimed the forage allowance granted to the rank to which they were assimilated. It was refused, on the ground that if two horses were enough for a Deputy-Inspector-General, they were enough for the superior rank. Again, a regimental or staff surgeon ranking under the Warrant with a field officer is not allowed the baggage of that rank, a direct breach of the very letter of that document. The adjutant of an infantry regiment is allowed the privilege of a second batman for the care of his horse, so is a major, but the commanding officer may give or withhold it from the surgeon at his pleasure. Before the issuing of the Warrant a surgeon of a Dragoon Regiment was allowed to keep two horses; when promoted to the relative rank of field officer under the Warrant, he claimed the right of his rank, freely accorded to the major, of keeping four horses. It was refused. It may be that a surgeon does not require four horses,—neither does the major; the larger number is simply an appanage of rank, and as such is regarded, and under the new system the medical officer was justly entitled to the same privilege as the major. Lastly, the greatest grievance of all, and the one most felt and resented, was the taking away from surgeons the equal relative rank of major—that is, making them invariably junior of that rank. The surgeon is now, it is complained, in the face of the solemn promise of October, 1858, converted into something more than a captain and less than a major.

Into the many ways in which the Warrant is stated to be broken in its spirit, we have not space to enter; the above, it is held, is enough, and more than enough, to explain why the old chronic discontent again prevails in the service, and why young medical men, educated up to the high standard the new regulations require, have

again fallen below the demand. The warrant of 1858 was not an isolated measure. The aim and end of it was to secure for the service of the State the highest available professional talent and skill.

We have already quoted Lord Dalhousie's famous minute, and with one other extract from that dispatch, demanding equal justice for military surgeons, we conclude:—"I respectfully submit that such inequalities are founded on no sound grounds of justice, expediency, or policy; no valid reason has ever been given or can be alleged for maintaining them. Their effect is to depress the spirit of the medical officer, to depreciate a profession and class of service which ought to be held in the utmost respect, and supported equally from motives of prudence and gratitude." (*Army and Navy Gazette*.)

## SIR WILLIAM PETTY, THE FOUNDER OF THE LANSDOWNE FAMILY.

THE fortunes of the Lansdowne family were formed by a man chiefly known as the founder of a new science—the science of Political Arithmetic, but whose life involved so many of the modes of activity which a very remarkable period afforded, that one is surprised to find that it has been almost entirely overlooked by the biographers. Sir William Petty, the son of a clothier at Romsey, fought his way desperately to fame and fortune in the times of the Commonwealth and the Restoration. He entered the navy, and soon left it; he tried merchandise for a time, and left that also; he then invented a copying machine, but received no profit from it; he turned to medicine, and dissected in Paris under the guidance of Hobbes; he became Professor of Anatomy at Oxford; to anatomy he added music, and became professor of this art at Gresham College; subsequently he became physician to the Irish army during the Protectorate; not content with these occupations, he contracted for the admeasurement of lands in Ireland forfeited by the rebellion, his survey being still of great value in the law courts as a work of reference; he became a member of parliament under Oliver; he was knighted by Charles II; he was one of the founders of that Royal Society which has had so much influence on the development of science; he at length became a shipbuilder, inventing a double-bottomed vessel to sail against wind and tide; and, finally, by various important works on taxation and national wealth, he established, as we have said, the new science of Political Arithmetic. He died, leaving what in these times would be considered very large possessions—personal estate to the amount of £15,000, and landed property to the value of £6,500 a year. Such are the self-made men who supply our English aristocracy with new blood and preserve it in vital connection with the hearts of the people. He married a lady who was Baroness Shelburne in her own right, and by her daughter, his only surviving child, who had intermarried with the Kerry family, he became the great grandfather of the celebrated Earl of Shelburne, the first Marquis of Lansdowne, and the father of the deceased Marquis.

MIDDLESEX HOSPITAL. Among the legacies bequeathed during the past quarter to this charity, there was one from Mr. Cropper, who was ninety years old when he died, and had, it appears, survived all his relations. He was a barrister-at law, and lived in the most frugal manner in his chambers at Gray's-inn. The amount of his property at the time of his decease is estimated at about £4,000 *per annum*, and £10,000 in money, the whole of which he has bestowed upon London charities, selecting Middlesex Hospital as his residuary legatee.

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, November 10th, 1862.

### BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Athenæum, Corn Street, Bristol.	Thursday, Feb. 26, 7 P.M.

### EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Pavilion Hotel, Folkestone, on Thursday, March 5th, at 3 P.M.

THOMAS BOYCOTT, M.D., *Hon. Sec.*

Canterbury, February 10th, 1863.

## Reports of Societies.

### ETHNOLOGICAL SOCIETY.

TUESDAY, FEB. 3RD, 1863.

J. CRAWFORD, Esq., President, in the Chair.

ON THE PSYCHOLOGICAL DIFFERENCES WHICH EXIST AMONGST THE TYPICAL RACES OF MAN.

BY ROBERT DUNN, F.R.C.S.

As papers of a psychological character have so rarely been read at the meetings of the Society, the author offered no apology for asking the attention of the meeting to this subject, being satisfied that if there was any branch of the science more interesting than another it was that which related to the psychological differences which characterise the different varieties of the human species. That the genus *Homo* was one, the author believed and maintained, on the ground that in man's moral and religious attributes the inferior animals do not participate; and it was this, he considered, that constituted the difference between him and them. The barrier was thus, he considered, impassable between man and the chimpanzee and gorilla; and wherever two-handed and two-footed man, in his erect attitude and with his articulate voice, is found, his claims to our common humanity must be immediately acknowledged, however debased the type may be or mean the garb in which that humanity is clothed. Mr. DUNN's conviction was, that there was proof of a general unity exhibited in all the races of the great family of man; inasmuch as they were all endowed with the same instinctive, sensational, perceptive, and intellectual faculties—the same mental activities, however much they may vary in degree. It had, he thought, been fairly argued that all the races of the human family form but one species, from the physiological fact that they are all capable of fruitful union, which would not be the case with the hybrids of two species of even the same genus. Believing the brain to be the material organ of the mind where the ultimate molecular changes take place, and whence the mandates of the will issue, the author considered the study of the cerebral organisation and development in the various typical races as one of the most effectual means of better understanding and elucidating the psychological differ-

ences which characterise them. This subject, however, was one that yet required to be worked out; and ethnic psychology was still a desideratum. The difficulties which formerly beset it no longer exist, and it was, he thought, to our shame that, notwithstanding our extensive and daily spreading intercourse with all the nations and races on the face of the earth so little had been done. The author then reviewed at length what had been done by anatomists and ethnologists, including Spurzheim, Tiedemann, Gratiolet, Herbert Spencer, Huxley, Owen, and others.

In conclusion, he pointed out that the lower savage races, such as the Sandwich Islanders, made progress in the early part of their education, and were so far as apt and quick as the children of civilised Europeans; but at this point they stopped, and seemed incapable of acquiring the higher branches. The Sandwich Islanders have excellent memories and learn by rote with wonderful rapidity, but will not exercise the thinking faculties. They receive simple ideas, but not complex ones. In like manner, it was found, practically, that negro children could not be educated with white children. In all these cases, as well as in the minor cases continually occurring amongst ourselves of inability to understand subjects and reasonings of a certain order of abstruseness, the true explanation is, that the cognate faculties have not reached a complexity equal to the complexity of the relations to be perceived; and, moreover, it is not only so with purely intellectual cognitions, but it is the same with *moral* cognitions. In the Australian language there are no words answering to justice, sin, guilt. Amongst many of the lower races of man, acts of generosity or mercy are utterly incomprehensible—that is to say, the more complex relations of human action in its social bearings are not cognisable. This, the author thought, was in accordance with what *a priori* might have been expected to have resulted from organic differences in the instruments of the higher psychical activities—or, in other words, in the nervous apparatus of perceptive and intellectual consciousness. The leading characters of the various races of mankind were simply representatives of particular stages in the development of the highest or Caucasian type. The Negro exhibits permanently, the imperfect brow, projecting lower jaw, and slender bent limbs of a Caucasian child some considerable time before the period of its birth. The aboriginal American represents the same child near birth; the Mongolian the same child newly born.

In the discussion, the president, Dr. Copland, Mr. Luke Burke, and Dr. Donovan, took part.

#### HARVEIAN SOCIETY OF LONDON.

ANNIVERSARY MEETING, JANUARY 15TH, 1863.

WEEDEN COOKE, Esq., President, in the Chair.

*Report.* The Honorary Secretary read the Report of the Council. It was proposed by Mr. HENRY THOMPSON and seconded by Dr. BALLARD,

“That the Report be received and adopted, and that the thanks of the Society be given to the officers and Council.”

The Treasurer laid before the meeting a statement of the expenditure and income of the Society for the past year, showing a balance in hand of £79:8.

*Officers and Council.* At the close of the ballot the following gentlemen were declared elected officers for the ensuing year. *President*: Henry W. Fuller, M.D.; *Vice-Presidents*: William Adams, Esq., J. B. Sanderson, M.D., W. Sedgwick, Esq., W. Wadham, M.D.; *Treasurer*: Henry William Fuller, M.D.; *Honorary Secretaries*: J. B. Curgenvin, Esq., C. R. Drysdale, M.D.; *Council*: P. Burke, Esq., F. Cock, M.D., T. K. Hornidge, M.B., E. Hart, Esq., T. H. Hill, Esq., J. C. Langmore, M.B., W. B. Mushet, M.B., W. O. Priestley, M.D., O. A. Field,

Esq., E. Shercombe, Esq., H. G. Times, Esq., J. B. Walker, Esq.

#### PRESIDENT'S ADDRESS.

The Annual Address was then delivered by Mr. WEEDEN COOKE, the president.

The President after thanking the Society for the support they had afforded him during his year of office, entered upon the inquiry, “What have we done, what are we doing, to advance our knowledge of disease, our means of alleviating, not only the ‘ills which flesh is heir to,’ but likewise those illegitimate offspring, which are bred of ignorance of the laws of nature and of uncurbed vice and passion?”

On reviewing the history of the Society since its foundation in 1832, it appeared that Dr. Marshall Hall, Dr. C. J. B. Williams, Dr. Hope, and Dr. A. T. Thompson, had been its early associates; and had developed the first germs of those grand views which made these names illustrious, in the meetings of this Society. So far back as 1835, Dr. Green had anticipated the present Turkish bath mania, and shown the advantages to be derived from the hot air and other baths, when directed by a practitioner skilled in the knowledge of the disease proposed to be brought under the influence of these remedies. Mesmerism had been fully, freely, and liberally discussed in the Society, and the decision arrived at when it was a fashionable belief was well supported by the subsequent decadence of the illusion.

The subcutaneous division of tendons for the cure of club-foot was ably brought before the Society in 1838, by Mr. B. Phillips. This was, perhaps, the first notice taken in our country of the labours of Stromeyer in this important branch of surgery; and, although Dr. Little, from his persevering energy in establishing the Orthopædic Hospital, and bringing the subject before the profession in the published works, has obtained the credit of naturalising orthopædy amongst us, Hunter had long before proved the advantages of subcutaneous incisions, and the great surgeon, whom we have recently seen pass full of honours nobly won from amongst us, proposed and executed a plan for the cure of varicose veins by subcutaneous section. This Society owes a debt of gratitude to its learned and most worthy member Mr. William Adams, for several instructive papers, illustrating the advances made in the pathology and treatment of these cases; and the marked absence of unsightly cripples from our streets notes the benevolent progress of our art.

In intimate alliance with this subject, come the great improvements made of late years in the treatment of diseases of joints. Almost every full-grown man can remember that “white swelling” was the general term for all diseases of the knee-joint, and that the limb or the life of the sufferer was surely condemned. Now, either by excision of the ends of the bones, or by the still more conservative plan so ably advocated by Mr. Hilton in his college lectures, diseased joints are restored to usefulness, and many lives are saved by abstinence from amputation. Mr. Cooke had been able to put this latter plan of treatment into operation in several cases of disease of the hip, knee, wrist, ankle, and other joints. He thought that thanks were due to Mr. Hilton, for his elucidation of those anatomical and physiological data upon which the whole rationale of this treatment securely rests, as well as for his able demonstration from experience of the results to be obtained from this practice.

The swing-cradle, and the starched apparatus, in securing comfort, and a rapid release from the recumbent position in fractures of the extremities, were worthy objects of admiration.

Ovarian disease, ruptured perinæum, and vesicovaginal fistulæ, were referred to in illustration of the progress of surgical art; whilst iridectomy, as well as other new operations in ophthalmic surgery, together with the introduction of the ophthalmoscope, elicited a

high eulogium upon the skill brought to bear upon this special branch of practice.

Dr. Marshall Hall's method of restoration in cases of asphyxia from drowning, if not complete in itself, at any rate gave the first impulse to a mode of inflating the lungs which cannot fail to be instrumental in saving the lives of hundreds of our fellow creatures. Epilepsy also was brought before the Society, by the same distinguished physician, on the 1st of May, 1856, being his very last visit previous to that retirement to Brighton, which was to be followed, too soon for science, by his lamented death from cancer of the œsophagus.

Diabetes, the subject of a discourse by Dr. Hodgkin in 1853, would seem happily to be giving way to the physiological and pathological inquiries and experiments made during the last ten years; and we have, in the researches of Dr. Pavy especially, well-grounded hopes of attaining considerable influence over even this intractable malady. The dissolution of stone in the bladder and kidney, the beneficent uses of chloroform, and many other subjects were cursorily alluded to, as having formed matter for discussion. In a paper read before the Society in 1860, the president had shown how readily urethritis yielded to treatment, when it was regarded as a simple local inflammation. He had also published opinions upon the subject of syphilis, which were contrary to the generally received doctrines. He looked upon the so-called secondary symptoms as nature's own method of eliminating an animal poison, which was artistically balked and hindered by the customary mercurial course. He related the case of a gentleman who took six courses of mercury with quantities of iodide of potassium and sarsaparilla, and was, after ten years treatment, a miserable cripple.

In no part of the history of our profession, from Hippocrates downwards, are we without records of attempts to check the ravages of cancer. As we may think now, many of these attempts were fruitless, and only deserved the failures they experienced; but they were done in accordance with that Aristotelian method of reasoning which prevailed before the inductive theory of Bacon had wormed its way into the schools of science. Now that we reason from facts, and prefer to confess ignorance, rather than puzzle our brains to invent theories which will probably turn out to be "as idle as the wanton summer wind," it seemed highly probable that from the combined uses of physiology and pathology, and not entirely ignoring experimental therapeutics, a considerable control may be obtained over the disease. It is believed that from those minute vessels which connect the arterial and venous systems—the capillaries—a fluid, by the wonderful power of exosmosis, is poured into the intercellular substance; and that it there forms material for the construction and regeneration of the tissues of the ever-changing body. This process is as quiet and natural and universal as the laws which govern the planetary system; but as in the skies there are comets, so in man's structure we have eccentric phenomena, which go far to baffle our philosophy. With or without an exciting cause apparent to our senses, the constructive material poured out of the capillaries shall, in some part of our bodies, be composed of cells which have not the usual formation. Instead of being globular or fusiform, they shall assume strange shapes, and the nuclei shall be unusually multiplied. These are the microscopic evidences of that disease which we designate by the quaint term of cancer; and, if we take them in connexion with the knowledge that, in a certain proportion of cases, there is an hereditary tendency; that blows have so small an influence in the supposed production of the malady, that but one person in eight, in a collection of nearly three thousand cases recorded at the Cancer Hospital, was enabled to trace the commencement of the disease to that cause; and that operation is but a temporary expedient in putting off the fatal issue; that

the disease will surely return in the cicatrix itself, or in some neighbouring or remote part of the body, at a period varying from six weeks to ten years,—we shall find it difficult, if not impossible, to agree with those surgeons who still maintain that cancer is a local disease—that a part only, and not the whole system, is at fault. Although operation in cancer must be abandoned as a means of cure, it is nevertheless, in selected cases, acceptable as a compromise; and unfortunately, in this sublunary world, we are obliged to make compromises and build halfway houses in many paths of life.

Five-sixths of the cases of cancer that come before us are in the female sex; and of these, three-fourths are made up entirely of scirrhus of the mamma. It is, therefore, of the first importance that we should arrive at the best mode of treating this particular lesion. There are different temperaments to be observed, various degrees of health to be noted, the assurance of mental and bodily comfort to be obtained, before any plan of treatment can be decided upon with advantage to the patient. If statistics could decide the question, operation, whether by knife or caustic, would give us but poor comfort. Of 307 cases of operation noted at the Cancer Hospital, the average lapse of time before the disease returned was but eleven months.

It is generally conceded amongst histologists that the cancer-cell is comparable with the cell-formations of embryonic existence; that it is, in fact, deficient in a something which, if added, would make it form healthy adult tissue. It is patent that this "something" must come from within, and that the blood must be the means of supplying it. If we cannot pour into the body nutriment to manufacture the very highest health in the vascular system, so that no more half-fledged cells shall be created, we shall necessarily fail in checking the fatality of this malady. The means to that end it were a work of supererogation to indicate in a society of highly educated practitioners.

In the epithelial form of the disease, perhaps, we have more favourable results from operation, provided there be no extension of the disease to the neighbouring glands. The lower lip is the most frequent seat of epithelial cancer; and appearing, as it does, so commonly in men and rarely in women, it cannot be doubted that the pipe or the cigar has something to do with its development; although why the lower lip should almost invariably be selected in preference to the upper does not very clearly appear. It is only by carefully selecting the cases for operation that any good can be effected in this manner. Should there be any thickened cord extending from the indurated lip, or any glandular enlargement beneath the maxilla, or at the angle of the jaw, it is worse than useless to operate; for the disease will assuredly return in a more aggravated form. Epithelial cancer of the tongue is never benefited by operation; but there are many ulcers of the tongue mistaken for cancer, which will readily yield to well-adjusted treatment.

After referring to epithelial cancer of the extremities, and to the inefficiency of all treatment in medullary cancer, the President continued: I have sketched but a few of our battles won, of our peaceful victories over disease; and I have indicated where we have still ramparts to storm, almost forlorn hopes to encounter. The men of the past in this society have laboured like good soldiers in the cause; the men of the present, with improved machinery for the examination of the eye, the ear, and the larynx, cannot fail to subjugate many of the ills which have hitherto eluded our attacks, whilst there are still grand deeds of valour open to the laborious student who is just entering upon this wide field of enterprise. Thus, our glorious contest with disease goes bravely on,

"Requented from labouring sire to son,  
Though baffled oft, is ever won."

## Correspondence.

### HEALTH ASSURANCE OFFICES.

LETTER FROM J. M. BRYAN, M.D., F.R.C.S.

SIR,—My attention has been arrested by a communication in a contemporary journal on the above subject, in which I fully coincide. To the question asked, as to the existence of any provident society for medical men during sickness or disability, I named the Norwich Provident Insurance Society, established in 1860, in which insurance can be effected against sickness, etc.; although I do not know much of its working.

I have (in common with the correspondent I noticed) long felt the urgent necessity of some institution in which members, by paying an annual subscription of from two to ten pounds, might be entitled to relief during sickness, disability, or old age, to the amount of two pounds weekly, or more, if so determined.

Having myself, three years since, passed through the ordeal of a fearful illness, confining me to my bed for twelve weeks, and subsequently disabling me for nearly twelve months from attending to my practice, which I had conducted single-handed for nearly thirty years; and also constantly having cases brought under my notice of medical men disabled, or their wives and families left destitute; no one can better judge of the absolute and urgent necessity of some provident society other than those already in existence. I have often longed to join one on the principles of the Clergy Mutual, from which a poor curate, by paying a yearly subscription, draws, in case of illness, two pounds per week.

I think that, with our worthy founder as treasurer and the present Honorary Secretaries for a staff, the thing might at once be done; and then the question would not so often be asked, what good does the British Medical Association? by many lukewarm members.

I should be glad to cooperate with any one medical man or number of medical men for the purpose of at once forming such an institution. I think that the question only requires agitation and publicity for its establishment; and that our Association, with its benevolent founder at its head, might soon form a society.

At a recent meeting of our South Midland Branch, I brought before the members the question of endeavouring to join the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity; but I have received an answer from its secretary "that no members can be received out of its present bounds." Hoping that this may be the means of agitating, and thereby establishing an association, for the furtherance of which I shall be happy to receive communications and exert myself, I am, etc.,

JOHN M. BRYAN,

*Hon. Sec. and Treasurer to the South Midland Branch of British Medical Association.*

Northampton, February 7th, 1863.

SIR,—Can you inform me if there is any society connected with the medical profession to which a medical man can subscribe, with a view to receiving a certain amount if incapacitated by sickness? or from which he can derive aid if permanently hindered from following his professional duties by age or physical infirmity?

It seems to me that the mechanic who pays into a good club is better off than the professional man in case of illness; and I cannot help thinking that many of my professional brothers would gladly avail themselves of the opportunity of prudently setting by a little against a winter day. Societies of this kind may exist, but I am ignorant of their whereabouts; and it would be a comfort to me if I could insure in the way I

mention, without feeling that I might be assisted by some *charitable* medical body, but had a *right* to the aid I required.

I am, etc.,

ENQUIRER.

[Our correspondent will find an answer in Dr. Bryan's letter. The subject is one which will not, we hope, be allowed to drop. EDITOR.]

### MODERATION IN SANITARY SCIENCE.

LETTER FROM LIONEL J. BEALE, Esq.

SIR,—I agree with you that it behoves all who regard the art of preventing disease as one of the greatest blessings of the progress of modern science, to take care that the doctrines of sanitary reform should not be pushed to an extreme. You are quite right in demanding more specific definitions of the kind of meat that should be condemned as unfit for human food. Some would condemn all that has not gone through the butcher's hands; but surely an ox or a sheep killed by collision with a railway train, or other accident, cannot from its mode of death be very much inferior to that which has undergone the operation of the butcher's implements. It would also be desirable to determine whether some chemical or other process, or some mode of cooking might not be discovered to render some of the meat which is now condemned, fit for human food. Again, it is a question whether animals which have recovered from pleuropneumonia, are not fit for food, although many adhesions of the pleura may remain. I think on these points we should not be entirely dependent on German or French inquirers, knowing as we do how much the general habits of the poorer classes in those countries, from the lower kind of food they eat, are more amenable to some diseases than our own population.

I am sure that sanitary science will get into some disrepute, if we are too stringent in our measures, and if we cannot always give a good reason for the faith that is in us. I have long asserted, and continue to believe, that we are too rash in condemning *all* superficial wells. I have had three under my inspection for several years, two contain on an average from forty to fifty grains of solid matter per gallon, and the other, often as much as eighty grains. All the pumps are well worked, and the water drunk in large quantities. I have authority from my vestry to close the worst of these at any moment. My inspector and myself have tried to find a case out against the water of these wells, but we have hitherto been unsuccessful. We have had the wells cleaned out several times, but have never found any great deposit either on the brick-work or at the bottom. One means of keeping a surface well in good condition is rapid consumption of the water; if a London pump is but little used the water in the well soon deteriorates. The best of my pumps is the most in use. I still believe that much might be done to render the large supply of water from the surface wells available for drinking purposes, and all who are sufficiently water drinkers to know the difference between the refreshing character of spring water in comparison with the mawkish stuff supplied by our London water companies, would rejoice at any means to preserve that high character which London spring water at one time universally maintained, and deserved.

You cannot do a better service to the cause of sanitary reform, than by a close criticism of all measures connected with it, as a means of establishing it in the favour of the public; for enthusiasm in any special causes is apt to lead us into excesses. Perhaps the present condition of the prison discipline system, and the excessive care taken of Sir J. Jebb's pet lambs, may be traced to overstrained working of the philosophy of health.

I am, etc.,

LIONEL J. BEALE,

*Med. Off. Health, St. Martin-in-the-Fields.*

London, January 1863.



## GRATUITOUS MEDICAL SERVICES.

LETTER FROM FREDERICK J. BROWN, M.D.

SIR,—The Medical Act is bearing good fruit; it is uniting the members of the profession into one faculty, whilst it admits of professional distinctions. As regards the public, the one thing needful is registration. Changes of every kind are springing up day by day in our profession, promoted, I believe, by the Medical Act. Amongst these changes, I include the general outcry of the profession for a cessation of gratuitous services to public charities. The pride of the heads of the profession made them, in times past, desirous of appearing superior to the acceptance of salaries. At the present moment, the dignity of Fellows and Members of the Royal College of Physicians would be hurt by suing at law for fees.

The same pride obtains amongst barristers; but it appears to me that this "chivalry" has nearly seen its day, both in law and medicine.

I do not think that there is an instance of the same sort of "chivalry" in the church. Clerics, after all, are less fantastic in money matters than their brethren of the forum and of the clinique.

Besides the pride of the profession itself, there has been another cause in operation keeping up gratuitous public services. This is a desire on the part of the public to drive a bargain with medical practitioners. It is commonly said that medical gentlemen are bad business men, and they often confirm this saying by their conduct.

In the matter of gratuitous public services, the public reason thus: Dr. A. or Surgeon B. will benefit himself vastly by this hospital appointment. He will be consulted by hundreds, and will become eminent and rich. Why pay him for benefiting himself? This style of reasoning reminds us of the custom of certain Oriental patients that demand a backsheesh from the doctor that attends them; for, say they, "Think of the great experience that you have gained by attending us." (See *Gadsby's Travels*.)

I wish to ask the members of our Association what they think of the scheme drawn up by the Chancellor for St. Bartholomew's Hospital at Rochester. The hospital will be opened after Midsummer, and is to be in charge of a resident surgeon. There will be a licentiate of the Apothecaries' Hall to act as a *pharmacien*, and there will be a consulting physician and a consulting surgeon. There will be fifty general beds, and thirty lock beds for women. The resident surgeon and the resident apothecary will receive salaries, but the consulting officers will not be paid. The duties of the consulting officers is to visit the hospital twice a week at least, so as to examine every patient on admission and on discharge (except Lock patients); and to attend the meetings of the Board. The duties, therefore, are those of examining as well as of consulting officers. They are to be ready to consult on all occasions, but they will not have the treatment of patients.

Now, I ask the members of our Association whether they think this scheme to be either practicable or just. The resident surgeon will have to prescribe for out-patients and to treat all the in-patients. It appears to me to be too much work for one man. Then it will be dangerous, I believe, for one man to attend thirty Lock patients as well as the general patients. Next, as to the consulting officers' appointment, it would be a loss of time to medical practitioners, without any compensation whatever; for there is not the professional pleasure afforded them of the care and treatment of patients.

I have brought the matter before the trustees of the charity, and before the public of Rochester and Chatham, deeming it my duty to our profession so to do.

It is a good case for an attempt to obtain an altera-

tion in the system of hospital services; for the charity is rich, being the oldest in England since the conquest. St. Bartholomew's Leper House Charity was founded in 1078.

I am, etc.,

FREDERICK J. BROWN.

Rochester, Feb. 9th, 1863.

## Medical News.

ROYAL COLLEGE OF PHYSICIANS. The following gentlemen passed the first part of the Professional Examination for the Licence of the College, on February 9th, 1863:—

Bryan, John Morgan, St. Mary's Hospital  
Burrell, Edwin, Guy's Hospital  
Hyde, Sidney, King's College  
Lovegrove, Washington, 34, Dowgate Hill  
Low, Alexander James, St. Bartholomew's Hospital  
Pyle, George Edward, Middlesex Hospital  
Squarey, Charles Edward, University College

## APPOINTMENTS.

COLES, Robert W., Esq., appointed Certifying Surgeon, under the Factory Act, for the District of Oldham, East.  
\*COULSON, William, Esq., appointed, by His Royal Highness the Prince of Wales, Sheriff of Cornwall, for the ensuing year.  
FREEMAN, Robert G., M.D., appointed Surgeon for the Greenwich District of the Royal Kent Dispensary.  
KAVANAGH, Patrick, M.D., appointed Surgeon for the Deptford District of the Royal Kent Dispensary.  
LESLIE, William, Esq., appointed Inspector, under the Factory Act, for the Aberdeen District.  
MURRAY, J. Jardine, Esq., appointed Surgeon to the Brighton and Sussex Infirmary for Diseases of the Eye.  
OLDHAM, James, Esq., appointed Consulting Surgeon to the Brighton and Hove Lying-in Institution.  
RIVINGTON, Walter, Esq., appointed Resident Medical Officer to the Tower Hamlets Dispensary.  
SAVERY, John, M.D., appointed Surgeon Extraordinary to the East Sussex Infirmary.  
WILL, James, M.D., appointed Inspector, under the Factory Act, for the Aberdeen District.  
\*WOLLASTON, Robert, M.R.C.P., appointed Physician to the Stafford General Infirmary.

## POOR-LAW MEDICAL SERVICE.

ALLISON, William, M.D., to be Medical Officer to the Clandy District of the Londonderry Union.  
ATKINSON, Frederick A., Esq., to be Medical Officer to the New Leake District of the Boston Union.  
CRAMER, Frederick A., L.R.C.P.Ed., to be Medical Officer to the Haubury District of the Droitwich Union.  
CRICKMAY, Edward, Esq., to be Medical Officer to the Dilwyn District of the Wobley Union.  
MCGREEVY, Neil, L.K.Q.C.P.L., to be Resident Apothecary to the Workhouse of the Lurgan Union, Armagh.  
MACKLEY, Herbert, Esq., to be Medical Officer to the Clackherton District of the North Brierly Union, Yorkshire.  
O'CONNOR, Laurence G., Esq., to be Second Medical Officer to the Clifden District of the Clifden Union, Galway.  
TIMMINS, Daniel, Esq., to be a Public Vaccinator for Dudley.  
TURNER, Edward W., Esq., to be Medical Officer to the Deddington No. 1 District of the Woodstock Union.

## ARMY.

FRANKLIN, Staff-Surgeon-Major H., from half-pay, to be Staff-Surgeon, *vice* J. T. Telfer.  
JOHNSTONE, Staff-Assistant-Surgeon John, M.D., to be Assistant-Surgeon 26th Foot, *vice* J. McLetchie.  
STEWART, Deputy Inspector-General A., retiring on half-pay, to be Honorary Inspector-General of Hospitals.

To be Staff-Assistant-Surgeon:—

CRAWFORD, Assistant-Surgeon J. R., 69th Foot.

## ROYAL NAVY.

BAYNES, W. W., Esq., Staff-Surgeon, to the *Indus*, for the *Canopus*.  
GEORGES, Thomas E., Esq., Assistant-Surgeon, to the *Asia*, for the *Hambal*.  
GINLETT, Hart, M.D., Surgeon, to the *Asia*, for the *Hambal*.  
HADLOW, Henry, Esq., Assistant-Surg. (additional) to the *Fisgard*.  
KEPLING, Thomas, Esq., Assistant-Surgeon, to the *Indus*, for the *Canopus*.  
MC CARTHY, Charles D., Esq., Surgeon, to the *Vigilant*.  
MINNOCH, Alexander, Esq., Assistant-Surgeon, to the Woolwich Division of Marines.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers).—

SEALE, J. L., M.D., to be Assistant-Surgeon 2nd Wiltshire R.V.

To be Honorary Assistant-Surgeon:—

VYE, E., Esq., 4th Devonshire R.V.

**DEATHS.**BLACKMAN, Matthew, Esq., Surgeon, at Whitstable, on Feb. 4.  
BROOKS, Richard B., Esq., formerly of Chelmsford, at Madeira, aged 27, on January 12.\*COLLYNS, William, Esq., at Chudleigh, Devon, on January 15.  
HOLMES, On February 8th, at 11, Great Coram Street, Louisa

Theresa, widow of the late James Holmes, Esq., Surgeon R.N.

LAING, On February 7, at Aberdeen, Mary G. T., widow of Francis

Laing, M.D., Staff-Surgeon.

PACKMAN, William S., M.D., of Clarges Street, at Alexandria, aged

45, on January 24.

WHITE, Peter, Esq., late Surgeon 72nd Regiment, at Brompton, aged

82, on February 5.

\*WILLIAMS, R. Parry, Esq., at Bron Offa, near Wrexham, lately.

WIXSTON, David, Esq., late of Haverstock Hill, aged 39, on Feb. 1.

Mr. CUBITT has resigned the office of President of St. Bartholomew's Hospital.

Dr. HARLEY has been elected a corresponding member of the Royal Academy of Sciences, of Bavaria.

**SUCCESSFUL MIDWIFERY.** Only nine fatal cases have occurred in 3,549 deliveries effected during 1862, at the Royal Maternity Charity.**ARMY MEDICAL OFFICERS.** Each medical officer in an army has made his charge an average of 241 soldiers, exclusive of soldiers' wives and children.**UNIVERSITY OF OXFORD.** Dr. Rolleston and Sir Benjamin C. Brodie, Bart., have been nominated examiners for the Burdett Coutts scholarship.**REJECTIONS OF RECRUITS.** About 350 per 1000 of those who present themselves for medical examination as recruits, are rejected on account of physical disability.**BIRTHS IN 1862.** During the past year 711,601 children were born in England and Wales, amounting to an average of 1,950 *per diem*. This is the largest number of births ever recorded as occurring in this country.**SANITARY STATE OF WINDSOR CASTLE.** We are glad to find from a report of Mr. Rawlinson, that he believes Windsor Castle to be the most complete in sanitary works, appliances, and arrangements of any large building in existence.**CONGRÈS INTERNATIONAL DE BIENFAISANCE.** The publication of the *Compte Rendu* of the recent London Session is in progress. The foreign papers and reports will be in French, forming one volume; the English papers and reports in English, forming a second volume.**CARBONIC ACID AS AN ANÆSTHETIC.** M. Ozannan has given a mixture of three parts carbonic acid with one part of atmospheric air with success as an anæsthetic. After breathing it for ten minutes the patient became insensible, and an operation was performed without his evincing any sign of pain.**ROYAL INSTITUTION.** At a general monthly meeting, held on the 2nd instant, the secretary reported that the executors of the late James Walker, Esq., F.R.S., M.R.I., had bequeathed to the Institution a marble bust of Professor Faraday, by Mr. Matthew Noble, M.R.I. The thanks of the members were returned to Professor Tyndall, and to his Eminence Cardinal Wiseman, for their discourses on the evening meetings on Fridays, January 23 and 30.**NON-COMBATANTS.** Dr. Detmold of New York says in his lectures as military surgeon:—"In case of a disaster to the army, such as a hasty strategic movement, change of base, or whatever else the commanding general may

choose to call it, where the wounded are left behind, I need not say that the surgeon must remain with the wounded, that is, a sufficient number of surgeons must be left behind to take care of the wounded which fall into the hands of the enemy. It is beginning to become an established custom no longer to make prisoners of war of the surgeons; they are non-combatants, and as they extend a helping hand to all wounded, whether friend or foe, so should their sacred calling protect them; and wherever surgeons have been captured of late they have, I believe, invariably been unconditionally released."

**UNIVERSITY COLLEGE, LONDON.** On Saturday last, the result of the last year's competition of three candidates for the clinical gold and silver medals, instituted at the suggestion of Dr. Elliotson by the late Robert Fellowes, LL.D., for the best observations on the medical cases in the hospital, was reported by the examiners, Dr. Walshe, Dr. Garrod, Professor Jenner, and Dr. Hare. The council, on the recommendation of the examiners, in consideration of the very high order of merit of all the papers sent in, awarded as follows: the first place and the gold medal to Mr. Talfourd Jones, the second place with an extra gold medal to Mr. Frederick T. Roberts; the third place with the silver medal to Mr. Richard Dawson.

**SCHOLARSHIPS IN NATURAL SCIENCE AT SIDNEY SUSSEX COLLEGE, CAMBRIDGE.** This College has just issued a notice that two scholarships, of the value of £40 per annum each, will be given this year for natural science, the examination to commence on October 13th; the subjects being electricity, chemistry, geology, and anatomy (human osteology and general anatomy). The scholarships are perfectly open. The successful candidates will be required to enter at the College. Further information may be obtained from the Rev. J. C. W. Ellis, tutor of the College. Other scholarships, ranging in value from £32 to £80 per annum, are to be competed for at the same time.

**INFECTIOUS DISEASES AND PUBLIC CONVEYANCES.** In the House of Commons, on Monday, Dr. Brady asked the Secretary of State for the Home Department if his attention had been directed to the evils resulting from persons labouring under infectious diseases being carried to hospital in public conveyances; and, if so, if it be his intention to introduce any measure this session with a view to remedy the same. Sir G. Grey said his attention had not been called to the subject except by reading letters in the newspapers. The subject had been discussed when the Hackney Carriage Act was before Parliament, and a clause had been proposed to meet the difficulty suggested by the hon. gentleman. On discussion, however, the clause had been withdrawn. It was in the power of parochial authorities to deal with the matter by their own private acts, and some of them kept carriages for the purpose of conveying persons to the hospital. He thought the driver of a public conveyance would be justified in refusing to convey a person labouring under an infectious disease. In reply to a further question from the hon. member, the right hon. gentleman the Home Secretary said, so far from having any objection to the hon. member introducing a bill to remedy the evil, he should be much obliged to him to do so, that he might know in what way he proposed to deal with the question.

**REGISTRATION IN IRELAND.** In the House of Commons, on Monday last, Sir Robert Peel moved for leave to introduce a Bill on this subject. He said that a system of registration would be of immense utility. It would be very beneficial, for instance, in promoting sanitary reforms. If correct data could be obtained as to the health of the people, measures would be more promptly and effectually taken to mitigate disease. All

classes will be benefited by its adoption in Ireland, not as a mere registration of births and deaths, but as a plan for bringing annually before the public, as in England and Scotland, the causes affecting the health of the community. Ireland is almost the only civilised country in the world where no such system of civil registration of births and deaths exists. The English Act was passed in 1836. It caused a good deal of agitation at the time, but it has worked admirably. The passing of the Scotch Act was even more strongly opposed, and it was not until 1854 that the opposition was overcome. The Scotch Act is an improvement upon the English one. In the present Bill, he adopted a system in conformity with that in operation in England—so that the areas or districts will be the areas of the unions, the dispensing medical officers of the unions will be the registrars, and the clerks of the unions will be the superintendent registrars. The Poor-law districts are well known, whereas considerable inconvenience would have resulted in that respect from the employment of the constabulary. In Ireland, besides 163 unions, we have 718 dispensary districts with 777 dispensary medical officers—thus forming an admirable machinery ready to our hand. As to expense, the deputations from the College of Surgeons of Ireland, the Statistical Society, and the Social Science Association, all recommended that the remuneration of the registrars should be defrayed from the local rates, but that the superintendent registrars should be paid out of the Consolidated Fund. He proposed that the registrars should be paid, as in England, out of the rates, but that the superintendent registrars should receive their fees out of the Consolidated Fund. Considering the advantage that will be derived by all classes from this measure, the total burden that will be thrown upon the public will be comparatively very trifling—namely, £10,000. He proposed to pay the registrars 1s. for each entry, and the superintendent registrars 2d. There will be no other outlay attending the scheme except the salary of the Registrar-General, to be increased to £1,000 a year. "We require by this Bill the compulsory attendance of the parties. This is absolutely necessary; and Registrar-General Graham says the want of it is one of the chief blots in the English system. The only other point on which I need trespass on the time of the House is a very important one—namely, the medical certificates. We wish to make our scheme as complete as possible, in order to obtain not a mere registration of births and deaths, but a scientific record of vital statistics, and with that view we have introduced into our Bill a provision which we think will meet the approval of the medical officers. We have not desired, as is done in Scotland, to make it binding on them penally to give the return. From the opportunities I have had of conversing with the President of the Royal College of Surgeons, and judging also from other sources of information, I believe that the medical officers generally, will be prepared to co-operate with the State, and to furnish it with the requisite particulars as to the deaths of persons whom they may have attended professionally with greater readiness if it is left to them to do it freely, instead of its being made compulsory on them by the insertion of a penal clause." Lord Naas could not congratulate the right hon. baronet on the experience he had gathered during the recess, for it was to be feared that he had got into the hands of the doctors, and very few men were much the better for that. Of all the schemes propounded for obtaining these important statistics, that which called in the aid of the doctors was the worst. Many of the dispensary doctors were eminent in their profession; they were in large practice, their time was occupied from morning till night. In his opinion, doctors, of all others, were the most unsuitable for the performance of these duties in Ireland. Dr. Brady maintained that medical men were of all classes the best qualified to act as registrars. In this country butchers and bakers were ap-

pointed registrars, who, in copying the cause of death from the medical certificate, were often totally at a loss, being ignorant of the professional meaning of the terms employed. Mr. Maguire thought that however great a calamity it might be to fall into the hands of the doctors, it would be still worse to fall into the hands of the public. After a few words from Sir R. Peel in reply, leave was given to introduce the Bill.

**MORTALITY DURING LAST QUARTER.** The mortality in England and Wales in the last quarter of 1862 was at the rate of 2.226 per cent.; in 1860 it was 2.043; in 1861, 2.061. Though the autumn of 1862 was not as a whole colder than those of 1860 and 1861, the sudden invasion of cold in November, and the abrupt succession of heat account for its having been the most fatal. The north-western counties, York-shire, London, the northern counties, and the west midland are the five divisions in which the highest rate of mortality prevailed. In the first, which contains the districts of the cotton manufacture, the rate—2.66 per cent.—was higher than in any other division. This distinction is not of recent birth; it is not the fruit of adverse circumstances, but has sprung from causes which have been in operation since Liverpool, Manchester, and other towns, in what has been called the worst drained part of England, rose into importance as seats of commerce and manufacture. But whatever be the sanitary condition of the towns and villages they inhabit, human beings must be affected by the atmosphere in which they are immersed, and the effects of which they can but partially control; and as the cotton districts participated with the rest of the kingdom in the benefit of a healthy summer, they have also suffered, like other parts, from a less healthy autumn. . . . Scarlatina and diphtheria, and also diarrhoea, prevailed to a considerable extent in Manchester. An increase of deaths in Ashton-under-Lyne is attributed to scarlatina and measles. Scarlatina caused eighty deaths, being a third part of the total number, in Oldham-above-Town; these occurred not only in the working-class, but in the general population. In Blackburn and Witton the mortality was increased by measles and bronchitis, and at the latter place there was "much sickness in consequence of the damp weather." The mortality in the Chorley subdistrict was nearly doubled, chiefly by measles, and the weather, "mild and damp," was considered unfavourable to health. The deaths in the districts of Liverpool rose from 1,883 and 2,193 in the corresponding quarters of 1860 and 1861 to 2,625 last quarter; those in West Derby rose from 1,111 and 1,472 to 1,726. A great part of this formidable increase has been caused by the ravages of scarlatina. This disease caused 50 out of 105 deaths in the Clowance subdistrict in Devonshire. Of 203 deaths in Kingstown (Portsea Island) no less than 126 were those of children from scarlatina or other fever and croup. A very malignant form of scarlatina raised the deaths much above the average at Halstead, in Essex, and it is reported in many other parts. Diphtheria caused a third part of the mortality at Hailsham, in Sussex, and it has been very prevalent in the neighbourhood of South Walsham, in Norfolk; 13 out of 34 deaths from all causes being from this disease. Diphtheria was very prevalent in the subdistrict of Diss, Norfolk, and trebled the average mortality in the parish of Dickleburgh. Measles has been unusually rife and fatal in Falmouth, hardly a family with children escaped, and many adults were attacked by it. (*Registrar General's Quarterly Report.*)

**LANSDOWNE HOUSE LIBRARY.** The library itself was exquisitely decorated by Cipriani in imitation of the antiquities found in Herculaneum, and it was while occupied in this superb temple, as the librarian, philosopher, and friend of Lord Shelburne, that Priestly made the discovery of oxygen.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.
TUESDAY.....	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	Medical Society of London, 8.30 P.M. Mr. Thomas Bryant, Lettsomian Lecture "On the Differences between Surgical Diseases of the Nervous, Respiratory, Circulatory, Digestive, and Urino-Genital Systems of the Child and the Adult."—Asiatic.
TUESDAY.	Statistical.—Pathological.—Ethnological.
WEDNESDAY.	Society of Arts.—Geological.
THURSDAY.	Zoological.—Royal.—Antiquarian.—Linnæan.—Chemical.—Harveian.
FRIDAY.	Royal College of Physicians, 5 P.M. Dr. Pavy. Gulstonian Lectures. "On the Amyloid (so-called) and Fatty Degenerations."—Geological.—Royal Institution.—Western Medical and Surgical, 8 P.M. Dr. Anstie, "On the Therapeutical Value of Cod-Liver Oil in Convulsive Diseases."
SATURDAY.	Association Medical Officers of Health.

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE TITLE OF DOCTOR.—From press of other matter, we must defer until next week the publication of many letters which we have received on the subject of the Title of Doctor.

PELLAGRA AND ECZEMA.—SR: The great interest which attaches to that rare disease, pellagra, may perhaps excuse so remote an allusion as the following to the subject. It will occur to some of your readers to have seen chronic eczema of both hands and both arms, with light mulberry tinge, a constricted, rather dry, shining surface, stiff attenuated fingers, and a decrepit posture of the hands: such cases are seen in persons of a poor habit and enfeebled constitution. They have been pointed out to me by those who have seen pellagra, as bearing a considerable resemblance to that disease. The opinions of M. Bielt are well known; viz., that pellagra depended upon a gastro-intestinal irritation for its proximate cause. If it be so, the two diseases are brought into yet nearer affinity, as the early treatment of eczema rests upon that hypothesis. Eczema, too, results from over fatigue, and we may suppose from nervous exhaustion generally. It might be serviceable to inquire whether such cases as I have described above, occur in establishments allotted to insane patients. I must add that M. Bielt had great opportunities of studying this disease in Italy.

I am, etc., GEORGE GASKIN.

3, Westbourne Park, February 9th, 1863.

COMMUNICATIONS have been received from—MR. WILLIAM COPPEY; DR. RODEN; MR. ANGELL; MR. R. DUNN; DR. WILLIAM BUDD; L.R.C.P. ED. & F.R.C.S. ED.; MR. T. WINDSOR; MR. JOSEPH HINTON; MR. R. S. FOWLER; ENQUIRER; MR. A. BALL; DR. JAMES RUSSELL; MR. H. NORRIS; DR. R. JONES; MR. STONE; DR. LIONEL BEALE; MR. BUCKNILL; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; MR. GEORGE GASKIN; DR. G. M. HUMPHRY; DR. F. J. BROWN; DR. THOMAS BOYCOTT; DR. DAVEY; DR. R. WOLLASTON; DR. F. T. PONCIA; MR. W. PARKY; MR. C. VASEY; DR. STEYAR; DR. BRYAN; MR. JOHN PARKS; DR. B. W. FOSTER; MR. DAYMAN; MR. C. R. THOMPSON; MR. A. NAPPER; MR. R. W. FAYNS; DR. MARLTON; MR. HAYNES WALTON; DR. KIDD; MR. C. F. BROWN; DR. H. MARSHALL; and AN OLD ASSOCIATE.

## ADVERTISEMENTS.

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# Short Clinical Lectures

ON

## THE FIRST PRINCIPLES OF MEDICINE.

*Delivered at King's College Hospital.*

BY

LIONEL S. BEALE, M.B., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN KING'S COLLEGE, LONDON; PHYSICIAN TO KING'S COLLEGE HOSPITAL; HONORARY FELLOW OF KING'S COLLEGE; ETC.

### I.—SOME OBSERVATIONS ON THE NATURE OF CERTAIN HEALTHY AND MORBID CHANGES, AND ON COUNTERIRRITATION.

I PROPOSE this morning to direct your attention to a plan of treatment which I believe is adopted, in many cases of disease, by every practitioner in the present day, which is employed in every civilised country and by some savage nations, and which has been in use from the very earliest ages.

Recent careful observation has compelled us to doubt if many remedial agents which have been held in the highest repute really exert the influence which was formerly attributed to them; but of the benefit of counterirritation few practitioners have any doubt. Indeed, until I recently read a lecture of Dr. Chambers's, I thought we were all agreed, not only with respect to the beneficial action of this plan of treatment, but also as to the principle upon which it is enforced. I have always been taught that by counterirritation we seek to establish an increased action in one tissue or organ, for the purpose of diminishing an increased action which is taking place in another tissue or organ, the due performance of whose function is of great importance to the organism.

Dr. Chambers, however, tells us—but I think few will agree with him in his statement—that the idea of counterirritant practice is to substitute one *disease* which is “less dangerous and painful, or whose disorganising tendencies are but temporary,” for another *disease* which may be dangerous or painful, or which tends to disorganise the body;” and yet the author of the *Renewal of Life* has admitted, as examples of counterirritation, purgatives to relieve a cold on the chest, and excessive diuresis for dropsical swelling? Are ordinary temporary purgation and excessive diuresis, diseases? After stating that it is probable “that future physiologists may be able to explain in another way the instances which seem (!) to favour the system,” he says that “in the meantime it appears unwise to adopt, as a principle, the estimation of the utility of our drugs by the power they possess of making a sound man ill” (!). Now what does the word “ill” in this sentence mean? When our bowels act a little more than usual; when we pass four pints of urine instead of two in the twenty-four hours; when we perspire freely; if we apply a turpentine stupe or a mustard poultice to our sound and healthy skin,—do we necessarily become ill?

The idea of counterirritation clearly is, not to

establish one disease for another, but to increase the action of one or more tissues, with the view of reducing the increased action which is already going on in other and more important tissues or organs.

It seems to me that much of the obscurity which occurs when an attempt is made to account for changes, and to explain various actions, results from the effort to define the *diseased*, as distinguished from the *healthy* state. The best plan, therefore, in discussing morbid actions and changes, is simply to try to ascertain with accuracy what *is* going on, and contrast it with what physiology teaches us ought to go on.

If we make an attempt to define exactly what is meant by the substantive *disease*, or by the adjective *morbid*, great confusion must result; and for this simple reason, that we cannot separate by any distinct line healthy actions from morbid actions, or the *healthy* state from the *diseased* state. Of course, a small contracted liver or kidney, doing one-tenth of the work healthy organs would do, and exhibiting the most obvious alterations of structure, are diseased. They have, however, not passed suddenly from the healthy to the diseased state, but by very insensible gradations, so that, had you seen the organs in an early stage, you would not have been able to point out any differences by which they could certainly have been distinguished from healthy organs, although, had you examined the secretions formed by them, you might have obtained evidence of change in quantity or quality. Up to a certain point, although there may have been excessive or deficient action, you could not have spoken of the condition as one of disease.

Nor can we define disease as increased or diminished action—increased or diminished vitality; for in some diseases tissues grow too fast, in others the structures or organs are reproduced too slowly. Disease may consist of an *excess of action*, or there may be *deficient action*. The tissue may live too fast, or it may undergo its changes more slowly than in health. There is in many morbid structures or products a greater activity, a more rapid conversion of pabulum into living matter, than in health. A certain bulk of epithelial or other form of cancer, or of pus, or of the lymph occupying the air-cells of a pneumonic lung, exhibits greater evidence of vital activity than the same bulk of healthy tissue. It grows faster; it appropriates nourishment faster; and this nourishment more quickly becomes converted into tissue; or is transformed into compounds, totally different from those existing in it before its appropriation, far more actively than in a normal tissue. *The conversion of inanimate pabulum into living matter, which in health takes place under certain restrictions, takes place in these instances under restrictions very much diminished.*

To say, then, that “disease is not a new excess of action, but a deficiency; not a manifestation of life, but partial death,”—is stating that which is opposed to most important facts of general observation, and is strangely at variance with the facts demonstrated by very many observers in the present day.

Nor can I agree with Dr. Chambers in his statement that “the business of the physician is directly or indirectly not to take away material, but to add;

not to diminish function, but to give it play; not to weaken life, but to renew life." We very often desire to take away material, as when any organ is the seat of greatly increased action. We try to get rid of the lymph in an inflamed lung, the matter poured out into the areolar tissue and other tissues in inflammation, or into the joints and fibrous tissues in gout and rheumatism. Not only so, but the blood itself often contains matters which we desire to get rid of; so that we really often have to take away material; and if we could but diminish the supply of blood to many organs at the right moment, and for the right time, we might possibly prevent a diseased action from being developed.

So, again, it seems to me that we really do often desire to diminish function. When an organ is deranged, is it not a principle established by experience, and does it not accord with common sense, to try to *diminish its action*, and make some other organ do its work for the time? The last advice given to the physician, "not to weaken life," seems to me to require explanation; for surely, if we could "weaken the life" of a cancer, it would be just what we desire; and if we could but prevent it from *renewing its life*, we should be doing more than medicine dares at present to hope ever to achieve.

I have drawn your attention to these points, because it seems to me that the dogmas insisted upon by my friend are opposed to the principles of sound physiology, and to the teachings of the bedside, while they are not supported by any new observations of his own; and because the very positive exposition of his peculiar views in his first lecture seems to me to demand our attention; and I therefore take this opportunity of discussing some of the first principles upon which our science is based.

I cannot help thinking that Dr. Chambers has assailed some notions which are very much nearer the truth than the substitutes he proposes; and I do not think that the statement that "disease is a deficiency of action and partial death," as a general principle, can be received or sustained. It is also incorrect to talk of "life-giving articles". Nothing gives life, save that which has life; and this is, at any rate, a sound truth, from which all our speculations upon the essential nature of healthy and morbid changes in living structures must start.

[To be continued.]

**MEMORIAL TO THE LATE DR. CUSACK.** A very handsome memorial has been erected in St. Anne's Church by the subscriptions of the friends and admirers of the late eminent physician, W. Cusack, M.D. The memorial consists of a very tasteful stained glass window at the north side of the apse. (*Dub. Med. Press.*)

**PHOTOGRAPHIC STATISTICS.** Some very interesting statistical facts, relating to the immense consumption of photographic chemicals by the London Stereoscopic and Photographic Company, have recently been made public. The number of glass negatives taken at the exhibition (from which the paper pictures are printed) amount to very many thousands. The paper used was 300 reams; albumen for ditto, about 280 gallons; nitrate of silver, 4,000 ounces; gold, 90,000 grains; hyposulphite of soda, 4,800 lbs. The photographic pictures produced from this immense amount of material are now approaching 1,000,000. (*Post Magazine.*)

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

CASES OF RHEUMATIC PERICARDITIS.

Under the care of JAMES RUSSELL, M.D.

[Continued from page 163.]

THE next case appears one of typhoid pericarditis, remarkable from its mildness as compared with the attendant symptoms, and more so from the singular persistence and recurrence of symptoms allied to typhoid fever on more than one occasion.

CASE v. Anne Tibbets, aged 37, a nurse in the hospital, had never had rheumatic fever; nor was she aware that she inherited any rheumatic tendency. She had been very assiduous in her attendance upon some cases of typhoid fever, and especially upon one of great severity, which was admitted on January 17th 1862, and was not convalescent until February 8th. On that day, she was taken with shivering, heat of skin, and great depression, together with soreness of throat, without any morbid appearance presenting itself in the interior of the fauces. On the 10th, a sharp eruption of herpes appeared on her lips. The fever did not subside until the 12th, when she was able to sit up for a short time. From that date until the 19th, she walked about the ward, but was very feeble, occasionally shivered, and complained of severe pain between the shoulders, and of tightness across the chest.

On February 19th, she was very poorly; had sharp cutting pain across the chest, through each breast, and round the shoulders. In the evening, she was seen by Dr. Maxwell, from whose notes I have extracted the preceding report. He found her greatly exhausted, and looking very ill. Careful examination of the chest did not detect any morbid signs in that region, excepting very rapid and irritable action of the heart. The sounds of the heart were perfectly clear.

She passed a very restless night, and spoke next morning very urgently of the pain she had suffered in the neck and chest; which, however, was somewhat relieved by the application of warm flannels. At 4, an opiate draught procured ease. At 7, Dr. Maxwell, at his visit, detected the physical signs of pericarditis.

2 p.m. The pulse and respiration were 124 and 32. There was much moaning; the face was very pinched; aspect exceedingly typhoid; tongue very dry and fissured; skin dry. A fine pericardial friction-sound was heard, chiefly with the *diastole* of the heart. When first heard in the morning, it was double, very loud and coarse, and was distinct over the entire cardiac region.

R. Ether. chlorici ʒij; tinctura cardamomi comp. ʒss; aquæ ʒviiss. M. Sumat ʒj 4tis horis.

She was ordered to have six ounces of wine.

During the following two days she remained in much the same state. She lay on her back, and was very languid. There was no delirium, excepting some confusion during sleep. Pulse 80, labouring, and presenting an interval after every third beat. She complained of some pain in her left shoulder. Her abdomen was soft, free from distension and from eruption. There was no diarrhoea. The friction-sound continued to be chiefly *diastolic*, and the cardiac dulness was not extended. The pulmonary signs were normal. She had been ordered half an ounce of brandy every second hour.



On the 23rd, improvement was decidedly visible. The pulse was 60 to 65, frequently intermitted. The friction-sound was harsh and *systolic*. On the 25th, she desired solid food. On the evening of March 8th, the patient suffered from an attack of orthopnoea, with much fluttering of the heart; and on the following day a more severe paroxysm occurred, having the characters of angina pectoris. The systolic friction-sound, which was noted on the 4th to be hardly distinguishable, was again very loud. A blister was applied to the cardiac region. The pain and dyspnoea were relieved by two draughts containing opium and chloric ether. She left on March 30th. The friction-sound was then not quite inaudible; but in June, when she returned, the pericardium was quite silent.

She continued equal to her duties from the last mentioned date, though they were at times very laborious. Early in August she went for a holiday to Coventry. Whilst there she again became ill and depressed, and suffered from diarrhoea, sickness, and entire loss of appetite. She returned to take to her bed, but was sent out convalescent on September 24th; but, four days afterwards, was again received, very feeble, with a running, vibrating pulse.

She came under my care on the 12th of the month, with all the symptoms of typhoid fever. The symptoms were not alarming, though sufficiently severe; obstinate vomiting was very prominent. No eruption appeared, but diarrhoea was present to a moderate degree. She did not leave her bed until the last week in October, a relapse having been occasioned by premature indulgence of her desire for solid food. From that period her recovery progressed satisfactorily; and at the present time she is actively employed in the hospital, in perfectly good health. There were no symptoms of any cardiac affection during the last illness.

The concluding two cases are of a more ordinary character; but each suggests some interesting points respecting the diagnosis from physical signs; and the former of the two also presents a remarkable abnormality in the heart's action preceding the development of the pericardial inflammation. A curious question also suggests itself with reference to the second case—whether the present were the first attack of pericarditis from which the patient had suffered. She presented a serious rheumatic history, implicating the heart, which retained distinct traces of former mischief inflicted on the mitral valve. If a previous pericarditis had occurred, the heart must have been left sufficiently free from adhesion to develop a renewed rubbing sound.

CASE VI. Robert Goodman, aged 15, fireproof-safemaker, was admitted January 31st. He had been ill five weeks with irregular rheumatic pains. He had never had rheumatism before; nor could any hereditary tendency to that disease be discovered. He was very anemic, looked feeble, and was not well nourished. The impulse of the heart was very abrupt, and a diastolic aortic bellows-sound was at once distinguished.

He continued to suffer from irregular rheumatism, with effusion in his left knee, and a deposit of red urates in his urine. On February 11th, the normal sounds of his heart presented a remarkable character. They occurred in two regularly alternating sets; one set consisting of two or three successive cardiac sounds, of normal distinctness, followed, after a distinct pause, by the same number exceedingly faint and distant, suggesting to one the ringing of a peal of bells half muffled. The first sound of the heart had a ringing character. The rheumatism at this time had increased in severity. Three days afterwards, a suspicion arose of the commencement of pericarditis; but the suspicion was not converted into certainty by distinct sounds until four days longer.

The general symptoms of the disease were not severe; but the period of illness was prolonged by the feeble state of the patient's health. His pulse was quick and

irritable; he emaciated considerably; his urine was loaded with light coloured urates. He left his bed for the first time on March 3rd, and the hospital on April 11th.

The physical signs merit a somewhat more careful notice. No evidence of fluid effusion, beyond a small amount, presented itself. Once only was there a suspicion, not confirmed, of left pleurisy. The pericardial friction-sound was double, and was heard beneath the sternum, and to its left side over the region of the heart, with greatest distinctness over the fourth cartilage and third space; it was not heard at all on the right of the sternum, unless firm pressure were made, when it was immediately produced. The friction-sound never overcame the aortic diastolic sound. No *frottement* was ever present. On February 25th, the sound presented a variation which illustrated the similarity, under certain circumstances, of a rubbing and a bellows-sound, and also the obstinate duration of a rubbing sound. A loud harsh single murmur, following the first sound of the heart, was discovered at the apex, occupying a limited space; this murmur, which in quality was not distinguishable from a blowing sound, remained; it was quite separate from the aortic sound, and an exchange between them was effected at the fifth cartilage, where there existed a neutral spot, neither one nor the other sound being heard. The murmur in question was loudest in the fifth space beneath the nipple (just at the apex), and ended at the axillary line, not being audible behind. It was observed on one occasion to be much influenced by the degree of pressure exerted by the stethoscope. When the patient left, the sound was still distinct; but, at a visit paid a month afterwards, it had perfectly ceased—strong presumptive evidence, conjoined with the limited space over which it was audible and the effect produced upon it by pressure, in favour of its exocardial origin.

CASE VII. M. A. Everts, aged 17, servant, was admitted December 30th. Her mother had one attack of rheumatic fever. The patient's first symptom of rheumatism presented itself six years ago, when acute rheumatism confined her for six weeks; she had then severe pain in her heart, and was blistered. Every returning winter the attack has recurred, lasting usually from one to three months; and each time she was blistered over the heart.

She was a delicate looking girl, with a light complexion and irritable temperament, but tolerably well nourished. She entered the hospital for rheumatic pains in her joints, but was without fever. The impulse of the heart was seen extending nearly an inch to the left of the nipple, though there was no abnormal dullness; and was abrupt. At the apex, a sharp shrill mitral bellows-sound was audible; it was also audible posteriorly; was heard over a remarkable extent of surface, even from the occiput to the sacrum. The aortic valves appeared healthy. The first and second sounds of the heart were clear.

About three weeks afterwards she suffered from a sharp feverish attack, without, however, any indication of chest-affection; her tonsils were much swollen, and her strength was much reduced; she was recovering from this attack, when, on February 2nd, she began to complain of pain in the cardiac region.

On February 3rd, the pulse was 104, respiration 42. The pain in the region of the heart had been relieved by fomentations. A slight but distinct *frottement* was felt over the entire cardiac region, most distinctly at the base, but disappeared after the following day. A double friction-sound was very distinct, whereof the systolic sound was heard to an unusual extent, for an exocardial murmur, beyond the limits of the cardiac region. The patient was very feeble. A blister was ordered, and a mixture of decoction of cinchona with compound tincture and ammonia.

Evidence of fluid effusion in the pericardium presented itself on the following day, February 4th; the cardiac dulness extending completely across the sternum, and in an upward direction to the third cartilage, and at the same time the rubbing sound, though remaining distinct, became systolic only, and resembled more nearly a blowing sound, though retaining a "crumpling" character at the base. Pulse and respiration as before: the pulse very yielding and unsteady, and the action of the heart so tumultuous as to shake the whole left chest. At this time a troublesome vomiting set in, and prevented her taking wine and medicine, so that for the five succeeding days, an occasional dose of morphine, with the application of fomentations, was the only medical treatment employed.

On February 9th, she improved and began to take some solid food, though in small quantity, she also took more readily the wine which had been previously prescribed. The ammonia and bark mixture was resumed, and a morphine pill ordered each night.

Though her state did not occasion the least anxiety, she advanced very slowly. It was not till the thirty-eighth day of the pericarditis (March 11th) that she could leave her bed even for a short time. A mild attack of pleurisy developed itself on the left side, on February 11th, and it was eighteen days before the effusion was removed from the chest.

She suffered considerable pain in the left side, both before and during the attack of pleurisy, and her posture was rendered irksome, between the soreness of the left side, and the breathlessness occasioned by any attempt to lie upon the right. A troublesome cough too, occasioned by great enlargement of the tonsils, distressed her, and required removal of a portion of one tonsil for its relief.

The pericardial effusion began to lessen in four days after its first appearance, and was entirely removed in the course of two days: the action of the heart becoming more tranquil; but nine days afterwards, from some unexplained cause, it reappeared, even exceeding its former limits, and a week elapsed before it began again to retire.

The friction-sound had not ceased to be heard when the patient left (April 4th), but on her visiting the hospital seven weeks afterwards, it could not be distinguished at all, though in a month subsequently some roughness of the first sound was noted at the base.

The sound had continued systolic, and hardly distinguishable from a bellows-sound, excepting by its position (along the left edge of the sternum) and by the circumstance that at one time, a distinct diastolic sound was produced by firm pressure with the stethoscope, at a particular spot corresponding to the fourth cartilage. Adhesion of the pericardium if effected, as was probably the case, was very slow in accomplishment, and was probably never complete.

[To be continued.]

**SPONTANEOUS DECOMPOSITION OF CHLORIDE OF LIME.**  
About three years ago, Dr. Hoffman mentioned the case of a choice specimen of chloride of lime in his laboratory undergoing spontaneous decomposition, and bursting the bottle to pieces. Another instance of this decomposition occurred in Dr. Letheby's laboratory. The specimen of chloride was perfectly dry, and the bottle had not been opened since June last. In making an attempt to loosen the stopper it was projected with great violence. The residual gas was instantly secured by covering the bottle, which was not broken. It was colourless, there was no odour of chlorine, but when tested by a match with spark it was relighted several times—an experimental proof that the result of the decomposition was oxygen. (*Chemical News.*)

## Original Communications.

### PRACTICAL REMARKS UPON THE PREVALENCE AND TREATMENT OF SYPHILIS.

By JEFFERY MARSTON, M.D., Royal Artillery.

So long as the public will not entertain any plan of legislative enactment with the view of controlling the spread of syphilis, it would be futile to dwell upon the importance of sanitary measures directed to the examination and removal of affected women.

In large towns, indeed, it would be difficult to carry out efficiently any measures to this end; but it is not so within the limited areas of smaller garrison towns, particularly abroad. The experience obtained in Belgium and elsewhere of the control and diminution of syphilitic disease by these measures is quite parallel with my own observations. In Malta and Gibraltar, where measures were stringently enforced, there was almost entire immunity from syphilitic disease amid the troops; and when, as in the former station, these sanitary measures were discontinued, disease became so quickly and widely prevalent as to necessitate a recurrence to them.

Looking to the immense amount of disease and want entailed by these disorders, the great expense incurred by the Government from their widely spread prevalence among troops, and the subsequent loss of health and strength, as well as the congenital or inherited diseases to be traced to these causes, it seems wonderful that so little should be done to prevent their spread, and that the desire should be so determined to ignore their existence.

The number of hospitals and means in Great Britain for the treatment of so highly a contagious disease is very small and quite inadequate.

Persons out of the army can form but little idea of the amount of disease and the modifications of health induced by syphilis.

The limits within which any suggestions can be offered are practically narrowed to such as can affect the soldier. Military hospitals—in Britain, at any rate—would be comparatively empty were it not for diseases of this kind. As at present, the liberty of the subject is carried to its furthest extent, and made to press unfairly upon the more steady soldier. In all benefit clubs, it is a recognised custom that no member shall obtain any advantages for diseases of his own producing and within his own control. In the army, it might surely be regarded as a breach of contract when a soldier escapes his duties by his own immoralities. A soldier whilst in hospital with such a disease pays no more than another suffering from one the direct result of the execution of his duties. Moreover, for every day so spent, duties are escaped, which fall upon the other and effective men, upon whom therefore, practically, the burden falls. It often happens, also, that a soldier, by means of such diseases, is enabled to escape some punishment awarded to him at a date prior to the appearance of it. These facts seem to carry with them their own remedies.

It would be Utopian to suppose that we shall be able to eradicate diseases of this nature by any efforts directed to the education and amusement of the soldier. No doubt the practical workers in sanitary science have done much, and much more remains to be done; but we must not forget that diseases resulting from immoralities are common enough among persons as far removed from the soldier, in these respects, as possible. If not so common, obviously, the one class possess means by which they can more easily guard against and escape these evils than can the other.

It is well that those who expect so much from the education and elevation of the soldier, should remember that the life of a soldier is altogether peculiar; *e.g.*, he enters the army as a very young man, and is not an old one when he leaves it. During this period of life the passions are not by any means at their weakest. The life of a soldier is a non-natural one of celibacy. It would be incompatible with the nature of his occupation for the soldier to be married, even were it practicable to find sufficient barrack accommodation. Every one will perceive that such a state of things must entail a good deal of immorality.

The married soldiers, however much they may encumber a regiment upon the march, or in barracks, do not swell the list of occupants of military hospitals and prisons.

A soldier's life contrasts with that of a civilian at the very commencement. The "raw material" of our army is composed, in some part, of men unfitted for occupations requiring steady habits and perseverance—if not worse; and the discipline of the army exerts a great influence in the removal and repression of much of the crime which would otherwise elsewhere occur. The plan of enlistment is but too often a scandal. The system of barrack life is such, that a man is contaminated by the evils around him; it almost necessarily entails a loss of modesty; and individuals obtain that kind of mutual support and sympathy from the conduct of others, to which we can find no parallel in civil life.

*Abortive Treatment.* Although the doctrines hitherto promulgated upon this head require some limitation, it is certainly true that the soft suppurating chancre can be destroyed by caustics.

As obviously we can have no means of diagnosing the exact nature of a sore at early dates, before the appearance of its induration, or the characteristic affection of the inguinal glands, we must not conclude (as is too commonly done) that we have, by an early destruction of the sore, prevented the occurrence of constitutional infection, because no further symptoms follow. We can, pretty certainly, arrest the progress of the soft suppurating form by caustics; and shall certainly do no harm, at least, if it prove to be of the indurating, infecting variety.

The agents which I am in the habit of using for this purpose are—the strong nitric acid, or the potassa cum calce (the latter is very convenient in the form of small sticks). If the former be applied, the pain may be very much alleviated indeed by immediately afterwards pouring a continuous stream of cold water upon the part from some spouted vessel.\*

Should the soft, suppurating sore not be destroyed within a few days of its appearance, the tissues surrounding it imbibe and become infected with the virus; the specific ulceration will then tend to run its course, and it may be five or six weeks, or much longer, before the sore heals.

It may be well, therefore, to use various means to accelerate the healing of a suppurating sore, and such means are sometimes absolutely necessary. So long as the sore has the specific characters of ulcerating deeply, with clearly defined vertical edges, it is right to continue the use of some mild caustic, such as solution of nitrate of silver. When granulations spring up, and the base appears healthy, it matters little what applications be used, provided the part be kept scrupulously clean.

The ulcer may assume the characters and appearances of similar lesions elsewhere situated; *e.g.*, it may be indolent, irritable, or inflamed, or, by granulating too redundantly, impede the cicatrization. Such symptoms are to be met by the same measures as would ordinarily be used.

If the chancres threaten sloughing, it is best to dry the parts and apply nitric acid; afterwards using a lotion of potassio-tartrate of iron. With a solution of that salt applied to the sore, and the administration of the same drug internally, the phagedenic action will almost always alter its character.

Sometimes a large amount of inflammation, with great pain, attends the local progress of the disease. In such cases, the administration of morphia in liquor ammoniæ acetatis is highly beneficial.

That peculiar form of destructive ulceration which gives rise to the serpiginous sore, may not only attack a chancre or bubo, but the seats of lesions of consecutive syphilis. In sores, the subject of this complication, there is a tendency to the destruction of the neighbouring tissue in the form of segments of circles. It is a molecular death of the part, and is preceded by an inflamed, glazed, shining appearance of the surface. This is often very difficult of cure. Sometimes the application of calomel vapour to the part is very beneficial; particularly if the bichloride of mercury in tincture of cinchona be given at the same time, with the soap and opium pill at bedtime. A little watching upon our parts will soon determine whether this plan is likely to prove useful. The administration of the potassio-tartrate of iron internally, and the application of a lotion of the same salt to the affected part, sometimes answers very well.

The great thing, however (as far as local measures are concerned), is to excite an artificial and more healthy inflammatory process around the periphery of such sores. The following plan is a very good one:—A thin layer of Fell's paste (chloride of zinc paste) is to be spread on the unhealthy edge, in such a way as not only to destroy the affected, but a narrow rim of the nearest healthy tissue also. Attention to cleanliness, good air, and hygiene, are of primary importance in these cases.

Of the buboes which attend and accompany these chancres, two varieties may be mentioned. The progress of the first we can hope to arrest, while that of the latter will surely go on.

*First.* An inflammation of the lymphatics,—such as often occurs after abrasions or wounds of other parts,—may arise. The nearest inguinal gland may enlarge, and the textures seated upon it inflame, without there being any specific material in the gland-tissue itself. If an abscess form, it is a simple abscess, and the ulcerated surface does not become a chancre, affording inoculable discharge.

*Second.* When lymphatic absorption occurs, there is a transmission and lodgement of a chancreous virus in the part. An abscess will then ensue, and the resulting ulcer will, oftentimes, be but a repetition of the chancreous process, and to be treated, therefore, in a similar manner to the chancre.

When we have no means of deciding to which division the symptoms in the lymphatics are to be referred, it is well to try—by a few leeches, perfect rest, hot or cold applications, pressure, and the application of vesicants—to prevent suppuration. Of the latter, the best are—the vesicant action by a strong solution of iodine, or painting the integument with a strong solution of nitrate of silver, dissolved with the aid of a little nitric acid, as suggested by Mr. Henry Thompson. As soon as the effect of these remedies has subsided, pressure may be employed if the parts are still enlarged.

Should these plans fail in discussing the tumour, it is better to allow the patient to get up and walk about in the air.

Suppuration having set in, shall we open by multiple and small incisions, or by a depending one, involving the whole length of the swelling? The former course—with or without the use of stimulating injections—has proved very uncertain in its results; a free opening is generally to be preferred. The wound may then be dressed with strips of lint, from the bottom.

\* The application of nitrate of silver for this purpose is useless, from its limited action and deficiency of penetration.

If the integument be thin and undermined, the action indolent, and the skin of a dull red colour, opening the abscess by means of a liberal application of potassa fusa will be found to expedite considerably the subsequent healing.

When the abscess has been laid open, it will be often found that a large indolently inflamed gland appears at the bottom. Between this and the apposed textures no union will generally ensue, and nothing is more common than to be able to pass a probe around the circumference of such gland. Matter is apt to lodge in these intervals, inflammation and burrowing to ensue, with the formation of sinuses.

Nothing can be more troublesome to cure than these buboes; and by far the shortest course is to destroy the gland by caustics, or to put the patient under chloroform, incise the gland, and detach it with the handle of the knife or fingers, subsequently stuffing the wound with lint.

As the last may appear a severe plan of treatment, it may be well to try first the effect of repeated applications of nitrate of silver or the red oxide of mercury, by which the gland-tissue is gradually destroyed, and contraction of the walls of the abscess sometimes ensues.

Sinuses, here as elsewhere, must be laid open; for it is rarely that these heal by the injection of astringent and stimulating fluids. Of course, however, the effect of these can be tried before proceeding to the incisions.

When a sinus runs perpendicularly downwards—i.e., at right angles to the surface of the body—it cannot be laid open. An enlarged and inflamed gland will be found occupying the base of the sinus, and preventing its healing. By applying caustic to this, and stuffing the part with lint, it may be generally be made to heal from below. So soon as there is a healthy granulating foundation, the sinus will begin to be filled up. If the process become chronic, it is a good plan to pass a narrow bistoury to the bottom, and incise the walls of the sinus, applying pressure afterwards.

During the whole treatment, the patient should live well, take as much air and exercise as he well can, and steel with tonics are generally indicated.

Of the treatment of the infecting sore, I may at once state that, do what we may, constitutional symptoms will generally follow. I have treated cases with mercury until not a trace of induration has remained in the cicatrix, and yet secondary symptoms have appeared. Looking back upon the records obtained from numerous observations, I am led to conclude that mercury will remove an induration more speedily than any other medicine; that the interval between the appearance of the primary and secondary phenomena is more protracted than when mercury has not been used; that the secondary symptoms, when they appear, are not so marked or so severe, but that the syphilitic cachexia and loss of health may be as marked as if no mercurial treatment had been pursued.

Some of the worst cases are those in which the system becomes speedily affected with mercury, and a rapid ulcerative action sets in about the induration of the chancre. A rapid effect upon the system by mercury seems almost invariably to act injuriously; whether such result from the idiosyncrasy of the patient, or the object of the surgeon.

In many cases, the constitutional symptoms will be relatively slight, and the progress of the disease does not pass the secondary stage, but, in spite of relapses, tends to wear itself out; in others, the symptoms appear to increase rather than diminish in intensity as the evolution of the disease progresses. Diday makes the very practical division of the mild and severe, and modifies, to a great extent, the treatment pursued, by the recognition of these two types.

In the employment of mercury for the treatment of

syphilis, I do not think that sufficient attention is given to the following.

1. *Hygiene.* The patient should be warmly clad; live upon a good but plain diet; take plenty of exercise in the open air; use occasionally warm baths; and avoid stimulants, unless specially indicated.

2. It is neither necessary nor desirable to depress the system for the cure of syphilis. The disease in itself tends directly to induce a chloro-anæmic state; and it too often happens that the sufferers from it are the subjects of some debilitating conditions—congenital or acquired. In all cases, it is essential to elevate the general health to a normal standard; and we should neglect no means so to modify our treatment as to meet the exigencies of the case. As in other diseases, individual cases will almost always present a physiognomy of their own. Not only is there no reason against, but every reason for giving steel, quinine, vegetable bitters, or cod-liver oil, as circumstances require; at the same time that we apply a specific remedy.

Believing, as I do, that there is no remedy equal to mercury for the treatment of this disease, I cannot avoid perceiving that in primary affections its administration rarely, if ever, prevents the occurrence of constitutional symptoms; while, for the secondary lesions, it will be found that relapses and slow recovery are the rule, and a rapid return to health the exception.

In the treatment of the primary disease, I am guided by two considerations—1. The history of a previous attack of true syphilis; 2. The condition and indolence of the sores.\* If the sore be but slightly indurated; if it do not prove indolent, but can be healed by local remedies, I do not think it right to anticipate symptoms, which after all may not occur, by a remedy of doubtful efficacy, as a preventive to their appearance.

As many of the sores are mixed, and not so typical as described in books, the diagnosis is obviously not quite certain.

Powdered calomel is one of the best local applications to the indurated sore.

When sloughing, gangrene, or rapid ulceration appear in the chancre, mercury is either not to be given, or immediately withdrawn.

With regard to the various modes of treating primary syphilis by iodide of potassium, etc., I have not been able to assure myself of their possessing any influence.

Almost all primary sores will heal without treatment in time; but, when much induration exists, non-specific remedies fail to affect this, and the constitutional symptoms appear, as regularly and certainly, as if no treatment had been pursued.

For the secondary symptoms—with the exception of the pustular, rupitic, and ecchymatous forms of syphilide, or those accompanying cachectic states of the system—mercury, in some form or other, is the best remedy.

The course I pursue is—to use the mercurial vapour-bath, or mercurial inunction; allowing the patient steel and a good meat diet, if his strength appears impaired by the treatment. I invariably attempt to affect the system as slowly as possible, and to remit for a time the use of the remedy as soon as that effect has been attained.

Ricord advises that mercurials should not only be used so long as any symptoms are apparent, but that the treatment should be continued and sustained for long periods afterwards. With all deference to so great an authority, I am not sure that the practice indicated is a good one, even if patients could be found to submit

\* Supposing the patient to have suffered from a constitutional syphilis, the infecting sore will be much modified in its characters, and will rarely require mercury to heal it. Unless, therefore, there are some other reasons present for its administration, it is unnecessary.

to it. I have myself tried his plan, and, I fear, to the disadvantage of the patient.

What I conceive to be preferable is, to follow up the mercurials, so soon as the symptoms for which they have been given have fairly disappeared, by a course of steel and other remedies. In three cases (after the use of mercury, where the health seemed impaired by the remedy, and although no fresh symptoms had appeared, the cutaneous affections could not be said to be quite cured), I have given podophyllin in small doses (1-6th gr.), with extract of belladonna, with great advantage. The complexion improved very markedly under the use of this remedy.

Without having any statistical evidence whereon to ground my belief, I may say that symptoms referable to internal syphilis—such as cerebral, osseous, and glandular diseases—are apt to appear when a mercurial treatment has been sustained for a long period.

What I particularly remarked also, in some cases, was a cachectic aspect, and a liability to chronic rheumatismal pains, without cutaneous manifestations of syphilis, where a mercurial plan of treatment had been too persistently pursued. Among these rheumatoid affections, I would enumerate sciatica, and inflammations of the fibrous fasciæ covering tendons, bones, and cartilages.

The exhibition of mercury by the calomel vapour bath is excellent. It is not liable to affect the digestion, and it leaves room for the exhibition of any other remedies that may be required. It is, moreover, mild, slow, and equable in its action; so that it is safer than other plans, inasmuch as we have no means of telling beforehand what effect the remedy will have upon the system. Sometimes, from these very causes, it seemed to be inadequate. Every one must have remarked the seeming antagonism between the two states of system—that engendered by syphilis, and that by mercury. A patient will, perhaps, be easily affected by the mineral exhibited during the primary, and very difficultly so during the later stages of the disease. In cases of relapsing secondaries, the system is very tolerant of the drug, and but little amenable to its action. Hence, often, mercurial inunction will cure more speedily than the calomel vapour-bath. A very good plan is to rub some mercurial ointment into the thighs, and direct the patient to wear the same drawers for ten days or a fortnight, taking a tepid bath occasionally at night.

Should the patient's system be early affected by mercury, while the symptoms are not benefited, I give chlorate of potash in compound tincture of cinchona at the same time.

Of the internal preparations of mercury, I prefer the bichloride, in compound tincture of cinchona or in tincture of sesquichloride of iron; or the iodide of mercury in half-grain doses, with iodide of potassium or syrup of the iodide of iron.

Frequently, in strumous subjects, I find it useful to give the bichloride of mercury combined with cod-liver oil, which is easily done by first dissolving the bichloride in ether, before adding it to the oil. In some of the more intractable forms of syphilitic squama, a combination of liquor arsenicalis, solution of bichloride of mercury, and tincture of sesquichloride of iron, will be found very useful.

In syphilitic diseases of the skin generally, Mr. Starlin's advice to avoid the use of soap in ablution is well worth bearing in mind. The soap appears to irritate and inflame the parts occupied by an exanthem, and to protract the cure of the disease.

For the symptoms denominated tertiary, it is well always to try the effect of iodides of potassium, iron, etc.; for it is in this stage of the disorder that these remedies appear so useful. Should they, however, prove inefficacious, recourse may be had to mercurial treatment, by means of the calomel vapour-bath.

In some of the syphilitic diseases of the interior of the cranium, giving rise to extreme pain and symptoms indicative of cerebral irritation or inflammation, iodide of potassium, in large doses, appears to act with rapid benefit; while in others it as completely fails. When it does so, it is a good plan to shave some part of the head, blister the scalp, and dress the blistered surface with mercurial ointment; at the same time continuing the use of the iodide of potassium.

In the treatment of the external manifestations of syphilis, much benefit may be derived from local treatment. It often happens that a patient is cured of a cutaneous syphilide, in so far that no fresh spots appear, yet the older sores fail quite to disappear. In such cases, local treatment succeeds admirably. To indicate some of the symptoms and states benefited by local measures, I shall enumerate a few illustrations.

Raised papules (cutaneous and mucous) may remain indolent. The application of an ointment, composed of oxide of zinc, calomel, and simple cerate, will hasten their absorption.

The eruptions such as lichen, acne and herpes, will also be much benefited by the application of oxide of zinc lotion, or ointment; and if, as often happens in soldiers who have served in warm climates, these cutaneous diseases be mixed with prurigo and urticaria, the diacetate of lead lotion will equally expedite their cure.

Some of the vesiculo-crustaceous looking spots will, equally, cease to reappear if the affected parts be first painted for a few days with a solution of nitrate of silver (gr. x—xx to ʒi), and the oxide of zinc lotion applied afterwards.

Tar ointment, or the alcoholic solution of tar, is an excellent application to most of the dry forms of cutaneous syphilide, and to chronic eczema of the extremities.

Indolent glandular swellings, in a similar way, will gradually disappear under the use of strong solutions of iodine.

The superficial form of ulceration attending the pustules of ecthyma will likewise be much benefited by the occasional use of solutions of nitrate of silver or sulphate of copper. The deeper forms of ulceration attending the appearance of ecthyma as a tertiary phenomenon will hardly get well without the application of caustics and local stimulants.

The fissured condition of the palms in psoriasis palmaris will be much improved by the use of glycerine.

Whenever any of the ulcerated bases of syphilitic sores threaten sloughing, lotions of potassio-tartrate of iron will generally improve their aspect.

It must not be forgotten, that a papular form of eruption may appear after the use of iodide of potassium, and be mingled with the other cutaneous affections, as I have more than once observed; this will disappear upon the discontinuance of that remedy.

In all cases of cutaneous syphilide, an occasional warm bath will have a beneficial effect.

In the secondary syphilitic sores and fissures about the lips and buccal membrane, the occasional use of nitrate of silver and lotions of chlorate of potass will prove very effective.

Syphilitic onychia is a very troublesome affection, and, in addition to the use of mercury, will require careful local treatment. It varies much in degree and severity. The milder cases are excited by an ingrowing nail, the top of which has, probably, been torn down to its bed by the patient. The overlapping fold of skin then commences to inflame and ulcerate. The plan of treatment is, to remove the pressure by inserting some cotton wool in the interval between the fold of skin and the nail, at the same time that we harden the integument by lotions of nitrate of silver, and wait the growth of the nail beyond the bed upon which it rests. In other cases (particularly in the true syphilitic onychia, where the ulcer-

ation commences as a dark spot at the root of the nail, it is best to scrape the nail as thin as possible, and repeatedly apply the solid nitrate of silver, as well as a lotion of the same salt, to the parts, by which the death of the nail is procured, and, as it rises from its bed, it can be separated. In some it will be necessary to enucleate the nail, and then to treat the ulcerated surface.

*Syphilitic Iritis.* In the treatment of this affection, mercury and the application of atropine are the ordinary means used.

The mercury need not be given in large doses; and there is no reason against employing such other remedies as the state of the patient may indicate. It is well to drop the solution of atropine into the eye every six hours, or sufficiently frequently to maintain a dilated condition of the iris.

In some cases, neither mercurials, iodide of potassium, nor turpentine, appear to exert any effect. The iritis, instead of yielding, appears to advance. Some cases are, probably, of complicated nature—a mixture of the rheumatic with the syphilitic form of the disease.

I have seen an iritis commence in one eye of a patient who was affected with mercury for an iritis of the other eye.

In these cases there is not only a good deal of circum-orbital pain, with photophobia and lacrymation, but the anterior chamber becomes clouded; the iris with the periphery of the cornea yield, so that the latter appears to rise abruptly out of the sclerotic, although the cornea, as a whole, is less convex than normal; and the eyeball feels a trifle more tense and firm than that of the healthy organ.

In addition to the synechia, and recurrence of iritis from this very cause, there is a well grounded fear that the eyesight may remain impaired. In such cases nothing answers better than a division of the ciliary muscle and evacuation of the aqueous, by Mr. Hancock's operation.

In two cases in which I pursued this course, great and rapid improvement ensued.

The operation is so slight, and so easily performed, that there is little or nothing to fear from it in these respects. When it is considered that the ciliary muscle is the point at which the sclerotic, cornea and iris meet, and that any effusion behind the iris must tell directly upon this, the most unyielding part of the eye, we cannot be surprised at the beneficial results ensuing from its division, and the establishment of an opening between the anterior and posterior chambers.

Now that I am upon the subject of iritis, I may remark that there is a variety of ophthalmia occasionally following gonorrhœa, allied, in its symptoms and appearances, to rheumatic iritis; indeed, it is a form of gonorrhœal rheumatic inflammation. This disease is very easily mistaken for syphilitic iritis; but it differs from it in not having the minute beads or nodules of lymph deposited upon the iris, which are so common in the syphilitic disease. The sclerotic is always affected; the conjunctiva generally so; and the margin of the cornea looks dull, preventing the perfect view of the iris. The pupil is contracted, as in syphilitic disease, and yields difficultly to the action of atropine, but synechia is not a common result. The disease is more chronic, painful, and difficult of cure than the syphilitic form; photophobia and lacrymation are also more marked phenomena.

Rollet has well described this sequela of gonorrhœa. I have given the symptoms as I have observed them; and the subject has been introduced here upon account of this form of disease being very commonly, but erroneously, referred to a syphilitic origin.

In conclusion, I must reiterate, what I have already implied, that any treatment of syphilis, particularly in its constitutional phases, will be materially assisted by a strict attention to hygiene. The patient cannot take

too much air, nor live too plainly, nor can we endeavour too much to invigorate his system. In military hospitals this cannot be done, unfortunately, to anything like the required extent. Air and exercise cannot be obtained; and the patient, after a monotonous confinement within the wards of an hospital, but too frequently plunges into dissipation as soon as he leaves it.

## ON UTERINE FLUXES, THEIR CAUSE AND CONSEQUENCES.

By W. E. C. Nourse, F.R.C.S., Brighton.

UTERINE and vaginal fluxes mainly originate in conditions of local vascular fulness and activity, dependent on the anatomy of the uterine blood-vessels, or on the vascular determinations consequent on the various physiological conditions of the womb. In this, they differ from the bowel-flux and lung-flux, the two other great classes of disorder in which discharge from the body is an essential feature, and which are more under epidemic influences. The fluxes from the utero-vaginal tract may be enumerated as:—1. *Hæmorrhagic discharges* (excluding those of pregnancy or parturition); 2. *Menstrual discharges*—menorrhagia and dysmenorrhœa; and 3. *Altered discharges*—leucorrhœa.

I. A lady was attacked with violent flooding four weeks after a miscarriage. Here the recurrence of the monthly determination was the principal cause; the uterine muscular fibres not being in the same state of development as they possess four weeks after child-birth, when they have power to prevent by compression any such occurrence. But, non-completion of the requisite changes after the expulsion of the contents of the uterus, is also to be taken into account. Uterine disorder is often noticed after the birth of a dead child. A case of this sort is recorded, in which peculiar uterine conditions were present, coupled with typhoid fever. The following is somewhat similar. A lady was confined with a dead child; after which menstruation was profuse, and with clots; and in four months she was attacked with low fever, accompanied by intense hysteria. Excessive and painful menstruation continued for some time; but at length was replaced by leucorrhœa. Two years later, she was suffering from symptoms treated as ulceration of the os uteri, with the speculum and caustic, but which were in reality, merely due to relaxation of the vagina, permitting the uterus to fall a little from its place. Cure was speedily effected by means restoring the tone of the vagina. This patient had suffered from hepatic symptoms. In another case there was congestion of the uterus after the birth of a dead child. In another, irregular, painful, and excessive menstruation, with uterine leucorrhœa, following the birth of several dead children. Circumstances pointed to previous uterine derangement. In these cases, the death of the fœtus is probably caused by previous uterine disorder, which becomes more prominent after the birth, and thus is noticed as following the birth of a dead child.

II. In other cases, menorrhagia was associated with plethora; with hysteria; with debility and want of vital power; with lactation; alternating with leucorrhœa, the vagina relaxed, and the womb low down; and especially with hepatic derangement, and with habitual drunkenness. Disordered liver, however caused, is frequently found to accompany increased, difficult, or painful menstruation; the obstructed portal circulation favouring a tendency to pelvic congestion.

III. Leucorrhœa frequently alternates with, or succeeds and replaces dysmenorrhœa and menorrhagia. A lady, subject to frequent attacks of painful congestion of the liver, was also a great sufferer from dysmenorrhœa. Some years after, leucorrhœa alternated with the dysmenorrhœa; and ultimately, there were symptoms of



dropping of the womb, with enlargement and congestion of the os uteri, from relaxation of the vagina. Another lady, subject to hepatic derangement, suffered from excessive and painful menstruation. Miscarriage was caused; and after a time, leucorrhœa came on. In these disorders, the uterus itself remains free from any structural alteration. But a common sequel of long continued leucorrhœa is, relaxation and weakening of the mucous membrane of the vagina. Former disturbed menstrual conditions may have ceased; the menses themselves, from one cause or other, may have ceased; the leucorrhœa accompanying former menstrual disturbance may remain, or again, it too may have ceased; while the consequences of these successive occurrences, which have very likely been forgotten, the relaxation of the vaginal mucous membrane, may be giving rise to a number of structural alterations. The commonest of these is, partial descent of the uterus, the os uteri being lower than natural, and often resting on the floor of the vagina. This condition, if unrelieved, may last long, and cause much distress. If it be suffered to continue, another change takes place. The os uteri thickens and enlarges, or may even ulcerate. Other well known effects of relaxation of the vaginal mucous membrane may be, either vaginal rectocele, vaginal cystocele, or prolapsus uteri, diseases which may last for years, long after the uterine fluxes which have preceded them have ceased.

Thus the sequence of events is: 1. Menorrhagia or dysmenorrhœa, due to vascular fulness about the uterus, often connected with obstructed portal circulation; 2. leucorrhœa; 3. Relaxation of the vagina, permitting the womb to fall a little from its place; 4. Consequent enlargement of the os uteri, perhaps with ulceration; 5. Some kind of prolapsus.

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### CASE OF MONSTROUS BIRTH.

By JOSEPH HINTON, M.R.C.S., Hinton, near Bath.

[Read November 27th, 1862.]

THE mere fact of the uterine contents being monstrous in form may not in any way interfere with the parturient efforts of the organ, and the delivery may prove perfectly natural, albeit the said contents may have faint resemblance to "the human form divine"; whilst, again, with scarcely any extreme deviation, the monstrosity may complicate the delivery, and render our diagnosis exceedingly difficult. To this latter category my case belongs.

A few weeks ago, I received an urgent message to attend a woman, who was in labour before she anticipated. From the messenger I could gather nothing as to the nature of the case, and nothing very satisfactory as to the duration of the labour. On this latter point, I have since received very conflicting accounts; the current report being that the woman had been several days in labour; that some six-and-thirty hours before my arrival, the pains had been so violent, that the completion of the labour appeared imminent; but that soon, and without any reason, these pains died away wholly, and she had scarcely experienced any since. The midwife declared that she had sent off immediately on discovering that something was coming down, which she could not understand. The patient was a young and apparently healthy primipara. Her condition was not the most satisfactory. She was cold and shivery, often drowsy; her pulse small and feeble; in fact, she was decidedly prostrated. She did not consider herself more than seven months advanced. On examination, I found a mass, of the size of a cricket-ball, outside the vagina; it

gave somewhat the sensation of the placenta but smoother. Unable to arrive at any conclusion as to its nature by the touch, I exposed and carefully examined it, but for some minutes I was equally staggered.

Its odour and appearance resembled that of strangulated intestine in a sloughing condition. The closer the examination, the more convinced was I that the mass was intestinal; at last, I fancied I detected something that might pass muster as a diminutive appendix vermiformis. A vaginal examination was made with difficulty. I traced the mass within what I believed to be the posterior edge of the os uteri; but was unable to detect any other presenting portion. I was led to diagnose total deficiency of the abdominal walls in the fœtus, and that this presenting mass was the fœtal intestines. With much difficulty, I succeeded in reaching a knee, and bringing it down; the foot was very broad and flat, with scarcely any great toe; the cuticle separated very easily, although the patient considered she had felt the child in the morning. The other foot was then brought down; it resembled its fellow. The nates and abdomen, such as it was, were then brought to view. To the inexpressible horror of the midwife, the former boasted a very respectable tail about two inches long, and a quarter of an inch in diameter; it was devoid of hair.

In endeavouring to deliver the remainder of the fœtus, the spine gave way. I then brought down both arms. The third finger on the right hand was a stump. I used all the force I dared with the arms unsuccessfully; the head was not in the pelvis, the neck being much stretched; the abdomen was still large. I therefore left the patient quiet and she fell asleep, whilst my instruments were sent for. Whether during this interval any portion of a large hydrocephalic head had so given way, as to allow the escape of a portion of the fluid, I cannot say; but on introducing my fingers to guide the blunt hook, a large quantity of serum escaped, and possibly an attempt at delivery might have been perfectly successful. I decided, however, on passing the hook; and, fixing it in a portion of bone I could detect, which proved to be the left orbit, I drew out with tolerable ease an enormously elongated head, like a thickened bladder, with the cranial bones hanging loosely in the interior. The placenta was soon expelled; it was large but healthy, except in the funis. The child was a male.

The head was exceedingly large; the body was not larger than that of a seven months fœtus; the nails were unformed; the features were most revolting; two holes represented the nose, whilst, extending into this feature, was a very wide hare-lip, the lip itself being scarcely visible; the palate also was deeply cleft. The cranial bones appeared loose within a very thickened scalp. Within this there was still a quantity of fluid; there was also a small cerebral mass. The spinal column was much distorted, being bent with the bow part forwards. The abdominal parietes were wholly deficient; the left kidney appeared almost in its normal position; the right was amongst the convolutions of intestine; so also was the liver. I could not make out exactly how the funis was attached, as it had suffered from the general condition, and had given way in the delivery. Some drops of meconium oozed from the anus.

When I placed the monster in position for taking a rapid sketch, I was struck with the resemblance in face to a man whom I used often to see in Bath, who walked by the aid of two sticks, on the balls of his toes, and has, I think, hare-lip, etc. At any rate the expression was very similar, and the same impression was conveyed to the mind of the midwife. However, the patient, when questioned, denied firmly having experienced any fright at any time during the pregnancy. She allowed that she knew this man, and that, about five months ago, he pointedly came across the street to her to beg.

Here, the patient, if her statement can be believed, and there appears no reason for doubt, was unaware of

any effect having been produced on her, nor was the fact of her having seen this individual, elicited except on cross-examination. We very often meet with the reverse; frights sustained, horrid phantoms and realities witnessed, yet the fœtus is proof against them all.

As this man is a Bath character, I was anxious to mention the case at one of our Bath meetings, hoping some of our associates might know more of the individual, and be able to tell us whether he enjoys the distinguishing mark of a tail, which in these days of disputation, might prove a valuable connecting link to those, who contend that men are only monkeys of a wiser growth.

If he be thus gifted, it is a peculiar coincidence that it should be stamped on the fœtus, without the cognisance in any way, as we must presume, of the mother.

## Reviews and Notices.

LECTURES ON SYPHILITIC AND VACCINO-SYPHILITIC INOCULATIONS: their Prevention, Diagnosis, and Treatment. Illustrated by Coloured Plates. By HENRY LEE, F.R.C.S., Hon. Fellow of King's College, London; etc. Second Edition. Pp. 335. London: 1863.

SINCE the first edition of these *Lectures* appeared in 1854, Mr. LEE has zealously and ably availed himself of the opportunities at his disposal for observing the phenomena of syphilis. The conclusions at which he has arrived he has from time to time made known through the medium of the medical societies and the professional press; and he has now done good service in collecting into one volume his opinions on *Syphilitic and Vaccino-Syphilitic Inoculations*, on which subjects he has acquired for himself the right to be listened to as an authority.

The volume before us consists, besides a preface and introduction, of sixteen lectures under the following heads: 1. The Suppurating Syphilitic Sore; 2. Syphilitic Infection; 3. Syphilisation (so-called); 4. Syphilitic Inoculation in Animals; Lymphatic Absorption; 5. Destructive Syphilitic Inflammation; 6. Transmission of Syphilis by Vaccination; 7. and 8. Vaccino-Syphilitic Inoculation; 9. Twofold Inoculation; 10. Inoculation with the Blood of Syphilitic Patients; 11. Syphilitic Inoculation Modified by the Hereditary Transmission of Disease; 12. Syphilitic Inoculation Modified by Previous Disease; 13. Transmission of Secondary Syphilis; 14. Constitutional Syphilis; 15. Secondary Syphilis, continued; Tertiary Syphilis; 16. The Calomel Vapour-Bath.

Until within a recent period, writers on syphilis have sought to determine the number of poisons producing the morbid actions commonly classed as venereal. Some have recognised but one poison as producing all the syphilitic affections, including gonorrhœa; others distinguish between syphilis and gonorrhœa; while a third class, in addition to this distinction, separates the syphilis which infects the constitution from that which does not. Mr. Lee, however, at the outset expresses his object not to be to engage in speculations as to the number of poisons, regarding which demonstration is difficult and the results often varied and contradictory, but rather to study the modes of action which follow impure contact—"the morbid processes to which the contact of syphilitic matter gives rise, the circumstances under which these diseased actions de-

velop themselves, and the results which they respectively produce."

It is in this way, by the accurate observation of facts, that satisfactory results are to be arrived at. For the several forms of morbid processes observed are each always the same under the same conditions; while theories about the number of different poisons may vary constantly. By describing the morbid processes as they are observed in nature, many of the apparent difficulties which have long surrounded the subject of syphilis are removed, and many apparent contradictions are explained. It was on this plan—observation—that Hunter worked; and it seems that now his labours and writings on syphilis are, for the first time in the present century, assuming their true position and receiving their proper appreciation.

The forms of syphilitic action described by Mr. Lee are two; viz., that which produces the local suppurating sore; and that which infects a patient's system. Either of these may be complicated by lymphatic absorption and by mortification; so that four distinct processes may follow syphilitic inoculation.

"1. The inoculated part may become affected with the 'adhesive form of inflammation,' in which lymph is poured out either in the substance or on the surface of the part.

"2. The absorbents may assume an active share in the morbid process, taking up some of the infected parts, and with them portions of the syphilitic poison. This process will be called 'lymphatic absorption.'

"3. The inoculated part may, within a few days of the application of the poison, be affected with suppurative inflammation.

"4. The morbid action may terminate in mortification. Of this there are two practical subdivisions:—(a.) Death of the whole infected part, which is then thrown off as a slough; (b.) Dissolution and death of a part only of the contaminated structure, leaving a part still infected." (Pp. 3, 4.)

These four kinds of morbid processes were described by Mr. Lee in the *ASSOCIATION MEDICAL JOURNAL* as long ago as 1854.

The subject of lymphatic absorption in its relation to syphilitic infection has been very carefully examined by Mr. Lee. It was asserted by Hunter, that venereal matter is taken up by lymphatic vessels and carried by them into the general circulation; and this theory has been generally received as correct until lately. Recent researches, however, in which Mr. Lee has taken an active part, have shown that in no case can the poison be traced beyond the first set of lymphatic glands. The absorbents convey the poison up to this point, both from the suppurative and from the adhesive or indurated sore; and in each case the peculiar local action is manifested in the parts traversed by the lymphatics and in the glands first in order; but, beyond this point, "no further effect is produced upon the lymphatic vessels. The fluids which they contain are bland and harmless, and afford no indication of containing any poisonous or irritating ingredients." Virchow holds a similar opinion with regard to the supposed transmission of pus and other matters, such as the substances used in tattooing, through the first set of glands beyond the point of absorption—a transmission which he denies ever to take place.

Mr. Lee lays much stress on the *mode of origin*

of syphilitic affections; holding that the action which accompanies the first appearance of the disease will indicate, in uncomplicated cases, whether the patient's system will or will not be infected. The suppurating sore, whether produced by lymphatic absorption or by artificial inoculation, is diagnostic of the pustulous or non-infecting variety of the disease, while the adhesive or indurated sore gives rise to constitutional symptoms.

An important means of diagnosis between the non-infecting and the infecting sore lies in the reinoculation of the secretion. This theory was first announced in 1855 by M. Clerc.

"In 1855, M. Clerc announced the doctrine, that the secretion from infecting sores could not be inoculated—a theory which corresponded with, and might have been deduced from Ricord's dogma, that a person can have syphilis once only. As the indurated sore was allowed to be the necessary precursor of constitutional syphilis, and as syphilis was supposed always to follow an indurated sore, it followed that, when once the constitutional affection was established, the patient's system in which it was so established would no longer be capable of being reinoculated so as to produce again the same disease." (P. 27.)

The merit, however, of proving this point by direct experiment is due to Mr. Lee, who, in 1856, published the results of his observations in the *British and Foreign Medico-Chirurgical Review*. These observations, which have been confirmed by those of M. Fournier (published in 1858), and by the more recent observations of M. Rollet, have established that a means of diagnosis between the non-infecting and the infecting sores lies in the fact that the former yields a secretion which is "auto-inoculable"—that is, capable of producing a specific pustule when inoculated on the patient; while, "if a disease which we believe to be primary syphilis yields a secretion which is not auto-inoculable, then the evidence is against the local character of the affection, and indicates a constitutional mode of treatment." The results of experiments on this point are found by Mr. Lee to be very uniform; and the apparent exceptions which have occurred in his own observations and in those of M. Fournier and Rollet, he ascribes to the circumstance, that in these instances a twofold inoculation had taken place, and produced the local suppurative sore as well as the infecting chancre.

The most interesting parts of the book are those which refer to twofold inoculation, and to the inoculation of the blood of syphilitic patients.

In speaking of twofold inoculation, Mr. Lee argues that this phenomenon may occur under several circumstances, when the products of different diseased actions are brought into contact with the same part of a fresh patient. Thus, gonorrhœa and a suppurating sore, or a suppurating and an infecting sore, or gonorrhœa and an infecting sore, may act simultaneously; or the effects of any of these may be again complicated and masked by the introduction of decomposing fluids. But the most important subject in connection with twofold inoculation, is the transmission of syphilis by vaccination. Regarding this, he shows that the experiments of Viennois, and the startling series of facts recently observed at Rivalta, as well as other observations, demonstrate the possibility of communicating syphilis, whether from primarily or from secondarily infected patients,

by vaccination. This is contrary to the almost universal belief which prevailed a very few years ago, and which is still held by many, that syphilis cannot be communicated in this way. But does this furnish an argument against the practice of vaccination? Certainly not. It merely enforces on our consideration a lesson which has been long known, but which requires occasional repetition—to use proper care in the performance of the operation.

"In practice, four very simple rules would appear to be sufficient to ensure safe vaccination:—

- "1. To use a clean lancet upon each occasion.
- "2. To take the lymph not later than the eighth day from the vesicle of the vaccinifer.
- "3. To take the lymph only, and not to allow blood or other secretions to be mixed with it.
- "4. To obtain the lymph from a healthy subject." (Pp. 178-9.)

The third of these rules is an important one, and forms the text of the tenth lecture. Viennois found in his experiments that syphilis was not communicated unless the vaccine lymph were mixed with blood; and, in the Rivalta epidemic, it is averred that blood issued from the vesicles of the child Chiabrera—the first vaccinifer, who infected the others—during the vaccination, and that the lancet used was impregnated with blood during the operation. The inoculability of the blood of syphilitic patients so as to produce a disease on the inoculated point has been further established by several other experiments, especially those of an Italian physician, Dr. Pelizzari.

Closely connected with this subject is that of the inoculation of the secretions of syphilitic patients, which is treated of by Mr. Lee in his thirteenth lecture. He there shows how many cases which have perplexed Hunter and other surgeons are explicable on the ground of the infection being communicated to a healthy person by the secretions of a patient affected with secondary symptoms, or even by the ordinary secretions of a syphilitic body, when derived from a part in a state of increased action or inflammation. He refers to some interesting cases noticed by Hunter in which syphilitic symptoms were developed after the transplantation of teeth into healthy individuals. Although the cases were believed to be syphilitic and treated as such, it seems to have been a very general belief that the disease could not be communicated in this way; but, calling to mind the results of Hunter's well known experiments on the transplantation of parts, and the demonstration, in one of the previous lectures, that syphilis may be communicated by the blood of an infected person, Mr. Lee argues that

"If the tooth of an infected person be transplanted into the mouth of a person who has never before had the disease, the minute quantity of blood which it contains may be sufficient to infect the healthy person; and it is quite clear that simply wiping the outside of the tooth would not prevent such an occurrence."

Some have supposed, that wiping the tooth before insertion would prevent infection.

Having thus given a sketch of some of the leading points in Mr. Lee's work, we must conclude by commending it to the favourable notice of our readers, as the result of much accurate observation, diligent study, and careful reasoning, on the part of the author.

# British Medical Journal.

SATURDAY, FEBRUARY 21st, 1863.

## THE TITLE OF DOCTOR.

THE "Doctor" and "M.D." title, as assumed by non-diplomatized Licentiates of Royal Colleges of Physicians, is still, as our correspondence will amply show, a disturbing subject of discussion. It is not surprising that there should have been much discussion, and, considering the apparently conflicting interests at stake, much difference of opinion held on the matter; but we apprehend that most of the profession, who have taken an interest in it, will now admit that all that can be said upon the subject has been already many times said, and that we are now in a position, from the arguments *pro* and *con* before us, to come to some definite conclusion about it. We have already expressed our views; but, as we still continue to receive communications on this *ter quaterque vexata questio*, we shall once again repeat what, as it seems to us, is the fair and legitimate compromise which must be come to. The world lives by giving and taking.

Our conclusion, then, is this: that no private member of the profession can refuse to give the courtesy title of Dr. to any gentleman—Licentiate of a College of Physicians—who chooses to claim the title; that no member of the profession—no physician—who does not possess the university degree of Doctor, has the right of, or is justified in, appending to his name the letters M.D., unless he possess the right under some special powers of the charter of the College from which he has obtained his physician's license. We make this latter exception, because, as most of our readers are aware, the King and Queen's College of Physicians in Ireland claims that its charter contains special powers under which the College is enabled to grant the title of Doctor of Medicine. The College, we are told, is supported in its claim by strong legal authority, and is ready to try the question at law with any one who is willing to dispute the right.

But it will be seen at once, upon consideration, that this special claim of the King and Queen's College, founded on alleged special powers of its charter, gives no kind of right to the Licentiates of other Colleges—of the London and Edinburgh Colleges—to assume this title of M.D. On the contrary, it leads distinctly to the opposite conclusion; viz., that they have no right to the M.D. appendix, because the charters contain no such special clause as that above referred to. We need scarcely add, that neither of these Colleges makes any pretence to a claim of the kind; and we believe we are

quite right in saying that, in fact, any Licentiate of these Colleges, non-diplomatized, who does add M.D. to his name, is actually liable to the pains and penalties of prosecution under the Medical Act. Let it be understood that we are speaking of the Licentiates of the London and Edinburgh Colleges; for of the case of the King and Queen's College we have made an exception, and upon it we offer no definitive opinion, beyond what may be obtained from the *primâ facie* position assumed by that College, and from its readiness to try legal conclusions with any one who desires to dispute its claim.

The arguments in favour of giving the courtesy title of Dr. to any Licentiate who claims it are these. In the first place, it must be remembered that no doubt or difficulty occurred on the subject until the year of grace upset the even tenour of physicians' ways. It was only when physicians began to descend on the country from our Colleges like avalanches, that the doctors began to feel themselves disturbed; and truly every one must admit that it was rather a rude blow to the rare physicians and doctors of the previous days to find themselves all of a moment surrounded, and as it were swamped, by a suddenly created corps of new physicians. The ancient doctor naturally enough expressed a little surprise on finding, when he woke up in the morning, several of his medical neighbours, whom he had on the previous evening regarded as general practitioners, suddenly converted into doctors and physicians of Colleges, just like himself; and no one can be astonished that the aforesaid physician and doctor should be rather chagrined when he found how easily and pleasantly this conversion had been effected, and when he recollected the three days written and oral examinations which he himself had been subjected to before he had been able to obtain the like honourable title. No one can be surprised that there should, under such circumstances, have been utterings, mutterings, and murmurings.

Now, however, that time has mellowed down and made us better acquainted with the griefs of that year of grace, we are able to take a more calm and serene view of the case. And, in truth, as practical men, we are bound to judge it as it stands before us. Now it is idle and useless to pretend that Licentiates made during the year of grace, because they passed through no examination, are not as good, veritable, and true Licentiates, as any other Licentiates of the Colleges. The Colleges, in granting those licenses, acted with their eyes open, and are therefore bound to throw their equal mantle of protection over all their Licentiates. They cannot, with justice, distinguish an examined Licentiate from a year-of-grace Licentiate. One Licentiate, therefore, is in its eyes equal every way to another; and any injury which may have been temporarily inflicted upon the few Licentiates of other days by this large

year-of-grace creation of new ones must be regarded as one of those misfortunes which are necessarily incidental to all great movements—we mean, of the kind which unfairly hit the few whilst benefiting (as presupposed) the majority.

Such being the position of things, what we find is this: All Licentiates of Colleges of Physicians are of necessity physicians. Then, again, in the eyes of the community, all physicians are doctors; and there can be no doubt that a great many members of the profession took their physician's license under this general impression, conceiving that thereby they would win for themselves the title of Doctor. In fact, as is well known, a vast many doctors have sprung up in consequence of that year-of-grace licensing. But not only has the general sentiment of society in modern times made physicians and doctors synonymous terms, but the London College of Physicians has itself on various occasions permitted and sanctioned, and actually patronised, the assumption of Dr. by its non-diplomatised Licentiates. Now, without inquiring why the College did this, the fair inference to be drawn from the fact is, that the assumption was in its eyes in no way an improper or an immoral act. But, as the College had no power whatever to grant the title of Dr., it necessarily did so merely as a matter of courtesy. Why, then, it may be fairly asked, should not the profession use the same act of courtesy, if they think right to do so, and give the title of Dr. to those Licentiates who demand it?

True, the London College of Physicians has now altered its views, and refuses to address as Dr. those of its Licentiates who possess not a diploma; and so far it has reversed its former position; but it has done no more than this. It has not asserted that its Fellows, Members, and Licentiates shall not so give the title of Dr., if they please, to those of their Licentiates who ask for it. The College has, indeed, as far as we can judge, left the question an open one—every man being permitted to act according to his own lights and inclinations; and, if we are not much mistaken, there are very few if any Fellows or Members of the College who, privately, actually do refuse this courtesy Doctor title to those who ask it. So that, as private members of the profession, they do not stand by the conclusion which they sanction as members of a public corporation; and this clearly indicates that there is, at all events, some slight logical looseness in the screw of the corporation's resolution.

Thus, then, we find the following facts before us in favour of giving this courtesy title of Dr. to all Licentiates of Colleges of Physicians:—That Licentiates are physicians; that the public regard physicians and doctors as synonymous individuals; that the College of Physicians of London has itself sanctioned the affix of Dr. to its Licentiates' names; that

the Colleges of Physicians, when they were making Licentiates by hundreds during the year of grace, in their consciences (if corporations really possess such inconveniences) well knew that the Licentiates would take the title of Dr. with their license; that the Colleges do *not* direct or recommend their Members, etc., not to give the affix to non-diplomatised Licentiates; and that it is impossible, and would be most unfair, to attempt to draw any line of distinction between one set of Licentiates and another; and, therefore, that all are equally entitled to all the privileges which belong to "physicians". Lastly, we may add, that there is nothing illegal in the assumption of the prefix of Dr. And for these reasons we conclude that we cannot refuse to give the title of Doctor to any Licentiate of a College of Physicians who chooses to ask for it.

We must, however, in conclusion, state that for any non-diplomatised person\* to append to his name the letters M.D., appears to us to be doing that which is utterly without defence. He undoubtedly thereby subjects himself to the pains and penalties of legal prosecution; and, worse than this, we are satisfied that he will, in so doing, meet with the general reprobation of the profession.

### MEASLY PORK.

M. DELPECH has just read a paper at the French Academy of Medicine on the hygiene of measly pork.

The "leprosy" of pork, he concludes, consists in the presence of cysticerci in the tissues of the animal, and especially in its muscular tissue.

Taken into the human stomach with the meat raw or not well cooked, these animals are the most common, if not the sole source of the development of this entozoon.

The researches, however, of Weiss of St. Petersburg on the flesh of raw beef, and the curious facts collected by M. Judas from the reports of the military medical men, who have pointed out the endemicity of the animals in Algeria, show that further investigations are required to prove that the affection has no other origin.

The cysticerci exposed for some length of time to a temperature of 100° centigrade (212° Fahr.) are destroyed, and the flesh containing them thereupon loses its hurtful properties.

The cysticerci are rarely found in the fat. Measly pork, therefore, cooked in the neighbourhood of the abattoirs, under the surveillance of the police, may be safely employed as an article of food; and the fat may be also safely employed.

The cysticerci in the pig are derived from the ingestion of the ova of the *tænia solium*, or some other species of worms enclosing the ova, which they find

\* We of course exclude from this consideration the Licentiate of the King and Queen's College in Ireland.

in human excrements. This diseased condition of pork results originally from the filthy condition in which the pigs are kept.

It would be well to spread these facts widely and authoritatively amongst those who breed pigs. During life, the characters of this condition of the pig are obscure. The presence of sublingual vesicles, when it exists, is the only sure sign.

These different conditions have caused the authorities to prohibit the sale of diseased pork; but we may now consider that this prohibition should be removed. Moreover, the loss ought to fall on the person who fed the animal, and not on the butcher who buys it for sale. This would cause the breeder to be more careful in the keeping and feeding of his pigs.

### THE WEEK.

WE would call the especial attention of our readers to a letter signed "An Army Surgeon." The writer knows his subject well. The gross injustice to which he calls attention should be well understood in the profession. From the systematic way in which the Medical Department of the army has always been snubbed by the aristocrats at the Horse Guards, it appears evident that there is only one way by which the profession can wring justice from that quarter. The profession has certainly (if it would only exercise its powers) in its own hands the means of teaching the Horse Guards a lesson; and that is, by abstaining from entering into the army, until the equitable terms of agreement laid down by the late Lord Herbert are granted. At all events, the younger members of the profession would do well carefully to consider the actual worth of the position they will obtain by entering the army, before they don her Majesty's livery. Our correspondent certainly gives no flattering account of the position and prospects attached to it.

At a meeting of numerous friends (medical and general) of Mr. Adams, held on the 18th instant, at 5, Cavendish Square, it was resolved, that a public meeting should be called to express sympathy with Mr. Adams, as being the victim of an attempt to extort money; and to consider what steps should be taken to prevent unjust charges from being brought against medical and other members of society. An executive committee was appointed to carry out this resolution. The feeling in favour of Mr. Adams was universal and most strong. Much misconception, it was stated, had arisen in the public mind, and prejudice has been raised against him, in consequence of the report of the trial given in the *Times*. From this report, many persons have been led to think that

Baron Pollock summed up against Mr. Adams. Mr. Adams has, therefore, published the judge's summing up in full from the short-hand writer's notices; and a perusal of it will satisfy any one that the judge was, from the beginning to the end, in favour of Mr. Adams. Indeed, it appears certain that, had it not been that some twisted-minded person had been on the jury, the trial would have been stopped by the judge on the first day. The general feeling at the bar is clearly in favour of Mr. Adams. An eminent legal authority assures us that, in his opinion, the verdict of the jury in the case of Russell v. Adams was undoubtedly wrong—undoubtedly not justified by the evidence. It ought, he says, to have been simply a verdict for the defendant. The meeting referred to will take place early next week, and the public will then have an opportunity of manifesting their sympathy with Mr. Adams.

MR. COULSON has notified to his colleagues his resignation of his office of surgeon to St. Mary's Hospital. Mr. Spencer Smith will doubtless fill the vacancy caused by his retirement.

IN alluding, as we have often done, to the abuses practised in London hospitals by those who obtain improperly gratuitous medical advice, we have remarked that it is especially in the special hospitals that these abuses are most rampant. A remarkable instance of the fact came before the public at a late trial. A "gentleman of the name of Crump, a cashier," who, it appears, pays his governess forty guineas a year, obtains a letter, and sends his child to the Orthopædic Hospital, where it is treated gratuitously. Such a case needs no comment. Gratuitous advice given in this way is simply a robbery of the profession.

DR. STRUTHERS, Lecturer of Anatomy in the Edinburgh School of Medicine, has lately written a paper on the function of the round ligament of the hip-joint. Anatomists, as our readers know, have heretofore differed as to the uses of this ligament. Dr. Struthers now says:—"The function and the only function of the ligamentum teres is to check rotation outwards in the flexed position."

WE suppose that the supply always indicates a demand; and, therefore, must conclude that the following advertisements, taken from the *Daily Telegraph*, show the existence of a peculiar kind of traffic, which is going on spite of our famous and innocent Medical Act:—

"For Sale.—A Medical Diploma to be disposed of. For price, etc., send a directed envelope to J. A., care of Bookseller, 3, Spur Street, London, W.C."

"An Original Medical Manuscript to be disposed of. It is a first class production, and will bring both profit and prestige to the purchaser. Address, for interview, to Medicus, 3, Spur Street, London, W.C."



M. RENAULT informs the Academy of Sciences that during the last twenty-four years he has, at Alfort, made numerous experiments for the purpose of learning the period of incubation of hydrophobia in the dog. During that period, 131 dogs have, under conditions (which he describes), been either bitten by mad dogs under his own observation, or have been inoculated by him with the foam as immediately collected from the mad animals. Of this number, 63 having presented no signs of disease during the four subsequent months, were not further observed. Of the 68 others, the hydrophobia was developed at various periods, as shown in the following table:—

In	1 dog between the	5th and 10th day.
4	" "	10th and 15th day.
6	" "	15th and 20th day.
5	" "	20th and 25th day.
9	" "	25th and 30th day.
10	" "	30th and 35th day.
2	" "	35th and 40th day.
8	" "	40th and 45th day.
7	" "	45th and 50th day.
2	" "	50th and 55th day.
2	" "	55th and 60th day.
4	" "	60th and 65th day.
1	" "	65th and 70th day.
4	" "	70th and 75th day.
2	" "	80th and 90th day.
1	" "	100th and 120th day.

Thus, of these dogs—

31	became mad after the	40th day.
23	" "	45th day.
16	" "	50th day.
14	" "	55th day.
12	" "	60th day.
8	" "	65th day.
7	" "	70th day.
3	" "	80th day.
1	" "	118th day.

THE last number of the *American Medical Times* gives an engraving of the instruments of a notorious abortionist. They are fifteen in number, and of a most unsurgical-like appearance. They were found "at the establishment of the notorious abortionist, E. M. Browne."

"The complete collection contains forty different articles. The principal ones are here represented. They consist of spoon-handles, bent in different directions to suit the operator; several penholders with wire attached; one tack-hammer, with glass rod for a handle; one hair curling-tongs, altered to resemble a placenta-forceps; two porte-crayons, holding mustard-spoons; one large glass tube, closed at one end with wax and covered with cerate, containing cowhage (*mucuna pruriens*); together with catheters, bougies, etc."

His trade is for the moment arrested.

"Clementina Anderson, then between four and five months pregnant, entered this establishment to have an abortion produced. On the same day she was subjected to two operations by Dr. Browne; one in the morning, and the other in the afternoon."

In the end she dies, and so brings Mr. Browne into the hands of the law.

IRELAND is the country of anomalies. It is really difficult to understand why in Ireland alone Poor-law medical officers must be twenty-three years of age before they are fit for their duties. The *Dublin Medical Press* may well cry out for justice here:—

"The Poor-law Commissioners in Ireland make the attainment of the age of twenty-three years a necessary condition for obtaining an appointment to a dispensary or workhouse. At twenty-one years of age, a man is eligible, even in Ireland, to be placed in charge of a county infirmary; he may be appointed as surgeon or physician to any gaol, penitentiary, or lunatic asylum; no hospital in Dublin is closed against him on account of age; and her Majesty's service in the army or navy is open to him. Strangest of all, however, is the fact, that he is eligible for any Poor-law appointment in England and Wales. Can it be explained why in England a young gentleman shall at once enjoy the fruits of a successful course of study, and in Ireland he shall be literally punished for his diligence and promptness in the acquisition of professional knowledge. Surely this state of things is unjustifiable, and calls for a speedy alteration."

THE *Gazeta de Lisboa* relates a case of aneurism of the vertebral artery which was mistaken for aneurism of the carotid. It occurred in the Lisbon Hospital San José. The tumour occupied the left side of the neck, reaching from the ear down to within four or five *centimètres* of the clavicle. It was soft, elastic, and pulsated feebly, the pulsation being diminished by pressure on the carotid. There was no *bruit* audible over it. It was first thought to be an abscess, and afterwards a carotid aneurism. The ligature of this artery was, therefore, practised; but the pulsations of the tumour were not stopped thereby. In the evening of the day of operation, the patient became agitated, and three days later paralysis of the left side of the face occurred, with violent pain in the arm, which was also paralysed on the following day. The tumour was rapidly developed; dyspnoea, caused by pressure on the larynx, at last destroyed life about twenty days after the operation. The sac contained about 1000 *grammes* of blood, liquid and in clots, and communicated with the vertebral artery in its passage between the axis and the third vertebra.

The atmosphere of Strasbourg seems favourable to the operation of ovariectomy. Dr. Kœberlé of that city has, we read, practised it four times, and four times with success. His last case, however, was nearly fatal. On the twelfth day after the operation, in consequence of distension of the abdomen, the pedicle was ruptured, and hæmorrhage into the peritoneum occurred. Dr. Kœberlé thereupon opened the wound, sought for the pedicle, tied the ovarian artery (from which the blood escaped), and applied perchloride of iron to the pedicle. He then carefully removed all the blood from the peritoneal cavity, and closed it up again. No accident followed, and now, forty days after the operation, the woman is convalescent.

*L'Union Médicale* and the *Gazette Médicale de Lyon* still carry on a disputation respecting the propriety of advertising being permitted in medical journals. The Lyons journal says it cannot be necessary, for "our journal lives, and so do half a dozen more, who allow none of these lying documents (as he calls them) admission. The *Gazette Médicale de Paris*, the *Gazette Hebdomadaire*, the *Archives Générales*, the *Bulletin de Thérapeutique*, also all do well, and yet none of them admit advertisements."

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Hunterian oration, now biennially given in the theatre of the above institution, was on Saturday last delivered by Professor Gulliver, F.R.C.S., before an unusually large audience. The orator, who was received most enthusiastically, commenced by admitting the difficulty at this day of finding absolute newness for comments on the valuable records of Hunter. In his time physiology and zoology were so oppressed by mere facts as to be in danger of sinking under their number, confusion, and weight, until he so surveyed and arranged them as to show their affinities and contrasts. Long before there had, indeed, been a sort of dead order, which it was reserved for his genius to mould by expositions of relation and difference, of unity of progression, or continuity of transition, or development, into a living method. No one can properly contemplate Hunter's unrivalled museum in connection with his writings without perceiving this great truth, nor without being impressed with the force of evidence by which the master spirit was led to the impressive and crowning conclusion that life is independent of or precedent to organisation. Moreover, a somewhat familiar acquaintance with his works has long since taught us to look up to him as the foreteller of many principles or central phenomena, only recently become well known by new or improved means of research, and claimed as late discoveries, in utter ignorance of his earlier observations. Among other instances, his description of the leading fact in the formation of the buffy coat of the blood was particularly worth notice, not only from its importance, but also because his priority in this respect was so little known or even suspected, and so long completely hidden, that it was left for Professor Gulliver to point out, in his course of lectures lately delivered, how the immortal Hunter had anticipated the main result of the excellent observations of Schroeder van der Kolk, Nasse, Henle, Wagner, and Wharton Jones. The orator then gave an elaborate history of the fibrine of the blood, and its vital endowments, of deep interest to the medical profession, together with notices of those physiologists who had confirmed Hunter's views on this important subject. Mr. Gulliver severely censured some of the authors of books, more particularly German works, placed in the hands of our pupils. "What," he asked, "is this plasma, protoplasm, blastema, or cytoblastema of these Germans, but the coagulable lymph of our own illustrious Hunter?" He added, amid considerable applause, that we had now adduced sufficient evidence to show that the Hunterian doctrine respecting the blood stood yet in all the majestic simplicity of truth, really unaffected by the more complex tenets of Schleiden, Schwann, and Valentin; that, in fact, even this single scene in the great drama, this little episode in the grand epic of Hunter's labours, would alone be sufficient to show the depth of his genius, and entitle him to the admiration and gratitude of all posterity. Since the last address had been delivered death had numbered among its victims such worthy disciples

of Hunter as Quekett, Norman, Stanley, and Brodie. The three latter died full of years and in the enjoyment of all that should accompany old age. Professor Quekett was early lost to science. He was one of the first, if not the very first, in this country of those eminent men who devoted their talents exclusively to the abstract branches of the profession, regardless of the meaner considerations of practice and profit. Though Mr. Quekett, like Pope, might truly have complained of "that long disease, his life," he retained to the last his wonted serenity and affability, kindness, and humility, unaffected by the plagiarism of his labours abroad, or even by the pitiful attempts of anonymous slander at home. The orator, in conclusion, paid eloquent eulogiums on the characters of Sir Benjamin Brodie and Messrs. Stanley and Norman.

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, November 10th, 1862.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Athenæum, Corn Street, Bristol.	Thursday, Feb. 26, 7 P.M.
LANCASH. & CHESHIRE. [Ordinary.]	Royal Institution, Manchester.	Thursday, March 12th, 3 P.M.

### EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Pavilion Hotel, Folkestone, on Thursday, March 5th, at 3 P.M.

THOMAS BOYCOTT, M.D., *Hon. Sec.*

Canterbury, February 10th, 1863.

### LANCASHIRE AND CHESHIRE BRANCH.

AN ordinary meeting of this Branch will be held at the Royal Institution, Manchester, on Thursday, March 12, at 3 P.M. Notice of papers, etc., to be sent to the Honorary Secretary.

A. T. H. WATERS, M.D., *Honorary Secretary*.

Liverpool, February 16th, 1863.

### SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

A GENERAL meeting of this Branch was held at the George Hotel, Shrewsbury, on Friday, February 13th, under the presidency of ROBERT BLAICKIE, Esq., of Oswestry. A goodly number of members were present. Letters were received from many others, regretting that, in consequence of the great amount of sickness prevailing at the present time, they were unable to attend; and suggesting summer or autumn as a better period of the year for the meeting. This point was referred to the consideration of the Council of the Branch.

The President then gave an excellent and brief address.

*Papers.* The following papers were read.

1. On the Present Treatment of Disease. By W. Newman, M.D.
2. Case of Hemorrhagic Diathesis complicated with Renal Disease, producing Total Blindness: Dissection of the Eyes. By Professor Wharton Jones.
3. Case of Traumatic Tetanus from Compound Frac-

ture of Leg, in which Recovery took place on Division of the Internal Saphenous Nerve. By Samuel Wood, Esq.

4. A Handful of Scraps; being Short and Practical Notes on several Medical and Surgical Subjects and Formulæ for the Elegant Selection of the Gum Resins. By W. W. Morris, Esq., Clun.

5. Case of Lithotomy, in which Phagedænic Ulceration occurred, and Recovery after the Administration of Oxygen Gas. By William Eddowes, Esq.

*New Members.* The following members were then elected:—Charles J. Covernton, L.R.C.P. Edin.; William Eddowes, jun., Esq., M.R.C.S.

The members afterwards dined together, and a very agreeable evening was spent.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 10TH, 1863.

B.G. BABINGTON, M.D., F.R.S., President, in the Chair.

REPORT UPON SYPHILIS, IN ITS MANIFESTATIONS AS A CONSTITUTIONAL DISEASE.

BY JEFFREY A. MARSTON, M.D., ROYAL ARTILLERY.

[Communicated by HENRY LEE, Esq., F.R.C.S.]

AFTER referring to a previous paper,\* the writer gave a short *resumé* of prevailing doctrines. Upon the subject of one attack of true syphilis affording an immunity against a second, the writer made some remarks illustrative of its general truth, to which, however, there were a few rare exceptions. Under this category he gave a case, in which a soldier had been treated twice during eighteen months for indurated chancre.

The writer next briefly adverted to the comparatively modern reaction relative to the contagious character of secondary syphilis. He then passed to the subject of secondary sores upon the penis, commencing either by a recrudescence in the cicatrix of a former sore, or upon some part not previously diseased. These he described under three heads:—1. Such secondary lesions may commence as a circumscribed patch of purple or bluish redness, very slightly raised, from which the epithelium is shed, the surface becoming abraded, cracked, or covered with ill-formed and degenerating epithelial products. 2. This purplish-red spot, after becoming raised, takes on a chronic ulceration, similar to that of the scooped-out ulcers seen upon the tonsils. The first variety corresponds with, and often accompanies, a squamous or erythematous exanthem; the latter appears allied to the syphilitic tubercle, the ulceration of which plays so important a part in the evolution of syphilis in some subjects. 3. The third variety appears as a persistence of the ulceration, or an unhealed condition of the chancre, which becomes transformed into a mucous tubercle, as described by Ricord. Of these he gave illustrative cases.

Upon syphilitic infection, contracted from some other source than contact with a virus obtained from a primary lesion, the following were cited as in all probability instances:—

1. A wife and two children. The former had syphilitic nodes and an ulcerating tubercle upon the lower extremity. Of the latter (who slept with her) one was an infant, in whom the disease was probably hereditary, though not congenital in its outward manifestations; the other was a girl of five years, with anæmia, non-ulcerated sore-throat, engorged post-cervical glands, cutaneous syphilida of trunk, with psoriasis palmaris. All

had very restless nights. The husband lived separately, and was healthy.

2. The subject of disease was a military servant, a married man, who suffered from secondary and tertiary symptoms after intercourse with a woman known to be constitutionally syphilitic. Attempts to trace any primary lesion in this man failed.

3. The infection of a female by labial contact with diseased secretions from secondary lesions upon the lips of a male. The disease so produced in the female commenced as an irritable and indolent fissure upon the mucous membrane of the lower lip.

The writer next adverted to the evolution and succession of syphilitic symptoms as ordinarily witnessed among soldiers.

Under the cutaneous affections, he particularly remarked upon the mixed character of these; the majority of cases partaking of more than one affection at the same time, and upon the same or different parts of the body. Although great modifications in the future health and efficiency of the soldier were, doubtless, the result of syphilitic infection, yet cases of the more severe and intractable forms of constitutional disease were not very common.

With the view to prognosis, the writer said it was important to inquire, what relation, if any, has the severity of the primaries to those of the latter symptoms? From a consideration of his own observations, he inferred that the following were as approximate expressions to the truth as the facts warranted:—

1. The greater the induration, and the longer the period during which primaries remain unhealed, the more certain will it be that the constitutional infection will be severe.

2. The amount of ulceration, etc., of the primary sore stands in some relation to the worse and more intractable forms of secondary lesions—*e. g.*, the pustular, erythematous, and rupit eruptions,—the unhealthy ulcerations, nodes, and gummatous tumours.

The writer then passed to those cases in which there was an irregular evolution and succession of the stages and symptoms of syphilitic disease. Assuming that, when an indurated sore has been recognised, some specific treatment has been employed, and that soldiers are exposed to changes of climate, etc., we might infer, what is actually the case, that the constitutional symptoms would be irregular in their appearance and varied in their kind. As illustrative of his remarks, the author cited:—

1. A case of Hunterian chancre unhealed at the end of three months, when syphilitic rheumatism, and a node upon the left parietal bone appeared.

2. A case in which, three years after a sore upon the external integument of the penis, a soldier suffered from two attacks of jaundice, anæmia, nodes upon the tibiae, synovitis of left knee-joint, and rheumatism, without any history of secondary symptoms having been traced.

3. A case of repeated epileptic attacks, with violent pain in the head (upon which a node appeared), cured by specific treatment. The subject of the disease had suffered from repeated attacks of venereal disease, but not from any primary disease for two years and a half previously.

4. A case of chronic dyspepsia, slight icterus, pseudo-epilepsy, and paralysis of the third nerve. History of syphilitic attack two years before. Treated then by mercury. No history of secondary symptoms elicited by close questioning.

5. A case of osteocopic pains, paralysis of seventh nerve, followed by lichen and iritis, in a man undischarged from hospital for primary disease.

6. One of secondary syphilis, in which symptoms of intracranial inflammation appeared, followed by marked alteration of manner, loss of memory, dirty habits, etc.

7. Case in which there were—first, symptoms indica-

\* Syphilis, with reference to the more mixed and unusual forms of the primary symptoms. *Medico-Chirurgical Transactions*, vol. xiv.

tive of venous lymphatic absorption of pus, or some of the diseased products of secondary lesions; second, ocular disease, paralysis of third nerve, and other symptoms indicative of intracranial mischief.

The writer adduced also other cases, and made some remarks upon the character and nature of these nerve lesions.

As illustrative of the long interval which sometimes ensues between an attack of primary and secondary symptoms, he adduced the following:—

8. Lepra, psoriasis, and syphilitic cachexia, in a man who had not suffered from primary disease for nearly five years; he had been married for three, and his offspring were healthy.

9. Syphilitic cachexia, etc., in an infant, who died of the disease; the father not having had primary symptoms for four years, and having been subsequently the parent of one healthy child.

The author then spoke of the occasional latency of the syphilitic element, until some other disease or impairment of health appeared, which seemed to act as an exciting cause to its manifestation. He also remarked upon the modifications of diseases, or convalescence from them, that are sometimes, apparently, the result of a prior syphilitic infection. In support of the foregoing he gave some cases.

The paper concluded by stating the experience of the author to show that the effect of the Mediterranean climate upon the syphilitic diathesis was very inimical during the summer months.

#### ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

FEB. 4, 1863.

E. LUND, Esq., in the Chair.

*West African Drugs.* Mr. ARTHUR RANSOME laid before the Society a collection of vegetable productions from West Africa, used by the natives for medical purposes. They had been forwarded to Mr. Thomas Clegg, a gentleman largely engaged in the promotion of cotton culture. Most of them were new to the members, and it was thought that there might be some of value; among others were a new vernifuge, several remedies for intestinal pains, and also several internal remedies for scabies.

*Cataract.* Dr. SAMUELSON showed a case of cataracta arida siliquata tremula in conjunction with atrophy of the iris. The patient was twenty-six years of age, otherwise healthy. The disease originated six years ago, without pain or inflammatory symptoms. The posterior capsule is a perfect, milky, concave disc, in front of which are yellowish white masses of irregular form and apparently cartilaginous hardness, and suspended, as it were, at the top only. As regards the iris, only a narrow light-coloured contour of varying width appears. The anterior layer is entirely absent, the urea alone remaining; the pupil, however, is round and dilatable. The globe is softer than its fellow, and slightly reduced in size. There is faint perception of light. The right eye is moderately short-sighted.

*Thermometer for Medical Purposes.* Mr. T. WINDSOR exhibited a cheap and accurate thermometer, of German manufacture, for medical use; and several members commented on the diagnostic value of the temperature in various acute diseases.

*Aneurism of the Aorta.* Dr. W. ROBERTS showed a preparation of a large aortic aneurism proceeding from the middle portion of the arch. It communicated with the aorta by a small round opening, and from the tumour appeared to spring the innominate and left carotid arteries. The case was interesting from the doubt as to whether this appearance was due to an aneurism arising between the origin of these two vessels, or to an abnormal origin of the latter from the former. Dr. Roberts inclined to the latter view of the case.

*Hydrocephalocele.* Dr. LORIMER exhibited a preparation of a case of congenital hydrocephalocele in a child ten months old. The general health had been good up till a few weeks before death, but the tumour rapidly increased while dentition was commencing. After an attack of measles, the skin over it sloughed, and gentle oozing of fluid took place; convulsions occurred at the close. The lateral ventricles were extremely dilated with serum. In the tumour was a pouch of membranes with a portion of cortical substance. The circumference of the tumour was ten inches.

*Apoplexy.* Mr. PEATSON exhibited a brain showing a large apoplectic hæmorrhage into the left side of the cerebellum. The symptoms were not observed during life.

*Chronic Arthritis.* Dr. LORIMER exhibited a preparation of the hip-joint showing an immense accumulation of osteophytes, the consequence of chronic arthritis following an injury of the joint.

*Pathology of the Retina.* Mr. HUNT read a paper on the Pathology of the Retina. He dwelt chiefly on the subject of muscæ volitantes, which he endeavoured to classify according to their seat of production and corresponding appearance. Certain forms be considered to have their origin in an actual change of the structure of the retina and of its circulation, and to exist independently of disease of the brain or optic nerve. These were characterised chiefly by their diffused cloudy appearance, of varying degrees of intensity. He promised to return more fully to the subject on a future occasion.

#### EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

FEBRUARY 4TH, 1863.

*The Calabar Bean.* An interesting paper was read by Dr. D. AREYLL ROBERTSON, on the Calabar bean as a new agent in ophthalmic medicine. Dr. Robertson related some experiments which he conducted, whereby he proved that the application of a spirituous extract of the bean to the conjunctiva caused myosis or contraction of the pupil, and induced a condition of temporary myopia or short-sightedness. These effects he ascribed to stimulation of the ciliary nerves, which he concluded was the action of the Calabar bean on the eye. The action of the Calabar bean was directly antagonistic to that of belladonna or atropine on the eye; and the one possessed the power of counteracting the effects of the other. The cases in which this new agent might be usefully employed, he said, were more especially those in which atropine had been employed with the view of aiding ophthalmoscopic examination, or of assisting in the exact determination of the state of the accommodation of the eye; cases of paralysis of the ciliary muscle, which frequently results from long continued debilitating diseases; and cases of ulceration at the margin of the cornea, where perforation and prolapsus of the iris may be feared.

*Phthisis and Insanity.* Dr. T. S. CLOUSTON read a paper containing statistics on the relations between phthisis and insanity. He pointed out many interesting facts; among them, that there is an increased percentage of phthisis (as ascertained by *post mortem* examination) among the insane; that the occurrence of phthisis in the general paralytic was extremely rare; and that in phthisical subjects the form of insanity was always marked by depression. When acute mania occurred in such cases, the patients neither made complete recoveries, nor subsided into a condition of progressive dementia, but, after the acute symptoms passed off, remained in an irritable condition, and in almost every case manifested in a marked degree monomania of suspicion. Where tubercle was found to exist in the peritoneum, the cases had all been of a melancholic nature.

## Correspondence.

### THE ARMY MEDICAL OFFICERS AND THE HORSE GUARDS.

SIR,—It is well known that the British Medical Association led in a great degree to the removal of the unjust position of inferiority in which the assistant-surgeons of the navy were formerly placed on board ship. The time seems now to have come when the attention of the members of the Association should be called to the treatment of medical officers in the army. The combatant authorities, in whom are vested nearly all influence and power, have undone so much, and evince such determination to undo still further, the work of two Secretaries for War, Lord Herbert and General Peel, as regards the medical profession in the army, and to stamp on the medical officers a status even lower in relation to themselves than existed before the issue of the Royal Medical Warrant, that now the interest of the whole medical profession seems concerned in the question. Moreover, there is now a want of medical officers. Young men are required for assistant-surgeons; but there can be no doubt that men of good attainments will not compete for commissions when they ascertain the opinions of their value, and what the chances of their future prospects are, from those who are already in the army. The feelings of disappointment and irritation which pervade the army surgeons are so deep, as no doubt now to be injuring their usefulness, and are evidently making some of them lose all pride in their vocation. An inquiry into the subject is therefore urgently required, and the more thoroughly it is sifted the better.

I will recall briefly one or two matters which relate to the present condition of the medical profession in the army. It is well known that medical officers had been for years prior to the Crimean war dissatisfied with their position relatively to other officers of the army; that the causes of their complaints were thoroughly investigated by the Royal Commissioners on the sanitary state of the Army, of which Lord Herbert was chairman in 1857; and that this dissatisfaction was then proved to be well founded and just. It was also shown that the position of the medical officers caused indirectly many evils to the army itself. In consequence, the Royal Commissioners advised the preparation of a new Warrant, ensuring to medical officers the rank, emoluments, and rates of retirement to which their services entitled them. This Warrant, framed by Lord Herbert, was issued with royal authority, by General Peel, in 1858.

Among the clauses of this Warrant was the following:—"The relative rank of the medical officers of our army shall be as follows: Staff, or regimental surgeon as major, according to the date of his commission, etc.," and again another, the seventeenth clause, which defined that, "such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts-martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention, and prize-money. But, when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters."

In 1861, the surgeons were reduced from ranking as majors according to date of commission, and were ordered to take rank after all majors. This alteration caused so much dissatisfaction, that a year ago a committee was ordered to consider the matter. They reported that the

rank ought to be restored, and the medical profession was congratulated in the *Globe* ministerial paper on the prospect of its speedy restoration. The rank has not been restored; in consequence, it is asserted, of the influential objections of the combatant chiefs at the Horse Guards.

The seventeenth clause, quoted above, contains some of the most valuable of the privileges which were conferred by the Warrant; but, clear as its language and meaning are, those privileges have been systematically evaded or ignored. In this lies the main grievance of the medical officers. They are publicly told they have no rank, not even in the mess-room; that an ensign who may have just joined the army from school, has precedence over the oldest surgeon in the service, even in the ordinary ceremonies of the dinner table. No sooner was the Warrant published, than military orders were given in direct opposition to it, that no medical officer was to be allowed to sit as president of any committee, whatever its nature, where a combatant officer was present. If the experience of such a medical officer was required, he was only to be permitted to give information as a witness to the committee. If a medical officer claimed the horses, servants, or other allowances, such as the military officer of relative rank obtained, he was met with evasions, and the demand refused. If the Commander-in-chief obtains the allowances of a Field Marshal, he obtains nearly double the allowance for forage, for horses, that he had as a general, though no one could say that the increase was rendered necessary by additional work; and the same rule descends through the ranks of the combatants; but medical officers under corresponding circumstances are told that the rule does not apply to them. In India, the medical officers are told that none of the provisions of the Warrant have any force there at all, and to this hour its very existence is ignored in all three presidencies.

Another occurrence, quite new in its nature, has taken place several times during the past year, which has tended to undermine more deeply the confidence of medical officers in their position. Several surgeons have been dismissed from the service without any trial or court-martial, for asserted incompetency or misconduct, after years of service, without any statement being published in the *Gazette* containing the notice of dismissal, beyond the fact of their services being dispensed with. The current pay has never been regarded even by the authorities as full compensation for medical services, but only as part; the remainder being the rate of retirement according to length of service. Now all dependence on this provision is destroyed. The surgeons in the army regarded the Royal Warrant as a Charter of rights, and those who have entered the army since its publication were told by their teachers that it was a guarantee of the position they were to hold, and the recompense they were to receive for their services. They now find that, however clear the language of the Warrant itself may be, they have no guarantee for its just interpretation, and can there then be wonder at the prevailing discontent?

It is the custom for the combatant officers to urge as an excuse for their treatment of the medical officers, that the latter wish to assume military command. The medical officers deny this; they assert that they have no idea of coveting the province of the combatant officer. The seventeenth clause of the Warrant they seek the fulfilment of, and other clauses, settle all question of military command. They only desire to be on a fair footing with their brother officers, as gentlemen of at least an equally liberal profession should be, and to have the rights which the Warrant of 1858 conferred on them. They wish nothing more, and will never be content with anything less.

One other point: as before mentioned, assistant-surgeons are now wanted for the army. There are alto-

gether about seventeen hundred medical officers required for the Queen's forces, including India. The number of higher grades is very limited. It is calculated that, at the present rate of promotion, an assistant now entering the army will be from sixteen to eighteen years before he becomes a full surgeon. With such treatment existing, and such prospects before, can any but those who have no chance of occupation elsewhere, be looked for as competitors for army employment?

I am, etc., ARMY SURGEON.

February 1863.

# "O FORTUNATOS NIMIUM . . . AGRICOLAS."

SIR,—The "experiences of a country practitioner" constitute, so far as I am aware, the unwritten page of our medical literature; and doubtless would, if sketched by a master hand, form an interesting contribution to the annals of medicine.

Cut off to a large extent from much intercourse with his professional brethren, the country practitioner "lives, moves, and has his being," within a sphere of his own. There he is bound as by an iron chain, which so rarely admits of any lengthening out, as to afford him but few opportunities of coming into contact with the great world around him. He is necessarily thrown much on his own observation—largely on his self-reliance and promptitude of action—in the performance of the various duties which belong to his isolated position. How few of us live to make our names known beyond the limited circuit within which we range! We tread, in a professional sense, a kind of solitary pilgrimage through life, and then pass away,

"Alike to fortune and to fame unknown."

Still, let us hope our labours may not be altogether useless; and although we may say, with the apostle, that our days are chiefly spent "in journeyings often, in weariness and painfulness, in fastings often," yet, on the whole, I have no reason to think we endure either a discontented or an unhappy life. Such has been my lot for upwards of twenty years. I may, therefore, claim to speak, if not with the tongue of wisdom, at least with the voice of experience.

Like most of men, in early life I may have had my day-dreams, and indulged in the belief of a higher destiny and a more exalted station; but time has worn out all such impressions. I am now fully reconciled to my condition, and desire no change. I have lived long enough to learn that happiness consists, not in worldly distinctions, nor even in the acquirement of wealth, but depends rather on the preservation of health and a contented spirit. The possession of the former we may ascribe chiefly to the nature of our pursuits, which require us to spend a large portion of our time in the open air; the latter, I trust, we endeavour to cherish by a constant exercise of the mental faculties, and by allowing no time to be wasted in unavailing regrets. I know of no occupation which better tends to keep both mind and body in high working condition, than the daily avocations of an actively employed country practitioner. A brisk ride of thirty-five miles round the country is a most excellent cordial for a troubled spirit, aided by the additional diversion of attending to the various maladies of eighteen or twenty people during that interesting excursion.

Nature herself lends her bountiful aid towards enlivening our pursuits. We enjoy the delights of spring, the glories of summer, the beauties of autumn, and even the storms of winter. Each season, with its ever-changing landscapes, has its peculiar charms and delicious contrasts, and affords a perpetual feast of varied pleasure.

The geological features of the district in which we live may become a source of surpassing interest. I reside at the foot of an extensive range of chalk-hills, and have formed (so far as I know) a theory of my own to

account for their more prominent features. They are deeply excavated by winding valleys, evidently the beds of extinct streams; and the deposits or detritus left behind by the conflux of currents are as distinctly traceable as though the whole had been the work of a recent flood. The upheaval of the chalk is also shown by the varied inclination of the strata, which assume in some places a perpendicular form. The plain or level district below (known by the name of Cars) consists of an alluvial deposit, interspersed with beds of peat, marking the sites of a lacustrine vegetation; and beneath the surface are the remains of a submerged forest, as shown by the blackened trunks which have frequently to be dug up before the land can conveniently be traversed by the plough.

My sketch would be incomplete, if I did not say something concerning the character of the people. They may be divided into three classes; the first comprising the local gentry and clergy; secondly, the farmers, with whom I would also include those who live by trade or mechanical pursuits; and lastly, the agricultural labourers. Amongst the latter, it is commonly the fate of the country practitioner to be largely patronised. I am sorry to add, he receives little else in return for his services. Their apparent reliance upon him, however, in the hour of need, and the anxious manner in which they seek his help, usually overcome all his scruples; and in most cases he obeys their calls promptly, and bestows upon them his best care. On this account, I believe, the poor rarely suffer, even in our remotest districts, from want of proper medical assistance.

The farmers, as a rule, are our best friends. As a class, they are noble fellows; and though they may want the exterior polish which bespeaks a refined education, and display at times a roughness and sternness of manner, they are generally true and sound at heart. Their hospitality is unbounded; you may dine with them every day, and find a welcome. I merely mention this as an illustration of their character.

The gentry, unfortunately, do not figure largely in the ledger of the country practitioner. Each family appears to have its "town" physician, who, as one might suppose, provides a batch of prescriptions suitable for the various disorders, both present and to come. These, of course, find their way to the chemist's shop. The "village doctor" is merely summoned under the same conditions as the country tailor; viz., in cases of great emergency. I have heard it intimated that this feeling has been sometimes fostered by the metropolitan practitioner; but I, for one, am reluctant to believe it.

Our practice, I need scarcely say, partakes more of a medical than of a surgical character. Unlike our professional brethren living in the mining or manufacturing districts, we rarely meet with severe accidents acquiring the aid of operative surgery. When they do occur, I am not aware of any lack of the usual disposition or ability—as a great warrior once said of his soldiers—"to go anywhere or do anything". I have known a country practitioner to amputate a leg successfully—I may say single-handed, save and except such *impromptu* help as he could obtain by selecting the steadiest nerves around him to hold the candles and hand him the instruments.

Fractures and dislocations, laceration of limbs, etc., not unfrequently come under the care of the country practitioner; but the larger operations of surgery he is seldom called upon to perform. Nevertheless, he considers it his duty to keep "his case of instruments" in proper order, in the event of any necessity arising, to require their employment.

Midwifery constitutes rather a large element of our practice; and, if I may so speak, is the bane of our peace. Like some of our heavenly bodies, these cases occur at very irregular intervals—at inopportune and unexpected times—and altogether disarrange our calcula-



tions and movements. They interrupt our daily rounds, rouse us from our sleep, snatch us from our meals or away from the society of our families or friends—everything, in fact, must yield to their imperative calls. Like all other evils, however, they happily come to an end; and we return home, thankful to be released from the imprisonment we have undergone whilst Nature has been engaged in performing her slow yet admirable office.

Now and then we are roused to activity by the occurrence of one or other of those painful complications connected with this department of our profession, with most of which we are too familiar; and they not unfrequently subject us to severe trials. The operation for turning; the employment of the forceps; the performance of craniotomy; or (what we dread, perhaps, the most of all) the supervision of hæmorrhage,—have each to be encountered, without any further assistance than can be secured from the ancient matrons of a country village.

Our obstetrical practice on the whole, I believe, is very successful, as many a country practitioner can testify by referring to a long career of practice without having had the misfortune to lose a single case.

In my younger days, I can remember an old-fashioned country doctor, who enjoyed a great reputation for his success over a wide district. He was a thin, wiry man, somewhat bent with age and long service, but yet active, and a cheerful, hopeful, good-hearted soul. His neck was enveloped in a large "comfortable"; his lower limbs encased in mahogany top-boots, "for his shrunk shanks a world too wide," and apparently constructed for the better convenience of leaping into or leaping out of them at a moment's notice. He also rode a thin gaunt horse, which had a character for endurance only next to that of its master: and to see him perched on an ante-diluvian saddle, equipped for his journey, was a view of earthly glory not soon forgotten. Poor old man! his labours have long ceased; yet his name is remembered with affection, and spoken of with reverence amongst the hills and valleys where he was so long regarded as the "ministering spirit".

The prevailing complaints of our country districts are, as a rule, stern realities, and rarely belong to the imaginary type. Inflammatory diseases assume an acute form; and fevers rage high amongst the well-fed and well-conditioned residents of our agricultural villages.

I still adhere so far to the "old school" as never to go abroad without a lancet in my pocket; and, in spite of the doctrines now taught by modern physic, I retain some faith in that useful, though formidable little instrument. I have known cases of pleuropneumonia, peritoneal and enteric inflammations, and congestive affections of the brain, apparently cut short by a moderate bleeding. The relief, at least, has been simultaneous with the employment of the remedy; and, therefore, so far as human judgment could decide, might fairly be considered to stand in the relation of effect to cause.

Some distinction is certainly allowable betwixt the judicious use of an established remedy, and its entire abandonment. It is a wise maxim, "to stand fast in the old ways—cleave to that which is good," especially where, so far as venesection is concerned, we have it now displaced from its once accredited position as a valuable agent in the treatment of disease, without leaving us anything behind as a reliable substitute in its place. Most practitioners of the present day depend more upon a careful direction of the efforts of nature towards the removal of disease, than upon their own heroic exertions; and he best fulfils his trust, who knows when and how to assist, and when to withhold.

In all cases of fever, whether typhus, typhoid or exanthematous, bleeding, I believe, is never employed even in country practice. We adopt the sustaining system early; favour the action of the skin, as being the safest

source whence "poison" may be eliminated; and administer wine and stimulants in moderate quantities. The bowel-complications of typhoid fever are generally most to be feared; and the worst cases of this kind which I have witnessed have occurred where the patient has injudiciously taken a "lot of physic" at the onset of his illness. Where hæmorrhage has come on, the acetate of lead with opium has been in my hands by far the most serviceable remedy. I entirely accord with the views of Dr. W. Budd on the propagation of fever through the medium of the alvine excretions. I have often been able to trace its extension to that source, and could furnish one or two striking illustrations, if space would permit.

I have also noticed the prevalence of epidemics, whether of scarlatina, measles, small-pox, or fevers, that each, so to speak, has had a reign of its own—that these different disorders rarely intercalate with each other. Are we to infer each depends upon some specific virus, spread abroad under a condition of atmosphere favourable for its propagation? or that it arises from some change in the ordinary constituents which directly produces such outbreaks? Contagion does not always satisfactorily account for the occurrence of cases, often far apart from each other, or where the least communication with others suffering from a similar malady has never taken place.

I must now conclude. It has been my humble endeavour to describe the thoughts and occupations of a country practitioner—one of a class who may be safely regarded as "outsiders" in the race for professional honours. We may run, but never hope to gain the prize. We yet feel ourselves as belonging to a great commonwealth, which has its representatives even in remote corners and obscure localities, who labour, I trust, diligently and usefully, and under a full sense of the responsibilities connected with a noble calling. We hope to gain our reward, if not in riches and honours, at least in the respect and approbation of those amongst whom it is our lot to toil, whilst endeavouring honestly and faithfully to dispense those blessings which no other profession can so richly bestow as our own.

I am, etc., "VOX RURE."

January 20th, 1863.

## DR. SALTER'S LECTURE ON THE STETHOSCOPE.

LETTER FROM H. DOBELL, M.D.

SIR,—In Dr. Salter's very excellent lecture on the Stethoscope, there are two points relating to the shape of the instrument, in which I think he is slightly in error; and I shall be obliged by your allowing me, through your pages, to submit what appear to me to be the corrections.

1. Dr. Salter says:—"The ear-piece should be large, for the very same reason that the chest-end should be small—to secure apposition and occlusion; for the larger it is, the less critically exact and central need the apposition of the ear to it be in order to prevent chinks and a want of coincidence between them."

I submit to Dr. Salter, that there is a natural limit put to the proper diameter of the ear-piece by the zygomatic prominence. If the half diameter of the ear-piece—that is, from its margin to its central bore—be greater than the distance from the external meatus to the zygomatic prominence, one of two things must happen; either the central bore must be placed to the rear of the meatus, or the ear-piece must be tilted up by resting on the zygomatic prominence, and thus "chinks" will be left, and proper "apposition and occlusion" will be impossible. The diameter given by Dr. Salter—viz., three inches—is too large for the majority of ears. A circumference of seven inches for the ear-

piece, I have found to be the largest which the majority of persons can use, without either resting it upon the zygomatic prominence, or removing the central bore to the rear of the meatus.

2. I quite agree with Dr. Salter, that "the chest-end should be small"; that is a very important point when the stethoscope is required for defining rather than for exploring—and it is for defining that this instrument is especially valuable; but I think it is a mistake to have "the edge narrow," as described and figured in Dr. Salter's lecture. He thus loses two advantages: first, a wide conducting surface of wood; and secondly, a greater safety from the admission of air beneath the stethoscope by slight inequalities in the surface of the chest, or by accidental tilting of the instrument. In my opinion, the chest-end should have as broad a surface of wood as its size will admit of, and this surface should be rounded off towards the circumference and towards the central bore, so that the line of greatest convexity shall form a circle about midway between the circumference and the central bore. This secures the most accurate apposition with the least trouble in adjusting, and, having no sharp edges, presents a very comfortable surface to the patient's skin.

Allow me to add to these remarks that, by marking out the circumference of the flat surface of the ear-piece into inches and parts of an inch, a gauge is provided, which, by rolling the ear-piece like a wheel over a part, can be used for measuring any extent of surface either large or small. Stethoscopes comprising the advantages recommended by Dr. Salter, with the addition of such as I have here pointed out, are constructed with great care by Messrs. Maw of Aldersgate Street, and sold under the name of the "gauge stethoscope."

I am, etc., HORACE DOBELL.

29, Duncan Terrace, Feb. 11, 1863.

## THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

LETTER FROM B. W. FOSTER, M.D.

SIR.—Your correspondent Δ. in his letter which appeared in the BRITISH MEDICAL JOURNAL of January 31st, on the power of the King and Queen's College of Physicians to grant the title of M.D., seems to entirely misconstrue the judgment of the Court of Queen's Bench. On reading the trial, it will at once be seen that the case did not at all turn upon the power of the King and Queen's College of Physicians to confer the M.D. The application of my friend Dr. Barker was refused, *only on the ground that the King and Queen's College of Physicians was not enumerated in the schedule of the Medical Act as granting the degree of Doctor of Medicine*. The last sentence in the abstract of the judgment, sent by your correspondent, proves this; viz.: "The applicant, Mr. James Barker, jun., had a diploma from the College of Physicians (K. & Q.C.P.I.); but that was not any of the qualifications mentioned in the schedule entitling him to be registered as a Doctor of Medicine." Dr. Barker lost his case, simply from the fact that the Medical Act had not recognised his College as conferring the M.D.; and therefore the Registrar, acting under the provisions of that Act, could not be compelled to register it. The court carefully refrained from expressing any opinion as to the powers contained in the charter of the College; and stated, moreover, that even if the power of the College to grant the M.D. were admitted, it would not entitle Dr. Barker to the *mandamus* he applied for, as it was not one of the qualifications enumerated in the schedule of the Act.

Your correspondent's remarks as to the comparative value of the opinion of the Attorney-General, and the decision of the Court of Queen's Bench, are, on a clear conception of the case, simply absurd. The opinion of

the Attorney-General was given as to the power contained in the charter of the College; whereas the decision of the Court of Queen's Bench, without denying the powers of the charter, only held that the degree could not be registered according to the provisions of the schedule of the Medical Act. The production of the charter could have had no effect in altering the judgment of the Court, as no other decision could be arrived at, with the schedule of the Act retaining its present form.

I am, etc., B. WALTER FOSTER.

Birmingham, February 7th, 1863.

SIR.—I cannot for a moment suppose that your correspondent Δ, in his last letter to the JOURNAL, intentionally perverted the truth in the matter of the decision therein alluded to. I would, therefore, in reply thereto, merely remark that the Court of Queen's Bench in Ireland gave no decision whatever on the right of the Licentiate of the King and Queen's College to the title of M.D. The whole legal question there involved was simply this. The King and Queen's College applied for a *mandamus* to compel the Branch Council to insert the title of M.D. in the *Register*, as an additional qualification; and the court ruled that it was not within their power to do so, as such title was not specified in Schedule A of the Medical Act. The decision went no further. It left the right untouched.

If, as certain internal evidence would seem to indicate, Δ is a resident of the Irish metropolis, he can probably inform your readers why the authorities of Trinity College, who some months ago intimated their intention to try the right of the King and Queen's College to confer the doctorate, have refrained from doing so, although duly informed by the latter College that they were fully prepared to accept the challenge and have the question adjudicated upon.

The gauntlet has again been thrown down by the College; and, should Δ or his College feel disposed to take it up, and try the point in a court of law, either in England or Ireland, the writer will be happy to afford him every facility; and, with that view, encloses his name to the editor for Δ's information, and in the meantime subscribes himself,

L.K. & Q.C. and M.D.I.

February 11th, 1863.

## THE TITLE OF DOCTOR.

LETTER FROM HUGH MORRIS, L.R.C.P.Ed.

SIR.—I am sorry to take exception to anything that appears in the pages of our JOURNAL; but I must protest against the tone of the letter signed "F.R.C.S." in the number for the 7th instant. "Unscrupulous," "falsehood," "humbug," "imposing," "cheating the public," are words a gentleman does not generally use lightly.

Even if he have met with uncourteous or unfair behaviour on the part of his opponents, that can be no excuse for his denouncing in such terms the whole body of Licentiate of the Royal College of Physicians of Edinburgh, or for his further insinuating that no examination was submitted to by any of them.

While writing his *nom de plume*, he may not have recollected that some few years since at least as many Fellows were created by the London College of Surgeons without any examination, as Licentiate by the Edinburgh College of Physicians in the year 1859; and for myself, I cannot think it a disgrace to have received my diploma from the latter, after being examined by such men as Drs. Craigie, W. T. Gairdner, and Keiller.

There are many of us who, without the desire to aggrandise ourselves at the expense of our professional brethren, contend that we have an undoubted prescriptive right to use the courtesy title of Dr., and the public seems likely to fall in with this opinion. I believe also that some (I can truly speak this of myself) only as-

serted that right in consequence of the gross and ungentlemanlike abuse that was heaped upon us Edinburgh Licentiate at the commencement of this controversy.

In conclusion, I cannot speak too strongly against the common practice of writing anonymously on subjects involving great difference of opinion. I think it leads to more ill-feeling by far than would arise from a contrary course, and that a man would often blush to read his own name at the foot of a letter using ugly words towards his neighbour; while he would regard the same composition with complacency if finished off with F.R.C.S., or any other pseudonym behind which, as behind an ambush, he may think it prudent to conceal himself.

I am, etc.,

HUGH NORRIS.

South Petherton, February 9th, 1863.

SIR,—Surely "F.R.C.S." allowed his feelings to outrun his judgment in inditing so remarkable a diatribe. His views and opinions on the question of medical titles appear to be as superficial and erroneous, as his objects are palpable in selecting the Edinburgh Licentiate for vituperation. Is it not, Mr. Editor, manifest that he designedly shelters himself under an anonymous signature for the purpose of charging grave and serious offences against a brother-practitioner, well knowing there can be no opportunity of rebutting them?

I will not occupy your valuable space by entering upon a discussion already worn threadbare, and which, if prolonged indefinitely, can neither abrogate nor affect the right of physicians to the title of Dr.

One erroneous statement of "F.R.C.S." I cannot permit to pass uncontradicted. The Manchester Medico-Ethical Association has never resolved that a Licentiate of a College of Physicians was not entitled to be called Dr.; nor has it once interfered in the question of medical titles.

I am, etc.,

L.R.C.P.Ed. and F.R.C.S.E.

February 9th, 1863.

SIR,—I was much amused with the letter of F.R.C.S. on the title of "Doctor", in last week's JOURNAL. He, a Member of the College of Surgeons, pays £10; and without examination, or leaving home, takes the title of "Fellow", and no doubt considers himself much superior to his neighbour who is only "Member". I, a Member of the College of Surgeons, pay £10 to the College of Physicians of Edinburgh; and, after a most practical and strict examination (which I think F.R.C.S. will find in the JOURNAL for Oct. 1st, 1859), am "snubbed" because I take the title of "Physician" or "Doctor", which I believe I have a right to assume.

I also beg to state, for the information of F.R.C.S. (who says that the College refuses to give us the title of "Dr."), that on receipt of a circular from the Edinburgh College a short time since, it was directed "Dr."

I am, etc., L.R.C.P.Ed. BY EXAMINATION.

P.S. Of course I do not allude to the F.R.C.S. by examination.

February 13th, 1863.

SIR,—There is one circumstance connected with the use of the title of Dr. which does not seem to be generally recognised, but which in some measure strengthens the editorial remarks you have appended to the letter of a correspondent in your impression of Feb. 7th.

In the well known address of Launce to his dog, in the *Two Gentlemen of Verona*, that practical philosopher, among other hints at the cur's imperfections, says:—"I would have, as one should say, one that takes upon him to be a dog indeed; to be, as it were, a dog at all things." Now, this is precisely the position of many graduates who object to their licentiate brethren using the title of Dr.

The words "Doctor of Medicine" have, from time immemorial, implied something more than the fact that the person using the title has graduated at an university. Among gentlemen, and in the higher walks of the profession, a "doctor" has always meant a "physician," one who "took upon him to be a physician indeed; to be, as it were, a physician at all things."

Will the graduate who claims this title and pursues his art as a "general practitioner", consent to forego that general practice and confine himself to the office of a physician. I do not think he will be ready to make any such sacrifice; but until he does so, he must submit to the other alternative, and acknowledge that what has been claimed by the licentiate in courtesy has been forfeited by the graduate in practice.

I am, etc.,

CHIRURGUS.

February 9th, 1863.

SIR,—Permit me to thank you for your editorial remarks appended to the epistle of "F.R.C.S." in the number of the JOURNAL for Feb. 7th. I, sir, am one of the "gentlemen, non-diplomatized," i.e., non-graduated, "to whom the London College of Physicians many years ago actually gave distinct permission to take the title of Dr." So far as the "gift of the Dr." is concerned, I would beg leave to add, it was, or is, not "tacitly," but openly and avowedly, made to me, and conveyed, *bona fide*, by the word *titulis* in my diploma. On examination, being found a most proper man (*ornatissimum virum*), I was permitted both to practise and to teach medical science; and I was given, moreover, to enjoy the highest "honours," "titles," and "privileges," common to physicians, here and everywhere.

These words, written in Latin, I see before me in my diploma of the College of Physicians of London. What I complain of, more particularly in company with many members of years standing, is that the governing body of the College did not, previously to the creation of the famous by-law,\* which undoctored so many, offer to us some kind of explanation, if not apology, for the course taken, or rather about to be taken. An act of courtesy of this kind would have gone far to put the matter on a more pleasant footing than it now assumes. As it is, I cannot help feeling that could I recall the last twenty-one years of my life, I would then either have been content as a surgeon and apothecary, or have gone northwards for the M.D. degree. It is no joke to a man engaged day by day in the work of our calling to have to relearn the odds and ends of anatomy, chemistry, materia medica, pharmacy, etc., and to polish up yet again old Celsus, Heberden, and others of this class; and, what is more, to pay a sum of money in exchange for even a courtesy title; but this much is now withheld by "my college"† from

Yours, etc.,

M.R.C.P.LOND., etc.

February 9th, 1863.

SIR,—In the JOURNAL of the 7th instant, you have appended some remarks on the title of Dr. in a spirit of great liberality, which I hope will settle that *questio vexata*, the right or claim of using the title. I possess a German degree and am also a Fellow of the College of Surgeons and Licentiate of Apothecaries' Hall, and some time ago I thought it well to pass the London College of Physicians, fully believing that it was the highest medical society in Britain, and that its diploma conferred the absolute right of a title of M.D. In the old charter, when the President confers upon the candidate the dignity of being a Licentiate, he says: "Cum honoribus, *titulis*, et *privilegiis*." Besides, if the College gives the right of practising and *docendi*, how can a man do that unless he is *doctus*, or substantively doctor.

\* This ought never to have had a retrospective operation; herein the College erred.

† See letter by F.R.C.S.

The year of (*dis*)grace did the College an irreparable injury in public estimation; the doctors now are as thick as mackerel. The distinctive honour of being a member of the Royal College of Physicians of London is gone; it is levelled down to the dust. The new Licentiates are calling themselves physicians! Quantum mutati ab antiquis medicis! I confess I am sorely grieved that the venerable old College, chartered by Henry VIII, did not preserve its ancient dignity as a College of Physicians exclusively. Now you have surgeons and apothecaries licensed by the College of Physicians. It is a decided come down; the status is degraded.

I am, etc., R. W.

February 9th, 1863.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwery at a meeting of the Board, on February 11th:—

Anderson, Edward Charles, Birmingham: diploma of membership dated November 18, 1862  
 Baker, Thomas, Birmingham: November 18, 1862  
 Bloxam, Matthew, Duke St., Grosvenor Square: Nov. 20, 1862  
 Bodwell, G. Granville, Rathmullan, co. Donegal: July 31, 1861  
 Cook, John, Fitzroy Place, Kentish Town: November 5, 1859  
 Elliot, Richard Luscombe, Kingsbridge, Devon: May 7, 1862  
 Emmett, William Henry, Bolton-le-Moors: January 30, 1862  
 Fisher, Stephen Winter, Bristol: August 1, 1861  
 Hollis, William Pottinger, Burton Crescent: March 8, 1861  
 Holt, John, Bolton, Lancashire: May 8, 1862  
 Lloyd, Samuel, Smethwick, near Birmingham: Nov. 15, 1860  
 McDiarmid, Albert, Rochester: June 10, 1862  
 Morgan, William Taylor, Dreadnought Hospital Ship, Deptford: January 14, 1859  
 Richards, Samuel Smith Crosland, Bedford Square: July 29, 1862  
 Sheldon, Thomas, Stratford-on-Avon: December 5, 1859  
 Wine, Henry Charles, Bristol: June 4, 1861

### APPOINTMENTS.

BRADLEY, Samuel M., Esq., appointed Physician's Assistant at the Manchester Royal Infirmary.  
 BRITTAIN, Thomas L., M.D., elected Assistant House-surgeon to the Chester Infirmary.  
 FORBES, David, M.D., appointed Surgeon to the Glasgow Lock Hospital.  
 GERVIS, Henry, M.D., appointed physician to the Surrey Dispensary.  
 MACDONALD, Keith N., Esq., appointed Resident Medical Officer to the Bath Eastern Dispensary.  
 \*MASON, Frederick, L.R.C.P.Ed., appointed Surgeon to the Bath Eye Infirmary.  
 MATTHEWS, Charles S., Esq., appointed Surgeon to the Farringdon General Dispensary.  
 NUNN, Thomas W., Esq., appointed surgeon to the Middlesex Hospital.  
 SCHOLLICK, Thomas J., Esq., appointed Resident Medical Officer to the Guildford and West Surrey Dispensary.  
 WATSON, William, Esq., appointed Honorary Surgeon to the Lancaster General Dispensary.

**THE PRINCE OF WALES'S HOUSEHOLD.** His Royal Highness the Prince of Wales has made the following medical appointments to his household.

JENNER, William, M.D.	} To be Physicians in
*STEVING, Edward H. L., M.D.	
*PAGE, James, Esq., F.R.S.	} To be Surgeons in
*POLLOCK, George, Esq.	
MINTER, John, M.D., R.N., to be Surgeon Extraordinary.	
*CHAMBERS, Thomas K., M.D.	} To be Honorary Physicians.
*ACLAND, Henry W., M.D., F.R.S.	
ARMSTRONG, Alexander, M.D., R.N.	

### POOR-LAW MEDICAL SERVICE.

CONSTABLE, John, M.D., to be Parochial Medical Officer for Lechlairs, Fife.  
 JOHNSTON, Robert, M.D., to be Medical Officer for the Bellaghy District of the Magherafelt Union, co. Londonderry.  
 MACKENZIE, Duncan, Esq., to be Parochial Officer for Kilsyth, Stirlingshire.  
 REA, Hugh P., M.D., to be Medical Officer to the Southfield District of the Belfast Union.  
 WILDE, John, L.R.C.P.Ed., to be Medical Officer to the Winchester District of the Winchester Union.

### ROYAL NAVY.

DRIGAN, Patrick, Esq., Surgeon, to the *Cestor*.

OWIN, Thomas W., Esq., Assistant-Surgeon (additional) to the *Cumberland*.

### DEATHS.

CAVELL. On February 14th, at Oakley Square, Camden Town, aged 80, Sarah, widow of the late Charles Cavell, Esq., surgeon, of Bardwell, Suffolk.  
 CHALDECOTT, Frederick W., M.D., at Sydney, aged 27, on December 22, 1862.  
 MURRAY. On January 2, at Port of Spain, Trinidad, aged 26, Richard Henry Murray, barrister-at-law, eldest son of Thomas Murray, M.D., of Trinidad.  
 RPOUT. On February 15, at Egham, aged 19, Louisa, daughter of G. V. Ridout, Esq., surgeon.  
 THOMAS, John, Esq., surgeon, at Ladbroke Place West, on Feb. 15.  
 YONGE. On February 8, at Plymouth, Devon, Elizabeth B. A., wife of John F. D. Yonge, M.D.

**BIRTHS AND DEATHS REGISTRATION (IRELAND.)** This bill has been read a second time.

**UNIVERSITY OF OXFORD.** Mr. F. C. J. Griffin of Weymouth, B.A., Lincoln College, has been elected to the Radcliffe Travelling Fellowship.

**METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.** The next meeting will be held this (Saturday) evening, at half-past seven o'clock, at 8, Richmond Terrace, Whitehall. A communication will be read from the secretary of the Epidemiological Society, respecting the proper registration of sickness among paupers. Mr. Chadwick will make a proposal in reference to an application to Parliament on the sanitary requirements of public schools. At eight o'clock, Dr. Murchison will read a paper on Continued Fever. A communication on the Fever of Canterbury will be read by Dr. Boycott.

**BEQUESTS.** By the will of Miss Rosa Frances Lewis of Cadogan Place, the only daughter of the late Mr. W. T. Lewis, the celebrated comedian, the following medical charities, along with several other institutions, receive bequests; namely, to St. George's Hospital, £200; the Hospital for Consumption, Brompton, £200; the Asylum for Idiots, £100; the Lying-in Charity, Liverpool, £200; the Infirmary, Brownlow Hill, £200; and the Dispensary, Vauxhall Road, Liverpool, £200. The sums left by Miss Lewis in charitable objects amount to £14,000; and by her death, a sum of £10,000 and the portrait of her father by Sir Martin Shee revert to the National Gallery.

**RUSSELL v. ADAMS.** On Wednesday afternoon an influential preliminary meeting was held at No. 5, Cavendish Square, Dr. Brady, M.P., in the chair, at which a resolution was unanimously passed, calling a public meeting, and inviting members of the learned professions and the public, to take into consideration the best means to suppress the increasing practice of attempting to extort money by false charges. A resolution was also passed electing a general and executive committee. The following gentlemen were present:—W. Coulson, Esq.; Borlase Childs, Esq.; I. B. Brown, Esq.; J. F. Clarke, Esq.; Haynes Walton, Esq.; Dr. Markham; Spencer Wells, Esq.; W. Harvey, Esq.; G. Lawson, Esq.; Dr. Leared; Dr. Wynn Williams; Dr. Dick; H. Thompson, Esq.; W. L. Leaf, Esq.; H. H. Cannan, Esq.; John Churchill, Esq.; Ernest Hart, Esq.; J. Tomes, Esq.; S. S. Scriven, Esq.; Dr. Brown-Séquard; John Chapman, Esq.; W. F. Low, Esq.; A. Fisher, Esq.; Erasmus Wilson, Esq.; Br. Bloxam; John Gay, Esq.; John Erichsen, Esq.; Dr. Cape; Dr. Ross, etc. The following executive committee was elected:—The chairman, Dr. Brady, M.P.; John B. Walker, Esq., 17, Clifton Gardens, W., Hon. Secretary; W. L. Leaf, Esq.; B. W. Richardson, M.D.; J. Dangerfield, Esq.; Mr. Sheriff Jones; T. Spencer Wells, Esq.; H. H. Cannan, Esq. The proceedings of the meeting were enthusiastically received, and terminated with a vote of thanks to the chairman.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Mr. Thomas Bryant, Lettsomian Lecture "On the Diseases of the Osseous System, and on Tumours, etc."—Royal Geographical.

TUESDAY. Royal Medical and Chirurgical Society of London, 8.30 P.M. Mr. Longmore, "On Two Cases of Kelis"; Dr. Robert Lee, "On the extent to which Human Life has been prolonged or abridged by Ovariectomy."—Zoological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Pavy. Gulstonian Lectures. "On the Amyloid (so-called) and Fatty Degenerations."—Society of Arts.

THURSDAY. Royal.—Antiquarian.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Pavy. Gulstonian Lectures. "On the Amyloid (so-called) and Fatty Degenerations."—Royal Institution.

SATURDAY. Royal Botanical.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—FEBRUARY 14, 1863.

[From the Registrar-General's Report.]

		Births.	Deaths.
During week.....	{ Boys ..1092 Girls ..1016 }	2108	1346
Average of corresponding weeks 1853-62 .....		1986	1407
<b>Barometer:</b>			
Highest (Fri.) 30.502; lowest (Sun.) 29.829; mean, 30.170.			
<b>Thermometer:</b>			
Highest in sun—extremes (Fri.) 88.9 degs.; (Sun.) 55 degs.			
In shade—highest (Wed.) 42.1 degs.; lowest (Fri.) 29.7 degs.			
Mean—40.7 degrees; difference from mean of 43 yrs.+2.1 degs.			
Range—during week, 19.4 degrees; mean daily, 12.6 degrees.			
Mean humidity of air (saturation=100), 84.			
Mean direction of wind, Variable.—Rain in inches, 0.09.			

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE LANCET AND SERVILITY.—The accusation of servility brought against the BRITISH MEDICAL JOURNAL by the *Lancet*, means simply this: that the BRITISH MEDICAL JOURNAL plays a slavish adhesion to the ordinary sentiments of honour and of courtesy, which are supposed to regulate the intercourse of gentlemen as well as of members of the medical profession.

AERIAL SCIENTIFIC ASCENTS.—The *Chemical News* tells us, in a lecture by Mr. Glaisher on the above subject, "that the scientific results of these ascents have been but small." The risk of life was great enough, at all events.

AN OLD ASSOCIATE.—The term "Baruria" means simply "heavy urine": that is to say, urine presenting a high specific gravity. The derivation of the word is *Bapros*, weight; *ὀύρον*, urine. The paper of Dr. Handfield Jones to which our correspondent refers, indicates to what precise conditions the term is applicable.

MR. NAPPER's letter shall appear next week.

THE LANCET AND DR. BURROWS.—SIR: As a member of the British Medical Association, I consider some steps should be taken to testify our abhorrence of the attack made upon our President by the editor of the *Lancet*. I think it must be obvious to all that such bitterness of spirit would not have been shewn, and certainly unnecessarily continued, had Dr. Burrows not been our President. This I consider the *Lancet* indirectly admits, when speaking of the President, the Editor, and the JOURNAL of the Association. It is needless for me to express my feelings with regard to the illiberal remarks uttered in the periodical before mentioned against Dr. Burrows, as I firmly believe the feelings of the whole profession are unanimous. In what manner these feelings can be best expressed to our excellent President, I must leave to others to decide. I am, etc., A MEMBER OF THE ASSOCIATION.

London, February 1863.

RUSSELL v. ADAMS.—The following is the verdict given by a competent tribunal—a jury of the defendant's own professional brethren—in the case of Russell v. Adams. On the occasion of the delivery of the Hunterian Oration last Saturday, at the Royal College of Surgeons, as the report runs—

"It deserves to be mentioned that as Mr. William Adams, Surgeon to the Orthopædic Hospital, the late defendant in an action, which terminated in his favour, and which is now considered a gross conspiracy, entered the theatre, he received quite an ovation."

TREATMENT OF ARMY MEDICAL OFFICERS.—The Horse Guards treats their medical men very much as they would the lower kind of the trading community. We understand that, *pour encourager les autres*, they make the medical officer who passes a recruit, defective in vision, liable for the payment of the value of the said raw recruit's kit!

MR. COULSON AS SHERIFF.—This is the first appointment of Sheriff made in the county of Cornwall by the Prince of Wales.

## SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., General Secretary.

Worcester, February 1863.

COMMUNICATIONS have been received from:—Dr. J. HUGHES BENNETT; Dr. J. MARSTON; Dr. E. T. R. TENISON; Dr. WILLIAM REDD; Mr. W. E. C. NOURSE; Dr. T. J. WALKER; Mr. J. VOSE SOLOMON; Dr. DOBELL; Mr. S. WOOD; Mr. GRIFFIN; Mr. HUGH NORRIS; Mr. J. SEAGWELL; Mr. WORKSWORTH; Dr. WILLIAM NEWMAN; Mr. H. GRAMSHAW; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY: Mr. JONATHAN HUTCHINSON; Dr. LIONEL BEALE; Dr. CROMPTON; Dr. JAMES RUSSELL; and Mr. T. M. STONE.

## BOOKS RECEIVED.

1. Illustrations of the Surgery of the Female Pelvic Organs. By H. Savage, M.D. London: 1863.
2. On Ringworm, Scald-Head, etc. By G. Ross, M.D. London: 1863.
3. The Twenty-Fifth Annual Report of the Suffolk Lunatic Asylum. By John Kirkman, M.D. 1863.
4. The Principles and Practice of Obstetrics. By G. S. Bedford, M.D. Third edition. New York: 1862.
5. Volumetrical Analysis. By Francis Sutton, F.C.S. London: 1863.
6. On the General Anatomy, etc., of *Limax Maximus*. By Dr. Lawson.
7. Memoir of Dr. E. Lyon.

**The Medical Register for 1863**

will be published on Saturday, 21st February, under the direction of the General Council of Medical Education and Registration of the United Kingdom, pursuant to an Act passed in the year 21 & 22 Vict., cap. 90, entitled "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery."

The MEDICAL REGISTER (price 4s.) can be had on application as follows:

LONDON.... Office of Medical Council, 32, Soho Square, W.;  
 EDINBURGH { Office of Branch Council, 28, Albany Street; or  
 Messrs. MacLachlan and Stewart, 64, South Bridge;  
 DUBLIN .... Messrs. Hodges, Smith, and Co., 104, Grafton Street;  
 Or it will be sent by post to any person applying for the same at any  
 of the above places, upon payment (per post-office order) of 4s. 10d.

**Royal College of Physicians.—**

The LECTURES of the present year will be delivered at the College, Pall Mall East, at Five o'clock on each of the following WEDNESDAYS and FRIDAYS.

**GULSTONIAN LECTURES.** Dr. PAYY. February 20, 25, 27. On the Amyloid (so-called) and Fatty Degenerations.

**CROONIAN LECTURES.** Dr. RISDON BENNETT. March 4, 6, 11. On some Points connected with Bronchitis, and its Results.

**LUMLEIAN LECTURES.** Dr. CHAMBERS. March 13, 18, 20. Formation of Mucus and Pus.  
 (By order of the President.)  
 1863. W. COPNEY.

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## Remarks

ON

## THE MOLECULAR THEORY OF ORGANISATION:

IN REPLY TO DR. BEALE.

BY

JOHN HUGHES BENNETT, M.D.

PROFESSOR OF THE INSTITUTES OF MEDICINE, AND SENIOR PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF EDINBURGH.

I HAVE carefully considered the second communication of Dr. Beale, denominated "facts and arguments opposed to my theory of organisation"; and with every desire to arrive at such facts and understand the arguments, I can see little of either one or the other that bears on the subject. "I am not aware," says Dr. Beale, "of any observations by Dr. Bennett or by any other observer, which tend in any way to show that the ovum is formed by the coalescence of the molecules of the ovary, or that spermatozooids and germinal vesicles disintegrate to form molecules." On these points, I refer Dr. Beale to the writings and figures of Dr. Martin Barry, Meissner, Nelson, Keber, and others. I do not wish him to regard their expressed opinions or theories; but the facts they have observed, and some of which I copied in my first lecture in the *Lancet*—Figs. 9, 10, 13, 14, and 15. If my interpretation of these facts be wrong, would it not be better for Dr. Beale, instead of calling such statements vague, and affecting to doubt whether I mean what I have deliberately stated, to point out the error in detail, and describe how they are otherwise to be explained?

Dr. Beale says he can see no logical connexion between my sentences; that I combine ideas which are quite incompatible with one another, and make assertions so opposite to each other that both cannot be correct. I should have liked Dr. Beale to have pointed out more particularly in what manner I have thus offended. Although it is possible I may have expressed myself obscurely, I have not generally been accused of either speaking or writing unintelligibly. Besides, what I wish to impress upon Dr. Beale is that, even supposing him to be correct in these statements, they do not constitute either facts or arguments on his side adverse to my theory, as the title of his paper would lead us to suppose.

Again, may not Dr. Beale's avowed incapability of comprehending my views originate in the strong bias he possesses in favour of his own doctrines, in consequence of which he is unable to regard mine from an independent point of view? If so, he cannot be expected either to criticise or understand them correctly.

"If," says Dr. Beale, "the matter is in a state of solution when it comes into contact with the living mass, there can be no *juxtaposition of molecules*." I ask why not? How can solid matters grow or increase in extent and density, unless from that very solution solid molecules are thrown down which, by aggregation, produce bulk? I have given many observations in my first lecture where this was

seen to occur in viscous organic and inorganic fluids. What fact or argument has Dr. Beale advanced to refute them? Dr. Beale doubtless considers himself justified in thinking "that living matter must *always* increase in the same manner, and living particles must *always* multiply in the same way." But the reiteration of this opinion is no proof of its truth; still less is it fact or argument in opposition to my theory.

Dr. Beale has given a series of figures to show what no reasonable person will dispute; viz., that a minute body viewed with a magnifying power of 3000 diameters linear appears proportionally larger than the same body when magnified only 1800, 700, and 250 diameters. As an illustration of the utility of employing high powers, these figures must be regarded as unfortunate, seeing that no further information is to be derived from inspecting a large circle than from regarding a small one. I am quite prepared, however, to employ these high powers the moment Dr. Beale tells us he can by their aid see in molecules anything that has escaped previous observers.

Dr. Beale's figures of vibriones are quite correct, so far as the imperfect printing of his woodcuts will allow me to judge. He does not say that he has seen them in the act of dividing; and until he does so their supposed division must remain a mere opinion. He declares, however, that he can prove, by direct observation, that the smaller molecules do not coalesce or become aggregated to form larger masses. He also affirms that this process cannot occur in the case of particles so large as those figured by me. Now, if Dr. Beale can prove these statements, why does he not do so, instead of making affirmations? I am of the contrary opinion, and shall state the grounds from which it is derived. The question, however, is not whether molecules unite to form masses—although if a mass of molecules exist, it must be clear that they are aggregated together—but whether molecules unite to form the vibriones.

On making an infusion of flesh, and allowing it to putrefy, there will sooner or later appear, on the surface of the fluid, a delicate pellicle or scum. On examining this with a power of 800 diameters (which I have recently done, to satisfy Dr. Beale), it will be seen to present the structures figured below.

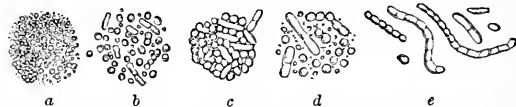


Fig. 1.—*a*. Structure of the scum on a putrid animal infusion on its first appearance. *b*. Structure of the scum six hours afterwards. The molecules separated. *c*. Structure of the scum on the second day. *d*. The same scum broken up. *e*. Filaments in the scum on the third and fourth days. (800 diameters linear.)



Fig. 2.—Presumed mode of developments of vibriones. 1. Primary molecules. 2. Larger molecules subsequently formed. 3. Aggregation of two molecules. 4. Their union. 5. Further coalescence of molecules producing vibratile filaments. 6. Still further aggregation, and coalescence of molecules in rows, to produce the highest degree of vibrional development. (800 diameters linear.)

The mode of development of the filaments, as derived from these appearances, is differently described

by Dr. Beale and myself. He says the molecules increase by absorption till they arrive at a certain size, and then divide. How he explains the formation of the filaments I do not know. But the molecules are formed first, and the filaments last; hence the latter must be produced from the former, in some way. To render my views intelligible, I have numbered what I conceive to be the different stages of growth; and I would ask Dr. Beale if, when the development has reached No. 2, the molecules divide, how it is the filaments can form at all. Surely a constant division of molecules at that period would be opposed to the formation of Nos. 4, 5, and 6. But it may frequently be seen that No. 3 is composed of molecules of exactly the same size as those of No. 2, which are floating loose—a fact in favour of the molecules coalescing, rather than dividing, as then they would be half their original size. My view, therefore, is, that the smaller molecules, although they may increase by imbibition of fluids, have yet a constant tendency to aggregate together and melt into one another. No. 3 is not a proof of No. 2 dividing, but of two molecules coalescing; and when they unite, they form No. 4. Two or more of these uniting form Nos. 5 and 6. When a similar process to this goes on in mineral bodies, as shown by Mr. Rainey, it cannot suggest division, but union; and this for the obvious reason, that the former would lead to disintegration; whereas it can be seen in one case, as in the other, that development is the result. In short, in the same manner as a tube is formed by a coalescence of cells, so is this minute vibratile filament formed by the coalescence of molecules. It may be argued, however, that each molecule elongates itself; that is, No. 2 is converted into No. 4; this into Nos. 5 and 6; and that No. 3 are sporules or ova, caused by the disintegration of No. 6. This view, however, is opposed by the fact that Nos. 1, 2, and 3 can be seen *before* Nos. 4, 5, and 6 are produced. Of this I have satisfied myself by frequent examinations of animal and vegetable infusions; and cannot, therefore, resist the conclusion that the development is such as I have described.

If, as Dr. Beale alleges, every one of my future lectures is likely to contain as many statements open to discussion as those which have appeared, it strengthens my conviction in the propriety of delaying further controversy until all are published. For although the task of criticism, as he thinks, would then be too great, I cannot help thinking that the labour of reply would be much diminished. Unless Dr. Beale, therefore, abandons generalities and assertions, and becomes more particular in his "facts and arguments", I cannot promise to continue the explanations to which he invites me.

**DISCOVERY OF SKELETONS.** A sensation has been created at Guildford, and for several miles round, in consequence of the discovery of five skeletons on a piece of land about a mile from Guildford. The skeletons were discovered by a man who has been trenching the ground and getting flints. They were each lying in a hole, or sort of rough vault, dug out of the chalk. On the breast of one was a dagger or knife. The bones were much decayed, but one of the skulls was in a remarkable state of preservation, as were the whole of the teeth. The skeletons have been examined by Mr. Ross, surgeon, of Guildford, who has given it as his opinion that two were old men, two middle-aged, and one a young man. The bodies were all lying east and west.

## Short Clinical Lectures

ON

## THE FIRST PRINCIPLES OF MEDICINE.

*Delivered at King's College Hospital.*

BY

LIONEL S. BEALE, M.B., F.R.S.,

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### I.—SOME OBSERVATIONS ON THE NATURE OF CERTAIN HEALTHY AND MORBID CHANGES, AND ON COUNTERIRRITATION.

*[Concluded from page 184.]*

COUNTERIRRITATION has nothing whatever to do with allopathy, or any other special system. It rests upon a principle which, I shall now endeavour to show, is thoroughly sound, and confirmed by some of the most recent and most exact observations.

Let us, then, consider how a blister applied to the skin can produce any beneficial effect in a case where a quantity of pus, mucus, and fluid, are being formed upon the surface of the mucous membrane of the bronchial tubes—in a case of chronic catarrh. I shall not discuss the effects of moxa, the actual cautery, and the more violent forms of counter-irritation, in this lecture.

As to the above morbid condition, we know—

1. That the vessels generally of the mucous membrane are congested; that it contains more blood than in the healthy state. The muscular walls of the small arteries are relaxed; the elastic capillaries distended with blood. Their thin, transparent, permeable walls, being stretched, are necessarily thinner, and more permeable to certain fluid parts of the blood. A greater quantity of soluble matters, therefore, escapes through the vascular walls than in a normal state.

2. Much of this increased quantity of fluid is taken up by the epithelial cells. The young cells especially, being supplied with a greater quantity of nutrient matter, grow faster. The masses of germinal matter (nuclei) increase, divide, and subdivide; and the process proceeds so rapidly, that there is no time for the conversion of the oldest outer portion into the formed matter corresponding to the wall of the cell, as always occurs in normal nutrition. A vast number of imperfectly formed epithelial cells and pus-corpuscles result. The more or less viscid material which surrounds these is all that represents the more hardened substance which forms the walls of epithelial cells generally, and gives to the healthy structure its characteristic properties and regularity of arrangement.

With regard to the influence of counterirritation, we must bear in mind—

1. That, generally, the afferent nerves distributed to the skin may influence, through the centre into which they are implanted, the efferent fibres distributed to the vessels of an organ lying beneath and perhaps at a considerable distance. It is possible, therefore, that the calibre of the small arteries dis-

tributed to the mucous membrane of the bronchial tubes may be diminished in consequence of the terminal network of afferent fibres distributed to the skin being influenced by the counterirritation.\*

2. In consequence of this contraction of the arteries, the walls of the capillaries would be relieved from the pressure of the blood; and, provided their elasticity was not permanently destroyed, they would recoil, and the blood they contained would be driven on to the veins. The effusion of fluid would be diminished. The cells would increase more slowly, and time would be allowed for the production of formed material (cell-wall) around each.

3. Crude matters in the blood may be taken up by cells which are multiplying with abnormal rapidity in any part of the body. Hence, when the cuticular cells are placed under conditions which facilitate their multiplication—that is, when they are supplied with an increased supply of pabulum—they grow very fast, and may separate from the blood materials which would otherwise form the pabulum of pus-cells that were multiplying upon the surface of the mucous membrane of the bronchial tubes. Thus, the increased nutrition in the latter situation would diminish while this state would be established in the skin.

Hence, counterirritation employed in such a case may act beneficially in two ways. First, by exciting through the afferent nerves in the skin an impression by which the efferent nerves distributed to the vessels of the mucous membrane are caused to contract, and thus a diminution in the supply of blood results; the direct consequence of this diminished supply of pabulum being a slower multiplication of the pus and imperfectly formed epithelial cells. In consequence of the increased flow of blood to the skin, the young cells of the cuticle grow and multiply at the expense of the pabulum, which would otherwise have gone to feed the structures formed on the surface of the mucous membrane. Secondly, such an increased action being established in the deep layers of the epidermis, crude materials in the blood, which would otherwise have been taken up by the pus on the mucous membrane, are appropriated here.

By giving diuretics and sudorifics in such a case, you promote increased action of the kidneys and skin, and the cells of these organs take up the crude pabulum, which has been accumulating in the blood; and thus, in another way, it is diverted from the mucous membrane of the bronchial tubes, and removed from the organism in the most rapid possible manner.

In this way the beneficial action of counterirritation may be explained.

But, if you have not permitted yourselves to be too much influenced by theoretical considerations, you will have felt inclined to say, ere this, "but counterirritation, applied directly to the skin or indirectly to the kidneys and other emunctories, is not the only thing to be thought of in the treatment of

an ordinary case of chronic bronchitis, where a quantity of secretion is being formed upon the mucous membrane of the larger and smaller bronchial tubes."

Nor will counterirritation always relieve permanently; for it not unfrequently happens that the discharge of sputum increases in spite of the application of a blister; and, as the blister, if kept open, often exhausts a patient, you know we have recourse to turpentine stupes (turpentine sprinkled on flannel which has been soaked in hot water and wrung out nearly dry), because we can apply them every day, and twice a day if we desire it, with much of the benefit and with none of the exhausting effects of a large blister.

There is then another point which, although not connected with the subject of counterirritation, is so important that it must never be lost sight of in the treatment of such cases. Just at this time of year, we have many cases of chronic winter cough in the wards, and of these the great majority would remain in the hospital for months, if we only acted upon the principle of counterirritation, and some of the patients would die. In these cases, we have to administer support, and frequently to give alcohol; but I shall postpone the consideration of this part of the treatment until I have discussed some points of interest in connection with pneumonia, as the principles upon which the beneficial effects of alcohol may be accounted for, and the principles which guide us in administering it in both these affections of the respiratory apparatus, are precisely the same.

**BEEES.** The *Agriculteur* contains the following remarks on these singular insects:—Bees do not pass the winter in a state of stupefaction, nor do they sleep much longer during that season than in any other; all that depends on the work they have to do. There are at all seasons some working bees alive and active in a hive, and at the time when provisions are being got in there are many at work day and night without taking any sleep at all. Their slumbers is very light at all times, for they sleep with their eyes open; the slightest noise, a vivid light, or a current of air, is enough to awaken them; but the warmer the hive is the easier it is for them to sleep. Hence they consume much less honey in a hive situated in a quiet place, little exposed to light and air, than in one more exposed. But if the outer temperature rises very high, this favours the laying of their eggs, and then a large quantity of honey is consumed. It is, therefore, easy to explain why in beehives placed close to each other the consumption of honey is different during winter, and this is a circumstance not to be neglected, because colonies which before winter seemed to have provisions enough to last them all through the month of March may be reduced to extremities before the end of January, in which case the agriculturist must come to their assistance. If the bees have been able to enjoy an excursion or two since Christmas they will easily partake of the liquid food, which may be offered them in a cup placed inside the hive, but if not, the food so administered may cause dysentery. To avoid this, honey-combs full of honey should be cut out of other hives where the supply is plentiful and transplanted into needy ones. This delicate operation is performed in a cellar, by the light of a lantern, and with the aid of smoke. The colonies thus assisted must be left in the cellar, if it be not too damp, until a fine day comes to allow of their flying out a little. The hives from which the honey-combs have been taken must also be left in the cellar for twenty-four hours at least, during which the bees feed on the honey that has exuded during the operation.

\* Even in the substance of fibrous and other tissues I have demonstrated numerous very fine nerve-fibres, which are independent of the dark-bordered fibres. The fine fibres above referred to are numerous in the fibrous tissues, even of the frog; and in tissues which contain truly sensitive fibres, they are also to be demonstrated. I believe them to be the afferent fibres of the sympathetic ganglia; the vaso-motor nerves distributed to the muscular coat of the small arteries being the efferent fibres of the same ganglia. (See papers on the "Ultimate Distribution of Nerve-Fibres", in course of publication in my *Archives*.)

# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASES OF RHEUMATIC PERICARDITIS.

Under the care of JAMES RUSSELL, M.D.

[Concluded from page 186.]

SINCE writing the preceding observations, two other cases of pericarditis have fallen under my notice, of sufficient interest to merit a brief record. The former of the two further illustrates the difficulty which may arise in discriminating between a rubbing sound and a valvular murmur. On more than one occasion in the foregoing cases, uncertainty has existed as to the nature of a particular sound, from the absence of anything sufficiently definite in the character of the sound itself. Expedients were employed to test its nature, whether pericardial or valvular, by noting its superficial position or the reverse, the extent of area over which it was audible, and the effect of pressure of the stethoscope in altering its character. But with every aid, it must sometimes happen that we are left in a state of uncertainty, and are reduced to waiting before we form a definite opinion.

In the following case, the occurrence of a very common complication, before the patient fell under our observation, nearly deprived us of any means of forming a diagnosis, excepting that which was afforded by the friction-sound itself; and we were then taught by experience that the evidence thus afforded may be very inconclusive.

CASE VIII. (Mr. F. H. Smith.) John Mears, aged 12, was admitted with pleurisy of the left side. The left side of the thorax was found perfectly dull, up to a line passing round the chest on a level with the seventh dorsal spine. The usual stethoscopic signs of pleurisy were present; but, in addition to these, a very distinct double sound, agreeing with the systole and diastole of the heart, was heard over the cardiac space. The character of the sound answered quite as much to that of a valvular murmur, as to that of a pericardial friction-sound; though plainly audible under the left clavicle, it was speedily lost on leaving the situation of the heart towards the right, and was scarcely distinguishable beneath the right clavicle, so far agreeing with a friction-sound; but, on the other hand, a systolic sound was distinctly audible over the posterior region of the left chest.

The history of the case did not afford any evidence of rheumatism, and justified the suspicion of the previous existence of valvular disease. Fortunately, however, for our diagnosis, the dullness occasioned by the pleuritic effusion did not reach a level sufficiently high to cover entirely the region occupied by a distended pericardium, which indicated its presence by a dull space bounded by a curved line, rising to the second rib, and descending across the sternum as far as an inch to the right of that bone.

In two days the effusion in the pericardium had greatly lessened, and the questionable sound then assumed a decided friction character; at the apex, on the contrary, a blowing sound developed itself more clearly, and in the course of a few days the presence of disease in the mitral valve, of old date, in addition to the pericarditis, was placed beyond a doubt by the discovery of coexistent hypertrophy of the heart.

The concluding case is one of *pyæmic* pericarditis. It occurred in the practice of my colleague Mr. Pemberton, who kindly permitted me to examine the specimen. Its interest lies in the confirmation which it affords to an opinion lately published by Dr. Kirkes (*Medical Times and Gazette*, October 25th), that in *pyæmia* pericarditis, when it occurs, is occasioned by so-called secondary abscesses in the tissue of the heart, strictly resembling in this respect the pleurisy which is often also present in the same disease. These deposits usually affect the surface of the organ, in which they are produced, and hence give rise to inflammation of the investing membrane, either by continuity of tissue; or sometimes by rupture, and the effusion of their contents into the serous sac.

The first case detailed in the foregoing series affords, with the following case, an interesting opportunity of contrasting two conditions which at first sight might seem analogous to one another, but which are in reality directly opposed. In the former case, undoubtedly, inflammation had affected the muscular fibre of the heart, having extended to that tissue from the pericardium. Here we find the *entire* superficial layer of the heart's tissue uniformly and equally affected, each ventricle also being implicated alike; in the case about to be detailed, on the contrary, isolated spots only were diseased, the intervening muscular tissue being healthy; and whilst the serous inflammation affected the entire surface of the heart, the disease of the muscular tissue was confined to the left ventricle exclusively. Again, by microscopic examination in the former case, a formation of celluloso-fibrous tissue and a copious deposit of fat was found to have taken place between the muscular fascicles, and appeared to have destroyed them by pressure; whilst, in the latter case, the fascicles were simply broken up, and their remains were intermixed with the *débris* of blood-cells.

This comparison at once establishes the totally different nature of the muscular affection in the two cases; and places the softened portions of the heart's tissue observed in the latter case in the same category with those present in the lungs, and with those which are frequent also in other solid organs, in cases of *pyæmia*.

I would also direct attention to the symptoms in the following case: presenting, as they did, a striking resemblance to rheumatic pericarditis in their apparent character, but widely differing from those usually manifested by that disease, in their tendency to early collapse, and in their rapid termination in death.

Mr. Bracey, the house-surgeon, has been kind enough to furnish me with a sketch of the history of the illness, from which the following report is abridged.

CASE IX. James Ward, aged 10, suffered a laceration of two fingers of his *right* hand, which rendered amputation of one finger necessary. The boy progressed favourably for three days, when he complained of pain in the *left* shoulder and upper arm; he had felt this pain before, and ascribed it to using his left hand in turning a windlass. The painful parts were swollen and reddened, and he complained when they were moved. Considerable feverish reaction rapidly established itself; his urine was scanty, and deposited a large amount of brown urates. In three days after the setting in of the symptoms, the physical signs of pericarditis were distinguished; the pulmonary sounds were normal. The boy had then become very feeble; his pulse was rapid and sinking, his heart's action tumultuous, his breathing quick and distressed, and his urine dark but clear. He died next morning.

The wounds were dark and inactive during the last illness, and did not discharge; nothing abnormal was noticed in the right arm.

SECTIO CADAVERIS. The entire surface of the heart was covered with a rather thin layer of soft lymph, most

abundant upon a portion of the *right* ventricle and at the base. On carefully scraping away this lymph, small irregular white patches appeared on different parts of the surface of the *left* ventricle, some raised like beads, others not projecting above the surface; two or three lay over the course of the coronary vessels, but the large majority had no relation to any vessel. These patches corresponded, each one to a small irregular cavity. The largest cavities were capable of containing a small pea, if reduced to a regular shape; some of these cavities were filled with a white puslike fluid, others with a pink pultaceous matter; their sides were very soft, and passed into the normal tissue by insensible gradations. I counted twelve of these cavities, and besides them there were also a few irregular dark livid patches, as if produced by ecchymosis. Most, but not all, were at the surface of the heart. None of them had undergone rupture; of this there could be no doubt. The coronary vessels were healthy, with the exception of one small branch, which was engaged in a cavity, and contained a puslike fluid.

One small ecchymosis was discovered in the tissue of the septum; with this exception the appearances now described were absolutely confined to the left ventricle. The pultaceous matter contained in the cavities, consisted of fine granular matter, and of irregular globules about 1-2500th of an inch in diameter; with these were intermixed *débris* of muscular fascicles, opaque, and without any appearance of striæ. In proportion as the patches were less softened, the remains of fascicles were more numerous, and in the ecchymosed patches the fascicles were distinct, and more or less deeply stained with blood. Around the cavities the muscular tissue presented its normal character.

Masses having all the appearance of pulmonary apoplexy were thickly scattered through both lungs, chiefly in the upper lobes; most were at or near the surface; their tissue was soft, but there was no appearance of suppuration. The other solid organs were perfectly healthy.

The joints of the left arm, the seat of the pain, were quite healthy, but considerable serous effusion had taken place into the cellular tissue around the elbow.

No disease could be discovered in any of the vessels; nor could any relation be ascertained between the morbid changes in the heart or lungs, and the branch of any vessel.

THE RELATIONS OF HEIGHT AND WEIGHT IN THE HUMAN BODY. In the *Statistical Society's Journal*, of March last, a very interesting table is given, showing the growth of the human body from eighteen up to thirty years of age, indicated by weight and height. The averages were taken from upwards of 4,800 observations at all ages. Thus, a lad of eighteen, if he be 5 feet 4 inches in height, speaking in round numbers, ought also to weigh somewhere about 8 stone 10 lbs. Given the age of twenty-one, and the height 5 feet 5 inches, he should weigh 9 stone 5 lbs. Ascending still further, and assuming the age to be twenty-five, and the height five feet 6 inches, the weight would be 10 stone 5 lbs.; and at thirty years of age, with a height of 5 feet 6 inches, we ought to have the result 10 stone 1 lb. In fact, so clear and demonstrable is this "law of increase in the growth of man," as determined by very extensive measurements taken at different times by scientific gentlemen, that we can almost work, as it were, in a rule of three sum any one condition we like. Taking the converse of what we have already exhibited, we may say that if a lad of nineteen weighs 9 stone 4 lbs., he ought to measure in height 5 feet 4 inches, and a little more; if at twenty-two, 9 stone 12 lbs., he should be 5 feet 6 inches in height, and so on. (*St. James's Magazine*.)

## Original Communications.

### THE LARYNGOSCOPE AND ITS CLINICAL APPLICATION.

By THOMAS JAMES WALKER, M.D.(Lond.), etc., Surgeon to the Peterborough Infirmary and Dispensary.

It was the late Mr. Liston, one of the most eminent of our British surgeons, who, more than twenty years ago, first suggested the use, in diseases of the larynx, of the instrument to which I wish to direct the attention of our associates; and the researches as to the physiological and pathological importance of the laryngoscope, pursued of late years with such good results in Germany and France, received their impetus from a memoir read before the Royal Society, published in 1855 in the *Philosophical Magazine and Journal of Science*, by M. Garcia, Esq., a resident in England.\*

Notwithstanding these facts, it cannot be denied that the great majority of medical practitioners in this country know little more of the laryngoscope than that such an instrument exists; and not a few were ignorant even of this fact, until the recent sojourn of Professor Czermak in London, and his demonstrations at several of the hospitals, were remarked upon in some of our weekly medical journals. Had the class of diseases, in the diagnosis and treatment of which this instrument yields such important aid, been constituted in this age of subdivision into a medical specialty, no doubt many medical men would have been found who, having persevered, and conquered without aid the difficulties which naturally attend the first efforts to employ an entirely new instrument, would have gladly made known by demonstration and otherwise to their brethren and to the public, that they were possessed of means which enabled them to treat with peculiar advantages that class of cases to which they specially directed their attention. The fact that the laryngoscope has not at once come into general use, will not be taken as an indication that it is wanting in practical value, by those who remember how long it was before the stethoscope made its way into the hands of the great bulk of medical men, or will consider how few there are among the members of our profession, who have made themselves sufficiently acquainted with the use of the ophthalmoscope to be able to employ it in practice, and yet its value in the diagnosis, and consequently the treatment of eye-diseases, is undoubted; and as regards this instrument, we must bear in mind that it is the subject of special courses of instruction, and that ophthalmologists have written treatises, by the assistance of which any one of us may understand its practical application. My own experience, however, with the ophthalmoscope, with which I in vain endeavoured to gain any useful information until I received from an accomplished master of its use a few practical hints, indicates, I think, the true reason why the laryngoscope is at present so little employed, although it might be readily applied with great advantage in cases which occur constantly in the practice of every medical man. It is, then, the want of clear practical directions as to the clinical application

\* This paper was sent up to the JOURNAL six months since; but, owing to unavoidable delay on my part in procuring the engravings, the publication has been postponed to the present time. Since it was written, Mr. Yearsley and others have pointed out that the late Mr. Avery had invented and constructed a laryngoscope in the year 1846. I purposely avoid entering into the controversy as to priority of invention and application of this instrument. I may mention that Dr. Merkel of Leipzig, in his work on *The Functions of the Pharynx and Larynx*, states that an artisan named Lelligues, a patient of Trousseau's, was the first to construct a laryngoscope, and used it on himself, about the year 1833.

of the larynx speculum which has led to its neglect; and it is this want which I shall endeavour to supply in this and subsequent papers on the same subject.

Having, during the summer and autumn of 1860, availed myself of the opportunities afforded during a sojourn in Vienna, to observe the practice of Stoerk, Semeleder and others, and having since that period been in the habit of employing the laryngoscope in my daily practice, I can confidently state that the difficulties spoken of by those who are practically unacquainted with the use of the instrument, are in a great measure chimerical; indeed, at this moment I cannot recall a single case of laryngeal disease in which I have wished to avail myself of the instrument, and have failed to obtain a view of the part affected. Let the practitioner persevere until he has learned to illuminate the pharynx, and hold the mirror in such a way as to display the larynx in the most tolerant of subjects; and he will then find that no more than very ordinary skill on his own part, and no extraordinary steadiness on the part of his patient, are requisite to his acquiring most valuable information from the laryngoscope in pathological cases. I have alluded to the stethoscope and the ophthalmoscope in comparison with this instrument; I may now state, that accurate observations may be made with the laryngoscope, with an exercise of far less study and far less skill, than that required by either of the former instruments. With this encouragement to those who, following the directions I shall give, will endeavour to explore these regions which have hitherto been hidden from our eye, I shall proceed at once to describe, first shortly, the principles of the laryngoscope; secondly, the instruments we employ; thirdly, the appearance of the normal parts when viewed by aid of these instruments; fourthly, the exact mode of applying the instruments, directions for which will be much more intelligible after the laryngeal image has been described than earlier; and lastly, I shall give cases illustrative of the pathological conditions in which these instruments are of value.

#### I.—PRINCIPLES OF THE LARYNGOSCOPE.

The principles on which the laryngoscope is constructed and applied require but little explanation; they require for their comprehension no complex knowledge of optics; the only law that we must bear in mind being that when a ray of light is reflected from a plane surface, the angle of reflection is equal to the angle of incidence. A small mirror mounted on a long handle, having been previously warmed in order that the watery vapour expired from the lungs may not condense upon it, is held in the pharynx on a level with the soft palate, in such a position that the rays of light which it receives through the open mouth are reflected down into the larynx and trachea. An image of the parts so illuminated is formed in the same mirror, and is seen by the eye of the observer placed opposite the mouth, without the aid of lenses or any other medium. This image, of course, appears to be placed at the same distance behind the mirror as the object reflected actually is in front of it; and it is of the greatest importance when we are making and recording our observations in pathological cases, that we should remember that the image represents the parts in an inverted position. Although I should have imagined that any one giving the subject the least consideration would have comprehended at once the relation between the various parts of the larynx itself and of its reflection in the mirror, there appears so much confusion in the writings of some of the foreign laryngoscopists, that I introduce the accompanying diagram to make the matter clearer.

If the mirror were held in a vertical position at the back of the throat, the image of the larynx would be inverted antero-posteriorly, and the most anterior part of the larynx, the epiglottis, would be the furthest from us in the image; but, with the mirror in this position, the

image would be out of the view of the observer. If, again, the mirror were held horizontally, an equally impracticable position, an image would be formed, in which the epiglottis would be immediately over the true epiglottis at the most anterior part of the image, and the arytenoid cartilages immediately over their actual position

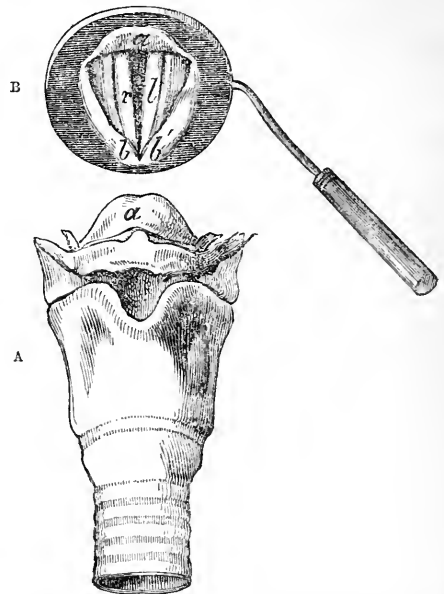


Fig. 1.—A. Anterior view of larynx; a. Epiglottis. B. Opening of larynx as inverted in mirror; a. Epiglottis; b b'. Arytenoid cartilages; r and l. Right and left vocal cords.

at the hindmost part of the image. The mirror being held, however, in a position intermediate to these, an image is formed in which the parts, instead of being arranged from before backwards, are seen in a vertical plane; the most anterior part of the larynx, the epiglottis (a), being at the highest part of the image, and the arytenoid cartilages (b, b') being the lowest. The antero-posterior version that is talked of does not, therefore, actually take place; and certainly, as we pass the mirror back into the fauces, the parts come into view as they are situated in the larynx, the epiglottis first, and then the other parts in the order in which they lie, back to the arytenoid cartilages. The lateral inversion is that which requires most consideration; but it will, I think, be at once intelligible on reference to the diagram, in which a represents the larynx under observation, B the image of the same as formed in the mirror. Now, r the right and l the left vocal cord, are seen on the right and left sides of the mirror exactly opposite to their true position (that is respectively on the left and right hand of the observer); but r, the true right vocal cord, is the left, and l similarly is the right vocal cord of the image, as we see if we turn the diagram upside down, and look at the image B as though we were looking at the front of the larynx and epiglottis; that is, if we suppose the image to be placed in the same position as the larynx A. The same inversion of course takes place of the right and left aryteno-epiglottidean folds, of the right and left arytenoid cartilages b, b'; and of all other lateral parts of the larynx. An ulcer or any other morbid appearance situated on the left vocal cord (l) of the larynx (A) appears to be on the right vocal cord of the image (B), although of course it is situated on the same side of the mirror as of the larynx under examination.

It is, I think, the confounding the position of the parts in the mirror with their position in the image



which has led to the confusion in the description of the relations between the larynx and its image to which I have alluded. Experience is necessary to enable us at once to correct the false representation given in the mirror; but with this experience, we make the necessary corrections with almost as little consciousness of mental effort, as when we mentally convert the inverted image which is formed upon the retina into the true representation of the various objects which surround us in every day life.

## DIPHTHERIA.

By WM. NEWMAN, M.D. Lond., St. Martin's, Stamford.

HAVING already given to the readers of the BRITISH MEDICAL JOURNAL, (September 14th, 1861) a statement of those cases of diphtheria which had occurred in my practice—then at Fulbeck, near Grantham—in the first six months of 1861, I wish now to lay before them the series noted in the second half of the same year. And I do this with the hope of some resulting good; since the instances thus put upon record, being the product of a widely spread agricultural district, offered to the same observer, subjected to the same external influences, and modified by an unvarying plan of treatment, may be supposed to exhibit a fair record of the disease throughout a year of its ordinary history.

No.	Sex and age.	Occupation.	When first seen.	Ill before first visit.	Result.
1	F., 6	Labourer's child.	July 6		Recovered.
2	F., 4	Farmer's child.	July 11	24 hours.	Died.
3	M., 22	Gentleman.	July 15	24 hours.	Recovered.
4	M., 14	Farmer's son.	July 29		Ditto.
5	M., 45	Gentleman.	July 31		Ditto.
6	M., 30	Labourer.	Aug. 1	2 days.	Ditto.
7	M., 13	Miller's child.	Aug. 5		Ditto.
8	F., 27	Labourer's wife.	Aug. 7		Ditto.
9	F., 19	Domestic servant.	Aug. 9		Ditto.
10	F., 44	Farmer's wife.	Aug. 21	24 hours.	Ditto.
11	F., 26	Domestic servant.	Aug. 28	3 days.	Ditto.
12	F., 20	Domestic servant.	Sept. 12		Ditto.
13	M., 33	Groom.	Oct. 7	1 day.	Ditto.
14	M., 65	Wheelwright.	Nov. 8		Ditto.
15	F., 19	Publican's daughter.	Nov. 9		Ditto.
16	M., 20	Butcher.	Nov. 10	3 days.	Ditto.
17	M., 15	Errand-boy.	Dec. 3		Ditto.
18	M., 28	Groom.	Dec. 26		Ditto.

Sex has little influence. Of the patients, ten were males, and eight females.

Age. The ages of the patients are shewn in the subjoined table:—

Age.	Number of cases.	Per cent.
0 to 5 .....	1 .....	5.55
5 to 10 .....	1 .....	5.55
10 to 15 .....	3 .....	16.66
15 to 20 .....	4 .....	22.22
20 to 25 .....	1 .....	5.55
25 to 30 .....	3 .....	16.66
30 and upwards ....	5 .....	27.77
	18	99.96

Mortality. There was one death in 18; or 5.55 per cent.

In the data of age and mortality, the cases now noticed stand in almost direct opposition to those given in my last paper. The causes of this difference will be noticed further on.

To some of these cases, I would draw more direct attention; they are of interest, as much from individual peculiarities as from their combined value.

CASE II. This was the only fatal one in the series—fatal, too, from direct affection of the larynx; death resulting within twenty-four hours. But for due examina-

tion of the throat, the case would have been looked upon as one of ordinary croup. There had been no history of prior illness, no failure in general power, until the clanging cough and stridulous breathing were noticed; yet there was enlargement and soreness of the submaxillary glands, and the *débris* of very well marked exudation on the uvula and tonsils.

If the writings of French physicians be consulted, they tell us that croup is, with but very rare exceptions, the sequel of, and dependent upon, pharyngeal diphtheritic deposit—a matter, in short, of local extension. This is the sole case I have seen tending to bear out this view.

CASES III and v. Both derived their affection from the same source. In both cases the local deposit and suffering were but slight; yet each of them had very characteristic depression and constitutional disturbance. Coincident inflammation of the parotid gland only on one side was also present.\* Case III was well in three weeks or less. Case v was much more tedious in convalescence. The whole system was unbinged, and strength was very slowly regained by free administration of tonics and abundant supply of food. Six months later, a large abscess, with deep burrowing sinns, formed in the upper and inner part of the left thigh. I am strongly disposed to connect, certainly the severity of this local affection, if not indeed absolutely, its occurrence with the extreme debility consequent upon the throat-disorder.

CASE VI. Local œdema and very rapid and abundant appearance of exudation were here noted. The man's state was for some days very precarious; and, though prior to this illness an athletic powerful man, he was very seriously prostrated. No nervous sequelæ showed themselves.

CASE VIII presented partial loss of power in both lower extremities, sensation being more damaged than motor power. Some time passed over before this symptom disappeared; the throat-disorder having, however, been far from severe.

CASE IX. I had seen, as reported in my last paper, one instance of secondary abscess in the neck. In this person abscess formed, three or four days after the exudation had cleared away, in the soft palate; and attained such a size as to produce very great inconvenience both in respiration and deglutition. The subsequent recovery, after the discharge of the pus, was rapid.

CASE X is noteworthy, from the coincidence, almost from the very commencement of the throat-malady, of excessive sickness; no matter what was taken, it was immediately rejected. I could but trace its existence to some irritation of the par vagum. Internal remedies seemed of little or no avail; external counterirritation was certainly of some service.

But little of especial interest is attached to the other cases.

The rates of mortality noted in the two series of cases—1 in 5, and 1 in 18—differ widely enough; admitting, however, of easy explanation on reference to certain conditions.

a. Age. The majority of those reported on the last occasion were young children, having proportionally little vital power, and therefore succumbing rapidly to any form of blood-poisoning. On the other hand, most of those now mentioned were over fifteen years of age.

b. Varying Conditions of Access. In the earlier instances, in 23 out of 35, the disease was endemic, with a resulting mortality of 1 in 4.3; while, in the present group, the affection was uniformly sporadic.

These conclusions may, on the whole, be fairly drawn.

The severity of diphtheritic affections, and indeed

\* A case of this kind was reported by Dr. Gibb to the London Pathological Society. (*Medical Times and Gazette*, Feb. 18, 1862.)

their duration also, stand in inverse ratio to the vital power of the patient. The mortality is in inverse proportion to the age of those attacked by the disease.

With regard to treatment, our efforts should be directed—

1. *To prevent the early access of exhaustion.* I have named this as one especial point, in order thereby to place very much stress on the necessity of thorough rest: for the adult, rest mental and physical; for the child, enforced abstinence from movement as far as possible. I have seen repeatedly increase of local mischief after even slight exertion, and nausea and faintness readily supervene. In all cases where it can be done, the recumbent or semirecumbent posture should be maintained; and the sufferer sedulously waited on—not even in trifles allowed to attend to his own comfort.

2. *To uphold and increase general power.* To this end, the room should be well ventilated by direct entrance of fresh air, if the season will allow of it; if not, then a good fire, with care in preventing direct draught, but in no case shutting up the patient either with antiquated close-drawn curtains or in an ill-ventilated room, thus allowing him to breathe over and over again air vitiated by the ordinary products of respiration and the special organic impurities of the disease.

Abundant and frequent supplies of nourishment should be given: meat, in whatever form it can best be taken; and stimulants. Perhaps, of these, port wine is best; next to it, brandy and water. By some patients, malt liquor is better taken. But yet I would make this the cardinal rule: give food from the first. The disease has a time when nourishment will not, cannot be taken; and, unless liberal supplies have before this been given, the patient will of necessity sink.

As diphtheria answers, in very many of its characters, to the type of a blood-disease, those remedies are most indicated which tend to improve the circulating fluid: the preparations of iron as a whole, specially, and perhaps in a measure from its local influence, the tincture of the sesquichloride has appeared to me to answer best. I have not unfrequently given it in combination with chlorate of potash, or with quinine. Some, who cannot take iron well, will derive advantage from the compound tincture of bark with hydrochloric acid. Ammonia has seemed to me to be of doubtful efficacy. Emetics, depressing remedies, and mercurials, have still their advocates; but neither from what I have seen, nor from the reported cases, should I be disposed to resort to the use of these agents.

3. *To arrest the local affection, and bar its extension from foci already existing.* The very common application of the nitrate of silver, I have little trust in. Its effects are not sufficiently marked in the clearing away of existing deposit, or in the prevention of its recurrence; while the white coating consequent on any free use of the salt materially obscures the condition of exudation. In the more severe cases, where there is much coincident and surrounding redness of tonsils and uvula, I would once freely apply the hydrochloric acid. As a subsequent application, or indeed as of primary advantage, I have had reason thoroughly to believe in the efficacy of Beaufoy's chloride of soda, used undiluted with a large camel-hair brush two or three times a day, and more frequently as a gargle made up with glycerine and water—one part to six or eight parts of water. This application I learnt last year from Dr. Budd's comprehensive paper (BRITISH MEDICAL JOURNAL, June 1st, 1861), and each succeeding case makes me more confident in its power as a local agent.

I would close my paper by urging the propriety of the medical attendant personally, so far as he may, applying these and other local remedies, and also seeing to the thorough carrying out of the plans for giving medicine and food. In this disease there is no time to be wasted.

Bad nursing will destroy many a sufferer; and remedial means powerful enough for good will prove simply nugatory, if inefficiently used.

## CASE OF FATTY HEART.

By E. T. R. TENISON, M.D.

I THINK the following case worthy of notice, showing, as it does, how most serious heart-disease may exist without any marked disturbance of the circulation or respiration, or exhibiting, save in a very mild form, the symptoms usually accompanying cardiac affections.

On the 25th December last, I was hastily summoned to see Isaac Hoare, aged 57, living at Starch Green. He was reported to have "choked himself" by a morsel of food "going the wrong way." I found the patient in profound collapse, covered with cold sweat; respiration was performed by gasps, with long intervals between each breath; he was pulseless as high up as the axilla. On being placed in the horizontal position, he died without a struggle. On inquiry, I learned that the deceased had suffered fourteen years ago, from "inflammation of the chest," which confined him to bed five weeks, and from which he slowly recovered. Since that time, he had been unable to lie, save on his back, without an uneasy sensation, amounting sometimes to pain, referred to the heart; this being more annoying when he attempted to rest on the left side. Otherwise he made no complaint, seeming to enjoy good health, and being able in all weathers to pursue his ordinary work as a road-labourer. On sitting down to dinner on the 25th, he appeared as well as usual; but almost immediately afterwards fainted. I saw him a few minutes later, and found him as described above. I may mention here that the brother, sister, and son of the deceased all died suddenly; and, as far as I could make out, of heart affections.

*Post mortem examination*, eighteen hours after death. The larynx and trachea were, as I expected, quite free from any foreign body. The muscles of the chest were pale and covered with fat. Some old but unimportant pleural adhesions existed; but the lungs were healthy. On opening the pericardium, I found that cavity filled with dark coloured fluid blood. The heart was almost converted into fat; and a rent three-fourths of an inch long occupied the posterior portion of the apex of the left ventricle, from which no doubt, the blood contained in the pericardium had escaped. Besides this, the walls of the heart were thinned, especially those of the ventricles; the muscular structure was pale, greasy, and easily torn. The valves were healthy; except the aortic, which permitted some regurgitation. The ascending portion of the arch of the aorta contained several patches of atheromatous deposit.

**INFLUENCE OF OZONISED AIR UPON ANIMALS.** Dr. Ireland says: "These experiments were most carefully performed, and all sources of complication avoided as carefully as possible; and, as I felt satisfied of their correctness, I saw no reason to sacrifice the lives of more animals in repeating them. I submit to the reader the following conclusions:—1. Ozonised air accelerates the respiration, and, we may infer, the circulation. 2. Ozonised air excites the nervous system. 3. Ozonised air promotes the coagulability of the blood, probably by increasing its fibrine. In the blood, however, ozone loses its peculiar properties, probably entering into combination with some of the constituents of the circulating fluid. 4. Animals can be subjected to the influence of a considerable proportion of ozone in the air for hours without permanent injury; but in the end ozone produces effects which may continue after its withdrawal and destroy life." (*Edinburgh Med. Jour.*)

## Reviews and Notices.

LECTURES ON SURGERY, DELIVERED IN ST. BARTHOLOMEW'S HOSPITAL. By WILLIAM LAWRENCE, F.R.S., Serjeant-Surgeon to the Queen, and Surgeon to the Royal Hospitals of St. Bartholomew and Bethlem. Pp. 632. London: 1863.

THE publication of these *Lectures*, we learn from Mr. LAWRENCE'S preface, was not undertaken by him without some reluctance; and it was only at the request of, and in consideration of an offer of aid from, his friend and colleague Mr. Holmes Coote, that he was induced to enter on the task. Before, however, the work had proceeded far, Mr. Lawrence "discovered that an undertaking like the present must be the work of one person"; and, therefore, he hastens to disburden Mr. Coote of any responsibility.

"In order to relieve him from responsibility in respect to any opinions or statements in which he may not coincide, it is right to mention that he neither saw the greater part of the manuscript before it went to the printer, nor has seen a single page in print before the publication of the book. I take this opportunity of thanking him sincerely for his ready and kind offer of cooperation on this, and for his valuable services on many other occasions."

That any attempt at literary cooperation between Mr. Lawrence and one of his younger colleagues should be found impracticable, is not surprising. To render it possible, one of two things must occur: either the senior must exhibit an amount of perseverance, and a capability for following up the numerous advances and changes in his art, very rarely to be met with in a man of Mr. Lawrence's years; or the junior must put himself back a quarter of a century or more. This, we take it, is the true state of the case: Mr. Lawrence could not go forward to the advanced views of Mr. Coote; Mr. Coote could not go back to accept, without question or qualification, the doctrines of Mr. Lawrence. No blame lies with either; on the contrary, they have acted sensibly and honourably in dissolving a literary partnership which was impracticable.

We have, then, Mr. Lawrence alone responsible for these lectures; and, from the observations made in the preface, we should not expect to find in them such an exposition of modern doctrines as is met with in most of the surgical works which have appeared within the last few years. A comparison of things of the past with the present confirms this opinion. Much of the present volume is identical in order and sentiment, and all but identical in expression, with a large portion of a course of lectures by Mr. Lawrence published in the *London Medical Gazette* for 1830. Here and there, indeed, notices of more modern scientific researches, and additions of practical importance from the stores of the author's large experience, are introduced; but still the basis of the lecture lies there, where we have indicated.

The reader of Mr. Lawrence's book must not, then, expect to find in it all they would look for from Syme, Paget, Erichsen, Miller, and other such men of the present time. He must take up the book as the work of a practical man, a worthy successor in his hospital of Pott and Abernethy; one who, more than thirty years ago, was able to put forth his

views on surgical matters in such a form that even now, brought forward in a new guise and with some addition, but without essential alteration, they may instruct many.

The book commences with an Introduction on the Distinction between Physic and Surgery; in which, as in 1830, Mr. Lawrence expresses a distinct and forcible opinion in support of the unity of medicine.

"To assert", he says, "that surgery and physic are essentially distinct, is to say that there are two kinds of pathology; that the external and internal parts are to be treated on different principles. It would be as rational to say that there are two kinds of physiology, one for the outside, the other for the inside of the body. When you know that the component tissues, or organic elements of our frame, are the same throughout, can you suppose that the position of a part in the body can alter the nature and treatment of disease? It may cause differences in the mode of proceeding; thus you have less power of acting locally on internal parts; it may make the pathological investigation of one organ more difficult or easy than that of another; but it cannot alter essential principles. Inflammation, for instance, is the same kind of disturbance, whether in an external or internal part; and we treat it exactly on the same principles, whether it be in the eye, breast, or testicle; in the heart, lungs, or liver. The principles of pathology, therefore, are general; they are the same for all parts of the healing art. They result from our knowledge of health and disease generally, and must, therefore, be common to the physician and surgeon."

Again, after pointing out that the best preparation for a physician is the study of surgery—that is, of external diseases—he says:

"I consider a comprehensive acquaintance with medicine equally necessary to those who mean to practise surgery only. If the surgeon is to rank higher in public estimation than the general practitioner, will he rest his claim to this superior dignity on the circumstance of possessing a lower amount of medical knowledge? It is necessary that surgeons should apply, in their own department, the principles and modes of relief deduced from a survey of medicine generally. The manual part of surgery is far less important than the medical; and it would be indeed disgraceful to our profession if surgeons were not competent to the management of surgical cases without the assistance of any other practitioners."

The Council of the Royal College of Surgeons would do well, we think, to study and act on the sound doctrine which has thus been enunciated by one of the most eminent members of their body.

The body of the work consists of twenty-two chapters; viz.: 1. The Nature and Divisions of Disease; Arrangement and Classification; Nosology; 2, 3, and 4, Inflammation; 5, Spontaneous Inflammations, and the Unhealthy States of Constitution to which they owe their Origin; 6, Fever; 7, Suppuration; 8, Chronic Abscess; 9, Ulceration; 10, Mortification; 11, Wounds; 12, Poisoned Wounds; Hydrophobia; Venomous Serpents; Dissection Wounds; 13, Scalds and Burns; 14, Sympathetic Effects of Local Injuries; 15, Scrofula; 16, Gout and Rheumatism; 17 and 18, Syphilis; 19, Gonorrhœa; 20, Cancer; 21, Fungus Hæmatodes; 22, Melanosis.

This list consists mostly of subjects which are generally recognised as belonging to the medical rather than to the operative aspect of surgery; and they are subjects, too, on the nature of which investigation has been directed with the greatest energy during the last twenty or thirty years. Our readers

will perhaps now better appreciate the remarks we made in an earlier part of this notice, when we intimated that they must look for the practical rather than the scientific in Mr. Lawrence's book. The author has in his day done his share in the advancement of his science; and therefore we look on this work of his with respect, and with a feeling of gladness at seeing him again among us, albeit his dress be not of the most modern and approved fashion.

CHINA FROM A MEDICAL POINT OF VIEW IN 1860 AND 1861. By C. A. GORDON, M.D., C.B., Deputy Inspector-General of Hospitals, etc. Pp. 464. London: 1863.

DR. GORDON accompanied the late expedition to China, and had a favourable opportunity of observing the climate, manners, and diseases of one or two localities in that vast empire. These observations he now lays before the public and the profession; we say the public as well as the profession, because the matter contained in his volume cannot fail to be of interest and instruction to all classes of readers.

Dr. Gordon evidently made good use of his time while in the Celestials' country. Notwithstanding the onerous duties which fell upon him in his official capacity, and the villainous nature of the climate, he seems to have seized upon every occasion of making himself well acquainted with the manners and customs of the natives amongst whom he was, by his duties, temporarily thrown. His volume, therefore, whilst containing a large amount of valuable medical details and statistics, also contains a large amount of matter which will be found, as we have said, full of instruction to the general reader.

Dr. Gordon reached Hong Kong in June 1860. From thence he goes to Canton. Afterwards, he voyages on from Hong Kong up the Peiho to Tein-tsin, which he reached on December 16th, and where he remained until October of the following year. The greater part of his volume is, therefore, naturally occupied with a description of his experience of men and things as observed at Tein-tsin.

We need hardly recommend this volume to those of our medical brethren whose fortune or misfortune may bring them into these regions of the Celestials; for assuredly no wise medical man would depart thither without making himself master of the valuable lessons to be gathered from Dr. Gordon's experience, respecting hygiene, climate, diseases, etc. But we would also strongly recommend the perusal of this volume to those of our brethren whose avocations are not likely ever to draw them outside the limits of their daily routine of practice. They will gain pleasure, instruction, and profit from the perusal.

In his first chapter, Dr. Gordon gives an historical notice of China. In the second, he treats of Hong Kong. In the third, of Canton. In the fourth chapter, he takes us from Hong Kong to Peiho; and in the fifth, reaches Tein-tsin. Here he remains, and of the place discourses fully—of the people; of the topography; of the zoology; of the climatology; of the hygiene and of the mortality of the troops at Tein-tsin, British and Native-Indian; and one chapter is devoted to the "pathology of diseases there."

It is, of course, impossible for us to follow the Doctor through these pages; but we may give the reader a few extracts from them to show what kind of information he may expect to find within, and how that information is imparted.

The "people" of Hong Kong he speaks of as energetic and active.

"In many respects the labouring classes at Hong Kong contrast favourably with the corresponding classes in Britain. In personal cleanliness they are certainly superior to the 'great unwashed' of our towns, and even of the agricultural districts. In quiet industry they beat the Englishman hollow. In propriety of demeanour, and in sobriety of habits, the contrast between the Chinaman and our own sailors and soldiers may be seen at Hong Kong at almost any hour of the day, and until a late hour at night." (P. 27.)

Small-pox, he tells us, plays havoc with the Chinese. He says:—

"Small-pox is also very prevalent, making terrible devastation among eyes, and leaving scars that are horrible to look at upon the faces of its subjects. As elsewhere stated, vaccination is not practised by the Chinese, but in its stead inoculation. The consequence is that the scourge small-pox is disseminated by art, in addition to the periodical visits it makes in an epidemic form. But these are not all the circumstances that aid in the production of blindness among the people in the north of China. A favourite method of treating diseases affecting the eyes consists in scraping the inner surface of the eyelid, which process is performed by a class of men who make this branch of native surgery their particular province. The result of the operation is that the eyelid becomes inverted, so as to bring the eyelashes in contact with the point of the eyeball itself; disease is thus induced, and after a short time the power of sight becomes destroyed." (P. 122.)

The practitioner of medicine at Tein-tsin is naturally an object of interest to us. Here he is as engaged in action:—

"At a retiring and comparatively quiet corner of the principal business street, this professor of the healing art has taken up his quarters. These quarters consist of an awning of blue cotton cloth, with white borders, upon which, in Chinese characters, are described at length the wonderful accomplishments of the presiding genius. The awning is extended upon four upright poles, so that secrecy cannot be observed here; not that this signifies much, for the Chinese are not naturally a modest race, and an artificial civilisation has not done a great deal to render them so, even to external appearances, as it is said to be the case in some western nations. The patient, accordingly, boldly walks up to the physician here, for none who are so ill as to be unable to walk ever seem to ask for medical advice. Here he relates his various ailments, and it may be some of the idlers who are to be met with upon the streets, close in to listen to his recital of bodily ills. There is equally little mystery about the examination by the Chinese *Æsculapius*, or about his prescription. A number of small phials filled with gilded pills, some pieces of a black-coloured plaster, and any number of old decayed stumps of teeth, are strewn about upon the table." (P. 125-6.)

The chapter on the Hygiene of Tein-tsin is a very interesting one. It tells us how the health of our troops was there watched over; and is full of valuable hints for the future resident there. He remarks here that "much has been said of late years of the supposed propriety of assimilating the hospital system of the British army to that of the

French." There was, he adds, plenty of opportunities of comparing the two systems; and, as the result, we are told that the "French officers, on reading our regulations, one and all expressed their sense of the superiority of our system to theirs." So it is not in all particulars that they manage these things better in France."

The twelfth chapter contains an account of a hospital opened in China for the benefit of the Chinese, and of its great success. One striking fact was noticed—the apparent want of sensibility to pain of the Chinese.

"A large proportion of those upon whom operations were performed had no chloroform given to them, and these, unless when the operation was more than usually protracted, neither cried nor winced; some did not even clench their hands or teeth, but lay upon the table perfectly motionless, while their muscles were being cut by the knife, and their bones divided by saw, forceps, or gouge.

"That this may be in some degree attributable to the circumstance of the sensibility of the nervous system being less acute in the Chinese than in the European is quite probable. That this is so, is mere matter of speculation; but were it an actual fact, it would be insufficient to account for the great degree to which indifference of pain is observable among them; a good deal is, therefore, no doubt due to moral training. From their earliest youth the Chinese are taught indifference to bodily suffering, or to life itself. Personal cruelty is instilled into their nature from their infancy; and so effectually, that I have seen bystanders and relations of a subject of operation smiling and joking as its details were being proceeded with, and I have seen a person just removed from the operating table, and placed for the time being upon a bed in the immediate vicinity, smile at, and appear to enjoy the agonies of his successor, as the knife was cutting its way through, and the blood trickling from his quivering flesh." (P. 430.)

The concluding chapter tells of the joy of the writer to escape from "that most filthy of filthy Chinese cities Tein-tsin," and of an almost romantic journey to Nagasaki, a Japanese port, where the vessel that bore him touched to take in coal.

LUNACY MURDERS, ETC., IN NEW YORK. Two suicides and one homicide were reported on one day as occurring at the hands of persons who have been recognised as of unsound mind, but who have been allowed at large. The first was the case of John Fitzgerald, a wealthy banker of Wisconsin, who came to this city for his health. One member of his family had died in a lunatic asylum, and he, fearing that he might become insane, had threatened his own life. He retired to his room at the St. Nicholas, and, after writing letters to his wife and friends giving instructions as to his burial, deliberately shot himself. The second case occurred at the Sailors' Snug Harbour, Staten Island. An inmate of that institution, named Ingalls, had been reprimanded for swearing by the chaplain, the Rev. Mr. Quinn. At this the sailor seemed to become alarmed lest he should be exposed for what he called "that horrible affair." He importuned the chaplain not to expose him, but the latter made light of his alarm, attributing it to a slight aberration of mind. On the morning of the murder Ingalls was noticed to act strangely. On leaving the institution after services on Sunday, the chaplain met the sailor, who said, "You will expose me, I know you will, if you live," and drawing a double-barrelled pistol from his breast first shot the chaplain dead, and then discharged it at his own head, inflicting a fatal wound.

## Progress of Medical Science.

### REMOVAL OF THE WHOLE OF THE SHAFT OF THE FEMUR.

Mr. Beane, Surgeon to the Melbourne Hospital, relates the following case:—The patient, aged 21, had always had good health. In October, 1860, he walked a short distance after dinner on a wet day, but did not get wet. He sat down for a short time in a room, when, feeling cold, he went to the fire. He then felt pain in the leg near the knee, and walked lame. The lower part of the thigh began to swell, and the swelling gradually extended up the thigh; he had fever, with symptoms of inflammation of the bowels, and sweated profusely. At the end of six weeks, matter formed near the upper part of the thigh, and two or three weeks later a large quantity escaped. Other collections of matter ensued, and broke. The openings formed continued to discharge. The thigh-bone was very much enlarged, but the enlargement was most marked near the upper third; here he suffered from a dull aching pain; the pain had been very severe, relief following the escape of some thick yellow matter. The leg was twice as large as the opposite one; the skin, cellular tissue, muscles, and bone being united together. There were seven or eight openings—three or four very large ones—some discharging whey-like fluid, others thick pus. He had not had night sweats since the leg began to discharge. He had gained flesh during twelve months; his appetite was good, tongue clean, pulse 78, and lungs healthy. No diseased bone could be felt through any of the sinuses.

Amputation of the thigh had been advised by several surgeons; but feeling convinced that the case was one of acute inflammation of the shaft of the femur, followed by its death and the formation of a casing of new bone, Mr. Beane determined to cut through the new bone and remove it. On the 24th of January, 1862, he was placed under the influence of chloroform; a semi-circular incision was then made in the centre of the outside of the thigh, and the flap thus made dissected from the bone. By means of a strong gouge and mallet, the new bone which was three-fourths of an inch thick was cut through, when about a fourth of a pint of watery pus escaped. The whole of the shaft of the femur was found necrosed. In some parts it was not thicker than a quill, in others as thick as the thumb. It was so closely embraced by the new bone, that the greatest difficulty was experienced in extracting it. Scarcely a tablespoonful of blood was lost. The wound was filled with wet lint, to prevent its closing. He had no bad symptoms. Several pieces of bone escaped from the wound which was kept open with considerable difficulty. One month after operation, the limb was very little larger than the opposite one, and the tissues felt soft; pulse 86; appetite good. He gained flesh. There was a prominence on the lower part of the shaft of the femur, and a small opening existed opposite the outer condyle. When a probe was introduced, roughened bone could be felt. Early in April, Mr. Beane cut down on the outer side of the condyle, and removed two large thin pieces of the diseased external condyle. A sinus was then discovered passing through the new bone to the centre of the enlargement of the lower part of the femur, and loose bone could be felt with the probe. The new bone was cut through with the gouge, and a piece of necrosed bone, of the size of a large walnut, removed. The capsule of the knee-joint was not touched; the length of time the knee had remained motionless, had caused slight ankylosis of the joint, and the capsule to diminish in size. From this time he progressed most satisfactorily. For some time there was a free discharge of laudable pus, accompanied occasionally by small spiculae of bone. The latter, however, ceased to come away in September,

and the wounds rapidly closed. In October, he left for the country with a good limb; motion was being gradually restored to the knee-joint—the opening made on the outer aspect of the thigh would scarcely admit a probe, and the whole limb was not larger than its fellow. He was in sound health, and gaining flesh rapidly. (*Medical Record*.)

**NEW TENT FOR DILATING PURPOSES.** Dr. Sloan, of Ayr, has discovered a new material possessing many and great advantages over the ordinary sponge-tent. It is the dried stems of the sea tangle (*Laminaria Digitata*); this, like all the algae, being purely cellular in structure, possesses the property of drying readily at ordinary temperatures, and, in so doing, greatly diminishes in bulk, becomes firm, elastic, and tenacious; in this state it may remain for years, and by mere absorption of moisture, readily assumes its original size; it can easily be cut to any shape, and, being one of our commonest sea-weeds, exists always in abundance. It is readily recognised by its appearance of possessing root, stalk, and branches. In this climate it acquires a length of from two to twelve feet, with a diameter of from one to several inches. Dr. Sloan has not only tried this substance himself, but many of his friends have also used it, and found it very efficient for the purpose; one of them writes, “in every case in which the sponge-tent requires to be used the tangle tent can be used, and I have no doubt will, by and by, come into general use.” One great advantage ascribed to it is, that it does not occasion anything like the factor which the use of the sponge gives rise to. The author thinks it may be used for dilating the os uteri, urethra, the lacrymal canals, and Eustachian tube. If freely exposed to moisture, it doubles its diameter in four hours. (*Glasgow Med. Jour.* and *Dub. Med. Press*.)

**COOLING OF THE BODY AFTER DEATH.** The following is a summary of Dr. B. W. Richardson's views, lately given on this subject:—

1. If the body is left dead with its vessels full of blood, the temperature of the blood being unaffected by the mode of death, the cooling is slow, but in the great majority of cases is completed in fifteen hours.

2. If the body is left dead from direct and absolute loss of blood, cooling to the temperature of the surrounding medium is completed, in regard to the external surface, in two hours.

3. If the body is left dead from sudden and profuse exudation, as in cholera, the cooling to the temperature of the surrounding medium is completed in two hours.

4. If the body is left dead from obstruction to the circulation, as from fibrous concretion, the body, in so far as the external surface is concerned, will be chilled to the temperature of its surrounding medium in two hours.

5. In these last three named forms of death, if the death be slow, the heat of surface may sink to that of the surrounding medium, even before life has ceased.

6. The body, when dead, will sink steadily in temperature to the medium of its surrounding envelope: in the air to the air, in a stone tomb to the tomb; but it will not afterwards rise in temperature by the application of any external warmth, short of such as would destroy its texture.

7. After all forms of death, the age and corporeal condition of the person must be taken into account; youth and old age, great thinness of structure, deficiency of food, and states in which blood is diverted from its systemic course, quicken the decline of the animal heat.

8. In taking observations for medico-legal purposes, in any suspected case, the mere test of the hand is altogether unreliable; for as the terms heat and cold are relative only, and as between the hands of different observers the greatest natural difference may prevail—that which to one hand would signify warmth, to another

would signify cold. If any observation in respect to temperature be made, therefore, it should be carried out with the thermometer, the points at which the temperature is taken being the flexures of joints, the mouth, or the nostril. (*Medical Critic and Psychological Journal*.)

**A REAGENT FOR DETECTING BEETROOT ALCOHOL.** M. Cabasse proposes sulphuric acid as a precise reagent for beetroot alcohol. By mixing three parts, in weight, of this alcohol with one part of sulphuric acid, a red colour is immediately produced, which preserves its intensity for several months. No similar result is produced by operating with vinous alcohol. On operating with perfectly colourless alcohol, the liquid does not change directly, but after a shorter or longer time takes a slightly amber tint; this amber tint, which belongs to alcohols which have remained a certain time in cask, is heightened only by sulphuric acid, since it existed previously, but has no analogy with the red colour of beetroot alcohol. The following are the results obtained by the action of sulphuric acid on mixtures of definite proportions:—1. Vinous alcohol, three parts; beetroot alcohol, one part; red colour, apparent only with a white paper placed behind the flask. 2. Vinous alcohol, two parts; beetroot alcohol, two parts; decided red colour. 3. Vinous alcohol, one part; beetroot alcohol, three parts; red colour still more decided. It is then easy, by means of pure sulphuric acid, to recognise immediately beetroot alcohol and its mixture in various proportions with vinous alcohol. The coloration produced by using the reagent in the given proportion is due most probably to the action of the acid on the volatile oil, from which it has hitherto been found impossible to free the alcohol, to which it communicates its peculiar flavour and odour. (*Répertoire de Pharmacie*, and *Chemical News*.)

**RADICAL CURE OF A CASE OF FISTULA IN ANO, WITHOUT THE USE OF THE KNIFE.** Assistant-Surgeon D. B. Hoffman, of California, relates the case of a man aged 38, who had a fistulous opening on the right side of the rectum, about three-fourths of an inch from the edge of the true orifice, in a highly inflammatory and painful state. No organic cause of any kind could be found. He objected to operation. Mr. Hoffman, therefore, directed him to remain in his room, and keep as quiet, and rest as much in a recumbent position as possible; to use a cold water bath to the affected parts frequently, and at the same time, throw cold water up the bowels freely with a syringe. He also injected the fistular opening once a-day with the tincture of iodine, and gave once a-day a tablespoonful of the following prescription:—Flowers of sulphur, powdered resin, of each ʒss; clarified honey, ʒj. This course of treatment cured him in twenty-three days. His diet, during that time, was altogether of a bland nature; no solids of any kind were allowed, and the use of tea and coffee was prohibited. Milk and strong beef soups were the principal food used. The cure took place three years ago. (*San Francisco Medical Press*.)

**RECOVERY FROM GUNSHOT WOUND OF THE HEAD.** Charles McCarty, private, was wounded at the second battle of Malvern Hill, by a ball from a pistol in the hands of a rebel cavalryman. The wound was received while he was making a charge upon the rebel infantry, behind which the cavalry were posted. The infantry broke and fled, leaving the assailing party almost upon the sword points of the opposing force, at which time the wound was received, the distance being about three feet. So small was the intervening space, that the powder entered the skin, causing permanent discoloration. The ball entered at the inner canthus of the right eye, taking an irregular downward course, lodging under the skin of the opposite side, on a line with the posterior edge of the mastoid process of the temporal bone, and half



an inch below its inferior extremity, in which position the ball remained, until, a short time after the battle, he was placed under the care of a surgeon, who extracted the ball by a slight incision. The injury sustained by the eye was comparatively slight, causing opacity of the lower portion of the cornea and to a certain extent injuring the conjunctiva and sclerotica, causing a small track to slough out, which cicatrised, adhesion having taken place between a portion of the conjunctiva of the eye and that reflected upon the inferior lid. He was still able to distinguish large objects at a short distance. After he received the injury, he lost all consciousness as to what was being enacted around him; his only recollection being that of a severe pain in the head, which, however passed off in a few days. There was no other prominent symptom, and he suffered but little for some time. The counter-opening by which the ball was extracted healed, leaving a hard cicatrix. The treatment employed was cold water dressing to the part, with slight purgation. He was also given ten grains of Dover's powder at bed-time, from which he received great relief and a good night's rest. At the time of the report the patient was nearly ready to leave the hospital, though permanently unfitted for the duties of a soldier. (*Philadelphia Med. Journal.*)

## British Medical Journal.

SATURDAY, FEBRUARY 28TH, 1863.

### MEDICAL HEALTH ASSURANCE.

SEVERAL letters which we have lately received lead us to ask the question, do the members of our profession as a body need a society which would come to their aid in the hour of sickness? The correspondence to which we allude, and the social condition of the medical profession as known to all of us, can, we apprehend, leave but one answer to the question, and that is, that a society of the kind alluded to would be an immense boon to the profession, if it could be established on sound principles and honestly carried into action.

A certain percentage of our medical brethren are every year stretched on a bed of sickness. Our profession is notoriously a poor and an ill-paid profession. The great body of us are dependent on our daily labours for daily support; and they are the exceptions only who are enabled to realise world's goods enough to protect them against the accidents of fortune. In our profession, a man's income ceases to come in when he ceases to labour. The clergyman's stipend may run on, the lawyer's bills may still increase, the manufacturer's mills are not stopped, though the lawyer, and the clergyman, and the manufacturer be prostrated by sickness. But it is not so with the medical man; with a cessation of his visits ceases his income absolutely; so that, in an especial manner, is the medical man's income dependant upon his health. During sickness, whilst he and his family are still consuming, the renewal of the means of life is arrested. Consumption with-

out reparation is his position then. And how many are there of our profession who have private means sufficient to meet the emergency? The necessary consequence is that, during his illness, the medical man is forced to mortgage his future exertions in order to meet the present difficulty. And when he rises enfeebled from his bed of sickness, he starts again in the battle of life weighted and oppressed by an accumulation of bills on the creditor side of his account.

Would not a friendly society—a society which would come to the medical man's aid at the critical moment—annually relieve a large number of our profession from this painful struggle? Would it not enable many a medical man who struggles on at his labours—fighting against the onset of sickness—to subject himself to the same suitable conditions as he would prescribe for his patient at the earliest approach of disease? Has not this struggle against impending sickness cost many a life, which might have been preserved had such a society been at hand to offer its protection and assistance?

Certainly, the proposal of Dr. Bryan and Mr. Gramshaw seems to us to be most excellent and reasonable. At all events, we consider it our duty to bring the subject prominently under the consideration of the profession.

We have done more than this; we have requested a friend, an eminent actuary, to give us his opinion as to the practicability of establishing such a society; and add his suggestions and opinions for the benefit of those who are interested in the subject.

"I see," he writes, "no reason why the scheme of health insurance should not work satisfactorily, provided you get it well supported, which is *indispensable*. It should be cautiously managed at first, and economically. It would, of course, be on the mutual principle, like the friendly societies for working men; in fact, it would be a friendly society of a higher class.

"I am decidedly of opinion that it should, *in the first instance*, be limited to the medical profession, and that at the outset all the allowances should be of the same amount. To illustrate this point, one medical man in large practice might consider £20 a week a proper allowance in case of incapacity through sickness, whilst another would, perhaps, think £5 a week a handsome sum. It would be inconvenient, and indeed hazardous, at first, to allow of such inequalities.

"The main point, however, is the amount of the subscription to be paid by the members; and to determine this with approximate accuracy, data of sickness should be obtained, and premiums computed, before any other actual step is taken. It is well known, to all who have looked into the subject, that the great majority of friendly societies are in an unsatisfactory—*i. e.*, insolvent—condition, because the

contributions of the members are insufficient for the benefits promised to them. I do not know what is the average rate of sickness; but if, on the average, each member of the medical profession has one week's incapacity in the year through sickness, then the annual subscription to provide for an allowance of £5 per week during sickness would be £5 *per annum*—leaving the expenses out of the question. If there are two weeks sickness in the year on the average, the subscription would be £10 *per annum*, and so on.

"It is obvious, however, that for such a society to be on a stable basis, the actual subscriptions should be considerably more than the amounts theoretically necessary; and the surplus at the end of each year should be applied to reduce the contributions of future years.

"I believe it is established that the average sickness increases slowly with the age, so that the older members would have to pay more than the younger ones; and no persons above a certain age—say 60 or 65—should be admitted as members, or allowed to remain members after attaining that age.

"I see no good and sufficient reason for the limitation that no demands should be made during the first twelve months; in fact, this seems to diminish the usefulness of the society for no good object.

"With regard to organisation: no expense should be incurred in the outset upon buildings, deed of settlement, etc. The directors should be content with nominal fees for a time; and it would suffice, I think, to have one moderately paid officer at first."

#### PHLEGMASIA ALBA: EMBOLIA.

M. TROUSSEAU has lately made this disease the subject of a series of interesting clinical lectures, of which we here give the summary.

The cause of phlegmasia is obstruction of veins. This obstruction is caused by the spontaneous coagulation of the fibrine of the blood, and very rarely by what is called coagulating phlebitis. Spontaneous coagulation takes place more especially in cachectic states of the body and after confinement. The clots which produce the obliteration contain a large quantity of fibrine in a molecular or fibrillate condition, red and white globules, fatty matter, and hæmatine. These clots may become disaggregated, and disappear without leaving any trace of their existence in the obliterated vessel, and without producing any appreciable general disturbance of the body. Moreover, they may become organised, being converted into connective tissue. In such cases, the diameter of the vessel may be converted into a cavernous trabecular structure, and the circulation be still carried on through it in its altered state. Or, again, the vessel may be converted into fibrous or

fibro-calcareous cord. These are different modes of termination of phlegmasia. The venous clots have two extremities—one peripheral, which is multiple, and ramifies in the origins of the veins; the other extremity may be called the cardiac. The cardiac extremity often assumes a special form—a serpent's head form. It may be of a cystic nature, the walls of the cyst being composed of stratified fibrine, and the contents of it being disaggregated softened fibrine, which has the appearance of pus. The head of the clots is generally non-adherent, and is situated at the opening of an afferent vein. Being more or less firmly attached *in situ* by a pedicle or neck, this extremity—the head—may be detached and carried away by the current of the blood, and finally arrested in one of the branches of the pulmonary artery, producing the symptoms of pulmonary embolia. These symptoms, of course, vary much, according to the general condition of the patient—the extent, the volume, and the composition of the embolic clots. Life may be quickly destroyed by these cardiac and pulmonary embolia; and in such case death is the immediate result of the passage of the clot into the heart, or into the trunk or large branches of the pulmonary artery. The clot may become fixed in one or other of the divisions of the pulmonary artery, and there undergo various modifications—absorption or molecular disaggregation; or it may occasion temporary or permanent obliteration of the vessel. Permanent obliteration will give rise to a third order of accidents in the pulmonary parenchyma; viz., most frequently local anæmia, œdema, pneumonia; and more rarely gangrene of the lungs.

#### ARTIFICIAL ILLUMINATION.

DR. FRANKLAND, in a lecture lately delivered at the Royal Institution, on the above subject, stated that, during the last ten years, very little improvement had taken place in the means of producing artificial light. Lately, however, a new illuminating agent had been introduced, and the magneto-electric light had received an important application. In gas-manufacture, again, very little improvement had been made in these ten years. Sulphur was still found in it in considerable and perhaps undiminished quantity. The Rev. Dr. Bowditch has, however, shown how it may be got rid of; viz., by passing the gas over hydrate of lime heated to 400°. Recently, a new illuminating body—acetylene—has been discovered in coal-gas; and the discovery may perhaps entirely revolutionise the manufacture.

"The use of animal and vegetable oils for illuminating purposes had received no new development in the past ten years; but a new source of light of the greatest importance has been discovered in the oils obtained by the distillation of coals and shales at low temperatures. This oil, however, has recently found a formidable rival in the oil distilled by Nature herself. The native oil of the

United States and Canada is obtained in immense quantities: from the latter country alone as much as 20,000,000 of gallons have been procured, which, it has been calculated, would give as much light as 180,000,000 of pounds of sperm candles."

### THE WEEK.

WE should like to inquire of those of our medical brethren who admire the system of gratuitous medical services whether or not they consider that the medical profession in Ireland are bound to give gratuitously certificates of the cause of death of the patients whom they have attended? We see under the Act for Registration of Births and Deaths in Ireland, now on its passage through Parliament, that the medical men are required to perform this bit of service gratis to the public. Would the government ask them to do it, except for the notorious fact of the unlimited gratis work done by the profession?

A LARGE reduction is made in the medical establishment, services, and supplies of the army for the year 1863-4. The expenditure under these heads was, in 1862-3, £327,311; whilst for the forthcoming year the estimate is £255,993. There has been a general reduction in the army estimates for this year; but we believe that the screw has been applied with especial rigour in the medical department.

WE read in the journals that last week a fee for making a *post mortem* examination was refused to a house-surgeon of the London Hospital by the coroner on the following grounds, as stated by the "coroner, Mr. R. Walthew, who remarked that Mr. Humphreys had been obliged to refuse payment on the ground that *the medical officers were paid a general salary, and in their duty was included these examinations.*"

At the last annual meeting of the Cancer Hospital, we read:

"The surgeons' report stated that the completion of the eleventh year of the existence of the hospital strengthened the opinion previously expressed—that cancers may be cured. The large number of cases which had come under the care of the surgeons had enabled them to arrive at data which, without the existence of the special hospital, could not have been obtained. Many surgeons and physicians, who had signed a protest against the hospital on the ground of its special character, had since acknowledged its usefulness by sending patients from their own hospitals to receive its benefits." We think the profession will agree with us that the light of this hospital should not be hid under a bushel. The surgeons, for example, who make these statements, are bound to tell the profession why their opinion as to the curability of cancer is strengthened year by year. All the medical world should have the benefit of this consoling hope. What are

the data furnished to the surgeons of the hospital upon which they found this hope of cancer-curability? What, again, are the special facts here obtained which could not have been obtained at a general hospital? We are sure the surgeons' report was not mere vain assertion; and we, therefore, call upon those gentlemen, in the name of cancer-suffering humanity, to give the profession the benefits of their special experience at this special hospital.

TYPHUS appears to be raging in a part of the Vienna Hospital at the present moment. Six assistant-physicians are at the present moment suffering severely from the disease.

The Emperor and Empress of Austria lately paid a long visit to the Irrenanstalt, and expressed their high satisfaction at its excellent condition. On the following day, Dr. Riedel, the Director, received the Cross of the Order of Francis Joseph.

The faculty of Prague have just set an example which might well be followed by the Medical and Chirurgical and other Societies. It has issued a circular requesting all the medical men belonging to it to send in their *cartes de visite* before the end of April.

When shall we find, asks *L'Union Médicale*, the medical man rich enough in heart, in devotion, or in purse, ready to illustrate and immortalise himself by a foundation similar to that which has been established in England by Mr. Propert, and which Orfila was anxious to have in France?

The celebrated Professor of Clinical Medicine at the Faculty of Medicine in Madrid, M. Drumen, has died suddenly. He was President of the Royal Academy of Medicine and physician to Queen Isabella. He was remarkable for his high sense of professional dignity and honour as well as for his learning. On the occasion of the introduction of homœopaths at the court, he protested, and gave in his resignation, which was not, however, accepted. It is by such acts, says his chronicler, that medical men honour themselves and preserve the esteem of their clients.

M. Florence Prévost, a distinguished naturalist, has from time to time during the last thirty-five years, made a collection of the stomachs of different birds taken at different times of the year. The stomachs, with their contents, are dried and fixed on cards. His observations prove that birds in general are much more useful than hurtful to our crops; and, as regards the granivorous species, that the injury which they do at certain seasons is largely compensated by the destruction of insects which they effect at other seasons.

M. Riberi, by will, left a fund for the payment of a prize of 20,000 *francs* triennially for the next twenty-one years (seven prizes in all). The first of these prizes will be decided after December 31st, 1864. All works, whether in manuscript or published, written during the three years (from Jan. 1st, 1862, to Dec. 31st, 1864), on medical or surgical subjects, may be forwarded for competition. The Turin Academy of Medicine, who adjudicates, will give the preference to those works which indicate a distinct progress in the science of medicine. Of printed works, two copies must be forwarded. Printed works or manuscripts may be translated into Italian, Latin, or French. All works must be sent in before Dec. 31st, 1864, and will become the property of the Academy.

### THE LATE DR. EDMUND LYON OF MANCHESTER.

EDMUND LYON was born in 1790, being the third son of the Rev. James Lyon, then patron as well as rector of the very valuable living of Prestwich, in Lancashire. He became the pupil of Mr. Benjamin Hutchinson, an eminent surgeon at Southwell, and author of the *Biographia Medica*, whose affectionate esteem and praise he won by his steady industry and exemplary conduct. He went thence to London, where he became a Member of the College of Surgeons; and afterwards he graduated in Edinburgh. He settled in Manchester; and on the retirement of Dr. William Henry in 1817 from the physiciancy to the Royal Infirmary, Dr. Lyon was elected in his stead. Notwithstanding the standing given to him by this appointment, and a most exemplary performance of its duties, his progress in general practice was exceedingly slow. Year after year of hard work brought hardly any accession of income. He was another example of the ever true remarks of Dr. Johnson, that "a physician in a great city seems to be the mere plaything of fortune; his degree of reputation is for the most part totally casual: they who employ him know not his excellence; they that reject him know not his deficiency." It was not till about five-and-thirty years after he began the study of medicine that he obtained an income which, if it had been spread over many years, would have been a moderate remuneration for his toil and devotion. In 1841, after twenty-four years service, he resigned the physiciancy to the Infirmary, when the Board entered on the books their testimony to his "unremitting, exemplary, and zealous exertions," and elected him consulting-physician to the charities. In the year 1851, being in feeble health and possessing a competency, he retired from practice, and devoted himself to the business of three important public institutions—the Royal Infirmary, the Royal Institution, and Henshaw's Blind Asylum. Of the Royal Institution he was at his death the President. The committees of these three institutions have expressed in glowing terms their sense of the loss they have sustained in his death; that of the Infirmary speaking of his unremitting and exemplary services for nearly forty-six years; that of the Royal Institution, of his devotion of the energies of an accomplished mind to its management, and of his kind-heartedness and goodness; while the third speaks of the most extraordinary and exemplary manner in which he devoted his attention to his duties as a member of the Board of Henshaw's Blind Asylum.

He published very little. His most important papers are, *A Sketch of the Medical Topography and Statistics of Manchester*; and *Observations on Ileus*.

The medical profession has reason to be proud of one of its members who won so high a character by years of devotion to public service.

[The above is a summary of a memoir of the life of Dr. E. Lyon, just published by Dr. Crompton of Manchester.]

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, November 10th, 1862.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASH. & CHESHIRE. [Ordinary.]	Royal Institution, Manchester.	Thursday, March 12th, 3 P.M.

### EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Pavilion Hotel, Folkestone, on Thursday, March 5th, at 3 P.M.

THOMAS BOYCOTT, M.D., *Hon. Sec.*

Canterbury, February 10th, 1863.

### LANCASHIRE AND CHESHIRE BRANCH.

An ordinary meeting of this Branch will be held at the Royal Institution, Manchester, on Thursday, March 12, at 3 P.M. Notice of papers, etc., to be sent to the Honorary Secretary.

Dinner will be provided at the Clarence Hotel, Spring Gardens, at 5 o'clock.

A. T. H. WATERS, M.D., *Honorary Secretary*.

Liverpool, February 16th, 1863.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held on February 12th; HENRY DUNCALFE, Esq., of West Bromwich, in the Chair. There were also present fourteen members and a visitor.

*New Member.* Dr. James Williams of Malvern was unanimously elected a member of the Branch.

*Alteration of Law.* Mr. BAKER and Mr. DOWNES gave notice that, at the next general meeting of the Branch, they will move the following alteration in Law 4:—

"That instead of the words 'That a general meeting of the Branch be held thrice annually', the words 'That a general meeting of the Branch be held on the second Thursdays in October, November, December, January, February, and March,' be substituted."

*Papers.* The following papers were read.

1. On the Diagnosis of Retro-uterine Hematocele. By W. F. Wade, M.D.
2. On Two Cases of Cyanosis. By B. W. Foster, L.K. & Q.C.P. The patients attended.

# Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

At the *Royal Infirmary*, on Tuesday, February 3rd, Mr. Bickersteth operated upon a case of more than ordinary interest. A porter, aged about 40, was admitted in consequence of a tumour of considerable size which occupied the whole of the right side of the neck, and had been increasing gradually to its present dimensions for about two or three years. It was not painful, and had produced little or no inconvenience to the patient, until quite recently, when some difficulty in swallowing, buzzing noises in the ears, dizziness, and other indications of pressure upon the nerves and vessels, had begun to be felt. The tumour was round, firm, hard, and well defined, and presented all the characters of a solid growth; it was evidently deeply seated beneath the cervical fascia and the sterno-mastoid muscle; and from its size, situation, and connexions, so far as they could be judged of by palpation, it afforded the prospect that its extirpation would prove a tedious and formidable surgical undertaking. After careful and repeated examinations by Mr. Bickersteth and his colleagues, Mr. Stubbs and Mr. Long, it was concluded that it was a firm solid growth; and its removal resolved upon. A free crucial incision was made through the integuments, and the dissection of the exposed tumour was commenced, but had not been carried far before the sac was punctured; and a copious escape of purulent matter followed, showing at once that an error in diagnosis had been made, and that a large and very thick cyst, containing matter tightly bound down by the muscle and fascia, had been mistaken for a solid tumour. It was found that the cyst or abscess had dissected out the nerves and vessels of the region in which it was situated, leaving the sheath of the carotid artery exposed to the extent of nearly three inches. A portion of the anterior wall of the cyst, of about the size of a penny-piece, was removed; and, some lint being placed in the wound, the patient was sent to bed.

Mr. Bickersteth remarked that, notwithstanding the error in diagnosis, the operation so far had accomplished all that could be desired, by at once revealing the actual nature of the disease, giving exit to an accumulation of matter, and relieving the patient from symptoms that threatened to become formidable. As to the result, he thought there was a fair chance of the man's recovery; but of course, when the main artery was exposed to so great an extent, there was some risk from the possibility of ulceration taking place in the coats of the vessel. He had seen a very similar case in the practice of Mr. Syme, in which the same difficulties in diagnosis had existed, and in which the tumour had been entirely removed by a close and prolonged dissection from the vessels. Its exact nature was not discovered until an incision into the sac showed that it consisted, as in the present instance, of a thick membranous cyst filled with dirty brown pus. The case has since

progressed favourably, the wound is granulating, and the patient out of all danger.

By a curious coincidence, I have to report another operation, at the *Northern Hospital*, by Mr. Hakes, in which also the result proved that an error in diagnosis had occurred. The case was one of what is conventionally called ovariectomy, but which may be more strictly defined as abdominal section for the removal of a tumour. The patient was a pallid, rather delicate-looking woman, 42 years of age, the mother of two children, the youngest aged 15. She first noticed the swelling about eighteen months ago, and came under Mr. Hakes's notice in February of last year. At that time the abdomen appeared to be full of ascitic effusion, with a moveable tumour at the lower part. She was tapped in the usual place, and several pints of amber-coloured fluid were drawn off; after which an irregular, nodulated, moveable tumour was plainly felt. The uterus was moveable, but less so than usual; and attached to the cervix was a small polypus. The case was now regarded as one of uterine tumour with ascites. About nine months afterwards—at the end of November—she was again tapped; and, after about a pint of fluid had been drawn off, the flow stopped, and the trocar came into contact with the tumour. Ten days afterwards, she was again tapped—this time above the umbilicus; and a large quantity of fluid was withdrawn. A large tumour, however, still remained, evidently consisting of some large cysts, as well as some solid matter. At a careful examination two or three weeks later, in which Dr. Grimsdale took part, it was concluded that it was an ovarian tumour, and a case in which the operation for its removal might be proposed; and the woman was admitted into the Northern Hospital.

The operation, performed on the 29th of last month, was commenced by an incision of the usual length, which was afterwards extended to about an inch above the umbilicus. The tumour was found to be covered by the attenuated and reticulated omentum, to which it was adherent at numerous points. There were also adhesions to the smaller intestines at two spots. Scarcely any pedicle could be said to exist; and the small band of tissue representing it, and by which the tumour was connected with the uterus, was tied with silver wires, first in two halves, and then by one wire encircling the whole; the wires were cut off short, and left in the cavity of the abdomen. When first exposed, the tumour presented almost the appearance of a collection of intestines matted together, and was found to consist of a mass of cysts of various sizes, with thin walls, and for the most part limpid contents; one or two of the cysts, however, contained half-solid bloody matter. The tumour was removed, of course, without using the trocar. One or more cysts were unavoidably ruptured, and there was a considerable escape of fluid into the abdominal cavity. The right ovary was seen to be enlarged; the left was not sought for, as it was supposed to have been involved in the diseased mass. A tumour, of about the size of a large walnut, was noticed on the body of the uterus. The cavity of the abdomen was carefully sponged out, and the wound closed in the usual way. The patient for several hours appeared to be doing

well; but she never completely rallied, and died thirty-three hours after the operation, apparently from simple shock. The *post mortem* examination showed that no inflammatory action whatever had occurred. The wound was firmly united. Both ovaries were found in their usual situation, each containing two or three small tumours; and in addition to the polypus on the cervix, and the tumour projecting from the peritoneal surface of the uterus, seen during the operation, one or two small fibrous tumours were imbedded in its walls.

It is not a little remarkable that this is the second case which has occurred in Liverpool within a year, in which a fibro-cystic uterine tumour (a disease so rare as to be almost denied an existence by some pathologists) has been removed in an operation commenced with the expectation of finding an ovarian cyst. The other case, your readers may remember, occurred in the practice of Mr. Fletcher in the workhouse hospital, and terminated in the complete recovery of the patient. It is fully detailed in the JOURNAL of November 8th, 1862, p. 499.

Within the last few days, an unusual form of fatal injury, which will, of course, become the subject of investigation in the coroner's court, has occurred here; and through the courtesy of Mr. Bickerton, the surgeon who has charge of the case, I am enabled to give the following interesting account of the matter.

A young man, while playfully wrestling with a companion, was thrown on his back, the other man falling with his knees upon his abdomen. The injured man got up, and immediately turned deadly pale, but complained of no pain, and was not aware that he had sustained any serious injury. He was, however, taken home in a cab, and soon became collapsed, and so remained from Saturday night until the following Wednesday, when he died. As he was unable to pass urine, a catheter was passed, and fully four quarts of bloody fluid were drawn off. He had stercoraceous vomiting a short time before his death. A *post mortem* examination at once revealed the cause of death. The fundus of the bladder was rent across from side to side, the wound being fully four finger-breadths in extent. There was scarcely any fluid either in the pelvis or in the abdomen, and the amount of peritonitis was much less than might have been expected under the circumstances. No injury to any other viscus could be discovered. It seemed probable that, at the time of the accident, the bladder was fully distended; and that the rent, from its situation, was caused by hydraulic pressure exerted by the contained fluid under the compression of the man's knees. The fluid drawn off by the catheter was evidently from the cavity of the pelvis.

**CHEAP FOOD FOR THE WORKING CLASSES.** Great public interest is being excited by the account of the working of the plan first brought out by Mr. Corbet, of Glasgow, for supplying wholesome and well-cooked food to the working classes at a really cheap and yet remunerative price. By this plan a good breakfast may be had for 3d., a capital dinner for 4d., and rations during any hour of the day for 1d. Thus a man may live like a prince on a shilling a day. The extension of the system to London and other large towns is now under consideration.

## Reports of Societies.

### ODONTOLOGICAL SOCIETY.

MONDAY, FEBRUARY 2ND, 1863.

SAMUEL CARTWRIGHT, JUN., ESQ., President, in the Chair.

#### DIAGNOSIS OF DENTAL NEURALGIA.

BY W. A. N. CATTLIN, ESQ.

THE author of the paper commenced by a comparison of morbid conditions of the teeth, which have in his experience given rise to neuralgia with analogous pathological conditions in other organs, as well as with conditions not strictly analogous, but in which local disease had been shown to have had an etiological relation with neuralgia. He discussed briefly, the probable causes of the variety which every one knows to occur in the degree of pain suffered by different individuals under circumstances of local disease apparently very similar, referring it to variety in temperament, size of nerves, etc., and then passed on to the main topic, namely, an inquiry as to how far neuralgia due to a morbid condition of the teeth may be distinguished in practice from that dependant upon constitutional causes, or local mischief elsewhere. The conclusion arrived at is, that as in all other questions of difficult diagnosis, the surgeon must carefully examine not only the local condition of those organs and parts of the body most likely to originate the neuralgia, but into the general constitutional condition of his patient, and weighing carefully the facts he ascertains, exercise his judgment in determining the proper conclusions to be arrived at.

Before condemning a tooth as the cause of a local neuralgia, it is thus often proper to strive after the removal of other causes of reflex irritation, and the improvement of the general health. At the same time, the writer strongly deprecates the prevalent practice of retaining diseased teeth in the mouth to the sacrifice of health and comfort, after they have become useless for mastication or appearance. The paper is illustrated by a large number of interesting cases which have occurred in the practice of the author, some of them being cited to show that the symptoms of intermittent or regular paroxysms mainly relied upon by some authors in their diagnosis of constitutional neuralgia, frequently attend local neuralgia in patients of shattered health. He recommends stimulants in full doses as an antidote to nervous shock, and as the best remedy for the neuralgia which sometimes succeeds dental operations.

An interesting case is recorded, in which deafness was cured one hour after the extraction of a tooth.

### HARVEIAN SOCIETY OF LONDON.

FEBRUARY 19, 1863.

HENRY W. FULLER, M.D., President, in the Chair.

#### ON THE USES AND VALUE OF GALVANISM AND ELECTRICITY IN GENERAL PRACTICE. BY HARRY LOBB, ESQ.

He commenced by stating that it must not be supposed that galvanism was only useful in the hands of the specialist, but that there was a wide sphere open to its use in general practice; and, after a few remarks upon the resemblance of the nerve-force and the galvanic current, he proceeded to describe the apparatus he recommended for general purposes. These were magneto-electrical apparatus, worked by a powerful spring, whereby an energetic shock-current could be obtained without turning a handle; and was, in fact, self-acting, and would continue for twenty minutes without being rewound. This apparatus was made for the author by Messrs. Shaw and Son. The other was the Pulver-



macher galvanic battery, for the generation of the continuous current. These were all that were wanted by the general practitioner to produce the ordinary results in electro-therapeutics, and could be highly recommended, on account of their convenience, portability, cleanliness, and non-liability to get out of order.

Mr. LOBB then demonstrated the action of each apparatus, describing the necessary conductors and their application; and showed how the electric bath was administered. He then explained how valuable electricity was in diagnosing the seat of obscure diseases, stating that frequently the organ in fault was found to be quite remote from the one suspected.

The author then explained the great value of galvanism in all cases of chronic rheumatism, stating that he had frequently cured cases of rheumatic paralysis of long standing in one or two sittings. The method of application of the batteries was demonstrated. The treatment by galvanism of the following affections was then explained in order; namely, neuralgia and allied disorders; constipation; chlorosis; amenorrhœa; dysmenorrhœa; as well as its value in midwifery practice, in chest-affections, asthma, aphonia, indigestion, paralysis (functional, reflex, and organic), anæsthesia; in chorea and delirium tremens; in muscular debility, spinal curvature, knock-knees, bow-legs, inveterate ulcers, boils and carbuncles, and in malignant disease. He concluded with its great utility in drowning, chloroform accidents, poisoning, suffocation, etc.

The author hoped that the time was not far off when every educated practitioner would be as familiar with the application of galvanism to the treatment of disease as he now was with the administration of drugs. Each aided the other, and their judicious combination was now producing results hitherto undreamt of. Many cases, formerly abandoned as incurable, were now amenable to treatment; and advancing science constantly added to their number.

The author concluded by earnestly requesting the members to experiment upon the value of galvanism, promising them ample reward for their labour.

**THE DISEASE AMONGST SHEEP IN WILTSHIRE.** The committee appointed to inspect flocks, during the late outbreak of ovine disease in Wiltshire, has been dissolved. At an aggregate meeting of the Society for Prevention of the Disease of Sheep, held at Devizes, the members of the committee reported that the disease was so far removed, that they had no further duties to perform. A vote of thanks was passed to the committee for its services.

**INFANT MORTALITY.** There has been lately issued a return of the verdicts of coroners' inquests in England and Wales on children under two years of age during the year 1861 and the first six months of 1862. The following are the numbers in the respective counties: England: Metropolis district, 1,545. Bedford, 27; Berks, 63; Bucks, 37; Cambridge, 93; Cheshire, 134; Cornwall, 121; Cumberland, 26; Derby, 114; Devon, 83; Dorset, 23; Durham, 50; Essex, 60; Gloucestershire, 147; Herefordshire, 21; Herts, 16; Huntingdon, 10; Kent, 56; Lancashire, 758; Leicester, 76; Lincoln, 133; Monmouth, 39; Norfolk, 64; Northampton, 49; Northumberland, 37; Notts, 70; Oxford, 58; Rutland, 5; Salop, 39; Somerset, 143; Southampton, 85; Stafford, 222; Suffolk, 52; Surrey, 20; Sussex, 62; Warwick, 50; Westmoreland, 10; Wilts, 77; Worcester, 52; York, 287; total, England, 4,978. Wales: Anglesey, 6; Brecon, 6; Cardigan, 1; Carmarthen, 10; Carnarvon, 10; Denbigh, 17; Flint, 9; Glamorganshire, 55; Montgomery, 18; Pembroke, 1; Radnor, 2; total, Wales 135. Total, England and Wales, 5,113. Out of this total there are only 690 returned as above the age of one year.

## Correspondence.

### GRATUITOUS MEDICAL SERVICES.

LETTER FROM ALBERT NAPPER, ESQ.

SIR,—Your views on the subject of gratuitous medical services, so strongly expressed in the JOURNAL of the 7th inst. in reference to its bearing on cottage hospitals, will require the most careful consideration from those engaged in their establishment. You ask on what grounds we tender our services gratuitously. My reply is, not that I am "only doing like all the rest of the professional world", but that it is the only means by which success is attainable; and, as their utility is so universally admitted, I think we are justified by attaining it even at a still greater sacrifice (if such it can be considered). If, then, it be admitted that these hospitals are desirable, and that there would not be the slightest chance of founding them if the surgeons determined to demand payment for their services, I think, in our case, the act of doing so would constitute the "suicidal folly". The inference, that it will be adding to the labour of the "hard and overworked surgeon", is not in accordance with my experience, which has proved it to be a means of greatly economising both labour and expense. It is true, lawyers do little if any work gratuitously; nor do the clergy do "gratuitous public work in our hospitals"; but do they not in schoolrooms, cottages, and in barns, give gratuitous extra services? Do not the instrument-makers (to whom I must express my obligations) liberally supply their goods to those institutions at little above cost price? Do not drapers supply clothing clubs on the same liberal terms? Do not Poor-law guardians, overseers, waywardens, and the like, give their public services without compensation? and is there not something due from us in return for our immunity from serving these offices? Admitting, then, that we foolishly do far too much gratuitously for the public, I would make this the rule of practice: Give your services to charitable institutions gratuitously, but require payment for all that entails a pecuniary cost.

You will, I trust, excuse me for expressing my opinion that your ardour in a good cause has carried you a little too far in condemning thus wholesale the liberal tendencies of our profession.

In reference to your appeal to the "medical supporters of these cottage hospitals to pause before they assist in the extension of this absurd system of professional spoliation," I must beg of my provincial friends not to be deterred by any such sophistry from carrying out a scheme which in a short time will do more to elevate the position of the provincial general practitioner, both socially and professionally, than anything that has been done since the passing of the Apothecaries' Act in 1815. It is an indisputable fact, that we have amongst us numerous members who only want the opportunity these little hospitals will afford of proving themselves in all respects masters of their profession; and, with the improved system of education, the number is daily increasing. I hope to see the day when it will be an exception for a town to be without its hospital; for it is manifestly to the interest of the poor to have them brought home to their doors; and when there is a medical staff, there can be no insuperable difficulty in effecting it.

I am, etc., ALFRED NAPPER.

February 1863.

[Our correspondent appears to place surgical instrument makers who supply instruments, and drapers who supply clothing, at only "a little above cost price", to clubs and village hospitals, on the same level (as regards the charitable nature of the gift rendered to

society) with medical men who place their gratuitous services, at all hours of the night or day, at the service of the community! Mr. Napper's *rule of practice* indicates that he considers medical services rendered to charitable institutions as of no *pecuniary* value. We again ask: What are the grounds upon which medical men should do this work of the community gratis? EDITOR.]

### MR. FOSTER AND THE LICENSE OF THE COLLEGE OF PHYSICIANS.

SIR,—It seems to me that Mr. Foster, in replying to the temperate remarks of your correspondent A, has, whilst denouncing the comments of the latter as "absurd", been singularly forgetful of the homely proverb, "Those who live in glass houses should never throw stones". I will not say that Mr. Foster does not draw his conclusions upon the strictly Baconian system, but I must confess that his method of reasoning appears to my mind to be rather of the Hibernian than of the Saxon type. In his letter, he confounds two very distinct questions; and, by presuming a reply to the first, fancies that he has answered the second. The two questions are these:—

1. Has a Licentiate of the College of Physicians any claim to the title of Doctor?

2. If he be called Doctor, has he, as a consequence, the right to affix to his signature the letters M.D.?

I conceive, sir, that it requires very slight powers of observation to perceive that an affirmative answer to the first question by *no means* involves a similar reply to the second.

I waive entirely the *exact* consideration of the first query, merely remarking that I can see no reason why the title of Dr. should not be afforded to apothecaries as well as to physicians, for the former proceed to their license in much the same manner as the latter; and that it is a strange circumstance that, although the number of those on the General Medical Council who possess degrees is exceeded by that of those who do not, the non-graduate (and, therefore, in this matter impartial) body has not recognised the quasi-claims of the Colleges of Physicians.

Language, as Mr. Foster is perhaps aware, is but a collection of sounds which represent ideas; each sound is associated with a certain notion; and hence, where there is confusion of these recognised symbols, there is confusion of ideas; just as, when money does not stand for true capital, there is, as it were, a political-economy Babel. If Mr. Foster will consult any recognised authority upon the applications of English words, he shall find that the word *degree*, besides its signification as the unit of a scale, was, on the institution of universities some centuries since, distinctly employed to designate the steps by which a student rose from an inferior to a fixed superior position. The process of advancement was termed *graduation*, and the resultant a *degree*. This degree was represented by the initial letters of its Latin name; and now-a-days, instead of saying that so-and-so is a Doctor of Medicine, we not infrequently remark that he possesses the degree of M.D. In the public mind, these letters are associated with a constant idea—to wit, that the individual possessing them has been educated in some university; and, with deplorably bad taste, it prefers a man who has come from an university, and is therefore well educated, to one who by a simpler and more utilitarian mode has become a physician.

By usage, then, the letters M.D. imply that the person to whose name they are affixed has come from an university; has passed *several severe* examinations, professional and non-professional; and has studied under distinguished men of science. How, then, knowing this, can any Licentiate of the College of Physicians be so

unscrupulous as to assume a position to which he has no claim? Why will he leave society under the impression that he has graduated, when he certainly has not done so in the accepted sense?

If it be allowable to attach to one's name the initial letters of one's calling (no matter what), how shall we discriminate between butchers' assistants and Bachelors of Arts, between Doctors of Divinity and donkey-dealers? I imagine that nothing shows more clearly the inferiority of the license of the College of Physicians to the *degree* of the University, than the struggle of those who have the former to be allowed to assume the *peculiar* title of the latter. I am, etc., ARISTOTLE.

February 1863.

[Our correspondent will, on consideration, find that he has not stated his case aright. An university education is not necessary now-a-days for the obtaining of a university degree. How many hundred Englishmen were a few weeks ago made Doctors off-hand at St. Andrew's? Moreover, the prefix of the title Dr. is no indication now-a-days, either with the profession or with the public, that the assumer of it possesses the degree of M.D. EDITOR.]

### THE MEDICAL ACT.

SIR,—You, as the editor of our JOURNAL, upon the success of the last Medical Act, so thoroughly gave the Association the credit of it, that now, since it has been in operation long enough to test it by its fruits, you must by this time have lost some faith in it as a means of preventing unregistered men from practising medicine and surgery. My own humble opinion is, now that the Apothecaries' Company have abandoned the field, and do not enforce their fine in courts of law, there is no legal standing for one registered proceeding against another who chooses to gain a livelihood as one of our profession without any kind of license. The forty-shillings fine looked so well on paper, that I candidly confess I was weak-minded enough to believe it was an honest abstraction from our hard-earned labours, and that we might in future be protected from unregistered and illegal practitioners by the Council who so adroitly had their coffers replenished and their banker's account bear such a respectable appearance. Such, we know too well, is not the case. The Act is a dead letter as regards the protecting power for registered men. May I not ask: Is not the time arriving for petitioning for its alteration; at any rate, that we may not be placed in a worse position than before the Act was passed, if we cannot persuade the legislature to alter it for the better? Facts abundant, I have no doubt, could be brought forward to prove its present uselessness; and the open defiance of those who are practising on the credulity of the public too surely proves the regular practitioner has no chance against his opponent in a court of law.

I am, etc., AN OLD ASSOCIATE.

February 19th, 1863.

### MEDICAL HEALTH ASSURANCE SOCIETY.

LETTER FROM HENRY GRAMSHAW, ESQ.

SIR,—It gives me much pleasure to find that a subject is broached in your columns this week of the greatest possible importance to by far the majority of the rank and file of the medical profession. I certainly am astonished that the question of health assurance has lain dormant so long, and indulge the hope that Dr. Bryan's letter is the first stroke of the pick, to be followed by simultaneous and united effort on the part of the British Medical Association towards establishing a good Mutual Health Assurance Society.

A few days ago, I had a conversation with Mr. Cubitt

of Norwich on this subject; and he tells me he has been deeply interested in the question for some time past, and possesses much valuable information concerning it. From him I am led to understand that any health assurance society ought to be general; i. e., not entirely confined to the medical profession, but embracing certain other classes also. He likewise states that certain kinds of disease must be excluded (as blindness and insanity), to insure the safe working of a health assurance office; and that no demands must be made for the first twelve months. If, as Dr. Bryan suggests, we had "our worthy founder as treasurer and the present honorary secretaries as a staff, the thing might be done"; but I would venture to suggest that at the very outset we require the opinion of a good actuary; and if the scheme were set afloat, we should require a working board and a good business-like secretary.

I was unfortunate enough, about three weeks ago, to fall from my horse, and was for a short time unable to discharge the duties of my profession. It was some satisfaction to my mind to know I derived a certain amount weekly from the Railway Accident Insurance Company (who met the claim I made upon them with the greatest liberality and fairness); but I could not help reflecting that, whilst I did well to insure against accidents, and well to insure in a life office, I should do still better if I insured against sickness which might come suddenly, and, swamping myself and my income, render me dependent on a world whose wisdom is embodied in the adage, "He that goes a borrowing goes a sorrowing".

I am, etc., HENRY GRAMSHAW.

P.S. I shall be most happy to cooperate with Dr. Bryan in any way, and hope the subject will be mooted at all our Branch meetings this year.

Framlingham, February 1863.

**BIRTHS, DEATHS, AND MARRIAGES IN SCOTLAND.** The eighth annual report of the Registrar-General of births, deaths, and marriages in Scotland, just issued, states that the estimated population in 126 town districts for 1862 was 1,619,952, the number of births 60,808 the illegitimate births 5,793, the deaths 41,626, and the marriages 12,557. In 881 county districts the estimated population was 1,459,697, the births 46,330, the illegitimate births 4,441, the deaths 25,533, and the marriages 7,987—thus showing the total estimated population of Scotland to be 3,079,650, the births 107,138, the illegitimate births 10,234, the deaths 67,159, and the marriages 20,544.

**ACCLIMATISATION.** This month's *Bulletin de la Société d'Acclimatation* is not devoid of interest. During 1862 the Nilgau antelopes foaled twice; the lamias, Guanacos yaks, and Angora goats were equally fruitful. The sale of eggs yielded 11,036*l*. The mortality among the live stock in the garden amounted to one-eighth in the mammalia, one-fifth in the birds of the aviary, the same in the category of palmipedes (ducks, swans, etc.), and one-fourth among the poultry. The society has received a letter from Baron Anca, President of the Acclimatization Society of Sicily, wherein he states that some cochineal sent to him by M. Hardy, Director of the Botanical Garden of Algiers, has begun to thrive and multiply on a plant of *Opuntia coccinellifera*, so that the introduction of the insect into Sicily may be considered a certainty. The Marquis de Fournès has been equally successful, at Marseilles, in his experiments on cotton-growing, and has been enabled to send the society three samples of cotton, viz: 1, Louisiana, or short staple; 2, Sea-island cotton, or long staple; 3, the *Kian-nam* quality. M. de Fournès is of opinion that the crop of 1862 is quite equal in quality to that he exhibited in London last summer, and which was considered the third, as to quality, of all the samples from other parts. (*Galignani*.)

## Medical News.

**APOTHECARIES' HALL.** On February 12th, the following Licentiates were admitted:—

Beadles, Arthur, Broadway, Worcestershire  
Bothwell, George Granville, Rathmuller, co. Donegal  
Coombe, L. M., Lying-in Hospital, Dublin  
Lyon, Isidore Bernadotte, 20, Euston Square  
Osmoud, Thomas, Thorpe-le-Soken, Essex  
Ryder, Francis James, Royal Kent Dispensary, Greenwich  
Williams, Thomas Edward, St. Bartholomew's Hospital

At the same Court, the following passed the first examination:—

Low, Alexander James, St. Bartholomew's Hospital

Admitted on February 19th:—

Blason, George John, Billingham  
Mulock, John Berry, London  
Robinson, John, Winterton, Lincolnshire  
Wigsworth, Arthur, Liverpool  
Wright, Frederick, Stamford Bridge, Yorkshire

At the same Court, the following passed the first examination:—

Ashwell, Edward, Burnham  
Puzey, Chauncey, Guy's Hospital

### APPOINTMENTS.

BRADSHAW, John T., Esq., appointed Consulting-Surgeon to the Huddersfield Infirmary.

COWELL, George, Esq., appointed Surgeon to the St. George's and St. James's Dispensary.

DU PASQUIER, Claudius, Esq., appointed Surgeon-Apothecary to the Prince of Wales.

HUNT, William J., L.R.C.P.Ed., appointed Medical Superintendent of the Hoxton House Lunatic Asylum.

KIRKWOOD, William, M.D., appointed a Member of the Executive Council of the Bahama Islands.

SAUNDERS, Edwin, Esq., appointed Surgeon-Dentist to the Prince of Wales.

### POOR-LAW MEDICAL SERVICE.

CHAMPNEYS, Henry M., Esq., to be Medical Officer for Districts 1 and 2 and the Workhouse of the Battle Union.

CRICKWAY, Edward, Esq., to be Medical Officer to the Weobly Union Workhouse, Herefordshire.

GRAYDON, S. J., M.D., to be Medical Officer for the Scotstown District of the Monaghan Union.

LODGE, Samuel, L.R.C.P.Ed., to be Medical Officer for the Bowling District of the Bradford Union.

MELLER, Charles M., M.D., to be Medical Officer for the Walham Green District of the Fulham Union.

RUSSELL, Edward, Esq., to be Medical Officer for the Sixth District of the parish of Liverpool.

### ARMY.

BARKER, Staff-Surgeon F. O., M.D., to be Surgeon 90th Foot, *vice* W. Lapsley.

CHESTER, Staff-Assistant-Surgeon A., to be Assistant-Surgeon Royal Artillery, *vice* J. F. Longhead.

CRISP, Surgeon H., M.B., 63rd Foot, to be Staff-Surgeon.

CROW, Staff-Assistant-Surgeon J., to be Staff-Surgeon, *vice* A. Morpew.

DAVIDSON, Staff-Assistant-Surgeon P., M.D., to be Assistant-Surgeon 5th Foot, *vice* C. H. Leet.

HANBURY, Staff-Assistant-Surgeon J. A., M.B., to be Surgeon 63rd Foot, *vice* H. Crisp, M.B.

JONES, Staff-Surgeon H. H., M.D., to be Surgeon 86th Foot, *vice* J. Sawyers, M.D.

LAPSELEY, Surgeon W., 90th Foot, to be Staff-Surgeon, *vice* F. O. Barker, M.D.

OAKES, Staff-Assistant-Surgeon F., to be Staff-Surg., *vice* W. Skeen.

WELD, Staff-Surgeon W. W., to be Surgeon-Major, having completed twenty years full-pay service.

To be Staff-Assistant-Surgeons:—

LEFT, Assistant-Surgeon C. H., 5th Foot.

LONGHURST, A. E. T., M.D., 13th Foot.

### INDIAN ARMY.

DAVIDSON, Deputy Inspector-General H. G., to have the honorary rank of Inspector-General of Hospitals.

### MILITIA.

CRIPPS, E., Esq., to be Assistant-Surgeon Royal North Gloucestershire Regiment of Militia.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

KELLY, F., Esq., to be Surgeon 2nd City of London R.V.

MORRIS, G. S., Esq., to be Assistant-Surgeon, 20th North Riding R.V.

SANS, J. S., Esq., to be Assistant-Surgeon 3rd Kent R.V.

## To be Honorary Assistant-Surgeons:—

BOSTOCK, J. S., Esq., 7th Surrey R.V.  
 PAYNE, E., M.D., 2nd Surrey A.V.

## BIRTH.

\*BROWN. On February 22nd, at Rochester, the wife of John Dan Brown, M.D., of a son.

## DEATHS.

BEDDOES. On February 19th, at Shrewsbury, aged 15 months, Pryce Pugh, son of \*William M. Beddoes, M.D.  
 BULLEN. On February 17th, at Ipswich, aged 65, Elizabeth, wife of \*George Bullen, Esq.  
 CRAVES. On February 22nd, at Hull, aged 62, Anne, widow of the late Robert Craven, Esq., Surgeon.  
 JAMES, Job, Esq., Surgeon, at Pontmorlais, Merthyr Tydfil, aged 74, on February 11.  
 JONES, William H., M.D., Staff-Assistant-Surgeon Royal Army, at Torquay, aged 24, on February 11.  
 LOVETT, Samuel, Esq., Surgeon, at 23, Clare Street, Lincoln's Inn Fields, aged 58, on February 19.  
 \*MARTIN, George W., Esq., at Rochester, aged 25, on February 19.  
 MONTGOMERY, Andrew, Esq., late Inspector-General of Hospitals, Bombay Army, at Bath, aged 69, on February 16.

THE INCOME-TAX. Petitions for a readjustment of the income-tax have been presented to the House of Commons from the Royal Colleges of Physicians and of Surgeons, and from numerous practitioners in London.

ROYAL SOCIETY OF EDINBURGH. Dr. J. G. Wilson, of Glasgow, and Dr. Matthews Duncan, of Edinburgh, have been elected Fellows of the Royal Society of Edinburgh.

A DIFFERENCE. Thirty-two firms sent in tenders for the Carmarthen Lunatic Asylum, ranging from £24,950 up to £45,944, and this with quantities supplied. (*Builder*.)

SOCIAL SCIENCE ASSOCIATION. At a meeting of the council of the association, held on Thursday last, Lord Brougham was unanimously elected president for the next annual meeting, which will be held in Edinburgh in October.

BETTER TREATMENT OF THE INSANE IN VICTORIA. The Government purposes bringing in a bill for the better treatment of the insane. In addition to several new asylums, every hospital in the country districts will have a ward for the reception of patients suffering from the disease in the first stage.

DR. MORTON, the alleged discoverer of the application of ether to practice, has again appealed to congress for compensation for the use of this agent in the army. It will be remembered that a similar claim was pressed through both houses several years ago, but failed to obtain the president's signature.

THE MIDLAND SOCIETY OF CHEMISTS AND DRUGGISTS. The first annual dinner of the members of this society was held at Nottingham on the 12th instant, covers being laid for about seventy gentlemen, under the presidency of V. Wilcockson, Esq. The society is formed for the interchange of sentiment on the trade and the protection of interests. (*Nottingham Daily Express*.)

ROYAL COLLEGE OF SURGEONS. Professor Huxley, F.R.S., who is lecturing to a crowded audience in the theatre of the above institution, will deliver his sixth lecture this day (Saturday). Bishop Colenso has attended all the lectures, in which he appears to take a great interest. A lecture will be given on Monday preceding the royal marriage day, instead of on that day.

UNIVERSITY OF DUBLIN DEGREES. On the 17th inst., on the occasion of the installation of the Earl of Rosse as Chancellor of the University, the Degree of Doctor of Medicine was conferred, *honoris causa*, on Dr. Mackesy, the President of the Royal College of Surgeons of Ireland; Dr. Arthur Jacob, Professor of Anatomy and Physiology; and Dr. Butler, Chairman of the Court of Examiners in the College.

HOSPITAL RATIONS IN THE FEDERAL ARMY. The value of the hospital ration supplied to the sick of the Federal army has been hitherto eighteen cents per day. It is now raised to thirty cents per day. The patients have, it appears, been hitherto kept on starvation prices in the Yankee hospitals. "Senator Ten Eyck's remarks," says the *American Medical Times*, were, we fear, nearer the truth: "In some cases the meat set before the sick soldiers was not fit to eat, and he believed that many had actually died from lack of proper food."

ENTERTAINMENT OF LUNATICS. On Friday week, Dr. Paul, of Camberwell House, gave an evening entertainment to a large party of visitors, and to about a hundred and fifty of the lunatics under his care. The proceedings consisted of an amusing lecture on Wit and Humour, by Dr. Richardson; together with songs and glees, and a dramatic performance, by amateurs. The effect of such entertainments on the mental condition of those for whom they are devised must be of a very beneficial character.

UNIVERSITY COLLEGE, LONDON. At a session on Saturday last, the Council of this College filled up the vacant offices of physician and of Professor of Clinical Medicine at the Hospital, by the appointment of Dr. Hare; they also appointed Mr. Sidney Ringer to the vacant Professorship of Materia Medica. By the recommendation of the Senate of the College, the Council invited Dr. Walshe, lately Professor of the Principles and Practice of Medicine, to assume the title of Emeritus Professor.

A HÆMORRHAGIC FAMILY. The son of a brewer's servant died at 1, Elizabeth Place, Ratcliff, by "hæmorrhage from a wound in the head, caused by a shell falling on him from the mantel-piece." (Inquest.) The coroner adds, in his report to the Registrar, that the mother has lost five children in this way, two of whom died in the London Hospital from a scratch in the hand. If they bled but the smallest quantity, they die. Dr. Arnold states that this is the consequence of a hæmorrhagic diathesis. (*Registered Reports*.)

THE AMERICAN ARMY AND HOMŒOPATHS. The homœopaths have again appealed to congress to experiment with infinitesimals in the treatment of sick soldiers, and the committee to whom their petition was referred has asked to be discharged from its consideration. It was not surprising that homœopaths should clamour for recognition while a homœopathic commanding general was its patron; but now that he is superseded, and the medical staff is being thoroughly purged of all its incompetents, it is remarkable that the advocates of this delusion should presume to ask admission to the medical service. They would, if admitted, meet with a summary dismissal.

HONOURS OF WAR. Rear-Admiral Dupont, in his official despatch on the Confederate attack on the Federal squadron off Charleston, writes:—"On the *Keystone State* about one-fourth of her crew were killed or wounded, and among the former is the medical officer of the ship, Assistant-Surgeon Jacob H. Gotweld, who was scalded to death while rendering surgical aid to one of the wounded men. Most of those who died perished from the escape of steam when the boilers and steam chimneys were penetrated, and among the wounded the greater number received their injuries from the same cause."

THE LAW OF LUNACY. In the House of Commons on Monday last, Mr. Butt asked the Secretary of State for the Home Department whether his attention had been called to the recent case of "Hall v. Semple," in the Court of Queen's Bench, and whether it was his intention to propose any alteration in the law relating to certificates required in cases of alleged insanity. Sir G. Grey was understood to say that the case in question did

not, in his opinion or that of the Lunacy Commissioners, disclose any necessity for the alteration of the law, because the law in that case was not observed. The certificate, on the face of it, was an irregular one, and not in conformity with the law. The Lunacy Commissioners had censured the keeper of the asylum, and they had addressed a circular to the proprietors of licensed asylums, calling their special attention to the matter; and it was hoped that the circular and the verdict in this case—assuming that it would be sustained—would prevent the recurrence of such a case.

**ST. BARTHOLOMEW'S HOSPITAL.** A large meeting of the governors of this institution was held on Wednesday in the Board-room, to elect a president in the vacancy occasioned by the resignation of Mr. Cubitt, who, it may be remembered, held office, but resigned it when he dissolved his connection with the City, at the same time intimating that his resignation was owing to the objections started by others rather than the free exercise of his own will. The Lord Mayor was put in nomination, and Mr. Cubitt was then proposed for reelection, and on the votes being taken was declared to be elected by a majority of eighty-seven votes over forty-four.

**THE LEVÉE.** The following members of the medical profession attended the *levée* of H.R.H. the Prince of Wales on Wednesday, held by command of Her Majesty; namely, Sir Rutherford Alcock, K.C.B., Her Majesty's Envoy Extraordinary and Minister Plenipotentiary in Japan; Sir Henry Holland; William Lawrence, Esq.; William Fergusson, Esq.; Drs. Lavies, Pickford, Dalton, Arthur Farre, Cape, Jeaffreson, J. S. Bushnan, T. De Meschier, E. A. Parkes, G. T. D. Evans, F. G. Read, Breslin, E. Meryon, Robert Fergusson, Farr, Watson, Granville, Ramsbotham, Bryson, Gooden, Smith, Waller Lewis, Forbes Winslow, Gideon Dolmage, T. G. Balfour, Marsden, McCann, Ashley, Kirkman, Fraser, Routh; Professor Owen, Deputy-Inspector General Thomas Langmore; and Messrs. Wakley, Reeves Traer, White Cooper, R. W. Tamplin, Dendy, W. S. Cox, Propert, T. Fitzgerald, B. E. Brodhurst, S. S. Scriven, G. B. Childs, Judd, Erasmus Wilson, R. McCormick, R.N.

**POISONOUS MILK.** The occupants of two of the principal hotels of Valetta, in Malta, besides a number of inhabitants of that town, were recently seized with violent symptoms of cholera one morning after breakfast. As, on inquiry, it was found that the only article of diet taken in common by the persons attacked was milk, the inference was that that article contained the poisonous ingredient. Similar cases had occurred before in the island; towards the end of last year the family of a field-officer at Tliema, with the exception of one person, was so affected, as was supposed by goat's milk, and cases of illness occurred among the officers and men of several of Her Majesty's ships then at Malta, none of which, however, terminated fatally. The natives attribute the result to the goats browsing upon a particular plant belonging to the family of Euphorbiaceæ, or spurge-worts, which they call *tenhuta*, and which they say possesses the property of rendering the milk poisonous to human beings without inflicting any injury on the animals themselves. The governor of the island has ordered an inquiry to be instituted.

**THE HOSPITALS OF BETHLEHEM AND ST. THOMAS.** A meeting of the governors of Bridewell and Bethlehem was held last week, for the purpose of considering a proposal on the part of the governors of St. Thomas's Hospital for the purchase of the edifice now occupied by the lunatic patients of Bethlehem. The proceedings were very animated, and the discussion at times warm; Mr. P. N. Laurie denouncing in strong terms the site at Thornton Heath, known as Peake's Land. Mr. Alderman Phillips spoke in favour of entertaining the proposal which had been made by the governors of St. Thomas's,

and brought forward a resolution to the effect that the object of removing the patients of Bethlehem Hospital into the country be taken into consideration. The motion was seconded by Mr. Alderman Finnis. Dr. Webster, in supporting the motion, referred to the asylums for the insane now in course of erection in different parts of Europe, all of which were being removed from towns into rural districts. He had recently visited Madrid, Copenhagen, Stockholm, and other cities, where he observed new buildings in progress of erection for the insane which were superior to any in England. Bethlehem, he said, was well placed fifty years ago; for its present purpose both the building itself, as well as the locality in which it stood, were not in keeping with the improved treatment of the insane. He particularly dwelt on the insane hospitals of Ghent as an example for the governors of Bethlehem, and in an address of some length laid before the meeting most important information for their guidance. Sir John Musgrove also spoke on the same side, and ultimately the meeting came to an agreement that the proposal of St. Thomas's be received.

**A SAD DEATH.** It is with real pain that we have to announce to our readers the death of Mr. Lucas Barrett, the distinguished naturalist, who was accidentally drowned whilst investigating the structure of some coral reefs at Port Royal, Jamaica. All who visited the Jamaica Court at the International Exhibition will remember the enthusiasm and painstaking kindness with which this gentleman was ever ready to show and explain the various mineral and geological specimens collected and exhibited by him. Although one of the most active of the Jamaica Commissioners, he still found time to officiate as one of the local secretaries of the British Association, besides keeping a term at Cambridge. Before returning to Jamaica to renew his researches as one of the chief members of the West Indian Geological Survey, he ordered a diving dress and pumping apparatus of the latest and most scientific construction, for the purpose of personally examining the rocks and coral reefs lying in the neighbourhood of most of the West India islands. He first tried this dress at Port Royal, on December 17, in shallow water, and was so well pleased with the result that he determined to give it a trial in deeper water. Two days afterwards he took with him his servants and boat's crew, all of whom were negroes, and descended into the deep water between the reefs. The men in the boat continued to pump without intermission as on the former occasion, but they noticed that he remained longer in the water than usual. Suddenly, to their horror, they saw him floating on the surface at a little distance from the boat. They got to him as quickly as possible, but all was over. The cause of his death will remain a mystery. He was not drowned by the influx of the water, as the diving dress contained only air. The only explanation to be given is, that the air exit valves became permanently closed in some mysterious manner; but even this seems open to doubt, as the men continued to pump without interruption. Mr. Barrett, was only twenty-five years of age when he died; and the enormous amount of valuable work done by him during his brief career, gave promise of his speedily becoming one of the chief ornaments of the science he so ardently loved, and to the too enthusiastic pursuit of which he fell a victim. For three years before his engagement on the West Indian survey, he delivered most of the geological lectures for Professor Sedgwick, and was made by him curator of the Woodwardian museum at that university. His collection of *Radiata* in that museum is one of the finest in the world. (*Chemical News.*)

**RUSSELL *versus* ADAMS.** A numerously attended meeting of the members of the medical and legal professions and other persons took place, on Tuesday last, at the Freemasons' Hall, Great Queen Street, for the purpose of expressing an opinion in the case of *Russell v. Adams*.

The chair was taken by Mr. W. E. Forster, M.P. He observed that it was gratifying to find that so large a number of gentlemen whose time was of value had met together to do an act of justice to a brother practitioner who had been unjustly assailed. He gave a brief recapitulation of the recent case, observing that, although it was tried in a civil court, yet the accusation against the defendant, that he had sought to use his professional position as a means of gratifying his passions, really amounted to a criminal charge. Ninety-nine out of every hundred men who had paid any attention to the trial were of opinion that Mr. Adams was entirely innocent; but he presumed that the other hundredth man must have been in the jury-box, and that the equivocal verdict returned was but a compromise. That verdict rendered necessary a new trial at the bar of public opinion, which was quite as serious, and involved as important consequences to Mr. Adams. The result of this second trial had been a complete and conclusive acquittal; but the necessity for publicly declaring this still remained. It was only by his own benevolence that Mr. Adams had laid himself open to the disgraceful charge brought forward; and no one indeed, however pure his conduct or exalted his character, could be considered free from similar perils. The danger applied, not only to the medical profession, but to society at large. Crime is infectious; and such accusations might again be made. Alterations in the law were, he knew, desired by some of the gentlemen present; but no legal reform that might be made would supersede the necessity for expressions of public opinion.—The following resolutions were unanimously passed:—1. Proposed by Dr. Lankester, and seconded by Dr. Joseph Rogers: "That all classes of society are interested in supporting those who incur great trouble, annoyance, and expense by resisting and exposing any attempt to injure their character by false charges."—2. Proposed by H. H. Cannan, Esq., and seconded by Dr. Richardson: "That a careful consideration of the charge of the judge, and of the evidence adduced, in the case of Russell v. Adams, should have led to an unqualified verdict for the defendant."—3. Proposed by W. L. Leaf, Esq., and seconded by Spencer Wells, Esq.: "That this meeting offers to Mr. Adams a vote of thanks for his manly conduct in courting the fullest public investigation into his conduct; expressing deep regret at the annoyance to which he has been subjected, and firm conviction that there was nothing in his behaviour which gave the slightest ground for any charge against him."—4. Proposed by J. Dangerfield, Esq., and seconded by John Churchill, Esq.: "That a petition be presented to Parliament, praying that a committee may be appointed to inquire into the reforms necessary in the present legal procedure; and praying especially that greater facilities may be given for prosecuting persons who make unfounded attacks upon character."—A correspondence between Mr. Mackrill, the solicitor to Mr. Adams, and Mr. Propert, was read, in consequence of a report that Mr. Propert had backed up Mrs. Russell in her proceedings against Mr. Adams. The correspondence certainly seemed to indicate that Mr. Propert had at some period of the proceedings been a warm partisan of Mrs. Russell. We do not, however, think it necessary to publish the letters, because Mr. Propert, in the following lines (which were also read at the meeting), gave the most unqualified contradiction to the insinuation which had been made:—"6, New Cavendish Street, Feb. 24th, 1863. My dear Churchill,—I think after the many years of uninterrupted friendship that has existed between us, you might strain a point to defend the hard-working Welshman; that is, *provided* you should have it said to-day at the meeting that I had brought the action, Russell v. Adams; when I say, so help me God, I had nothing to do with it; proceedings had been begun for *months* before I ever knew that such people existed in the world as Mrs. Russell and her beautiful

daughter; and that I never contributed, or ever promised to contribute, one farthing towards the expenses of the trial. Ever most truly yours, JOHN PROPERT. J. Churchill, Esq."—The following letter from Mr. Lush, Q.C., indicates very clearly what was the real opinion of the Lord Chief Baron on the case:—"60, Avenue Road, Feb. 20th, 1863. My dear sir,—Pardon my delay in answering your kind favour, for which I thank you heartily. I can truly say I never was engaged in a case that gave me more anxiety; because I felt convinced that you were the victim of a foul conspiracy. It is a great comfort to me to know that my client is satisfied I did my best. There is but one opinion, in and out of court, as far as I can learn, as to the injustice done to you. Notwithstanding the inaccuracy and clumsiness of the report in the *Times*, the case, as reported, has impressed every one whom I have heard express an opinion on the subject, with the conviction that the verdict ought to have been entirely in your favour. I wished to know from the Chief Baron, before I advised you what to do, what his views were. I saw him yesterday. He complains, as I do, of the report of his summing up, and of the great injustice done to you by it; and when I told him that I meant to advise your publishing a shorthand, authentic, report of it *in extenso*, he at once said he hoped you would do so, and that he would revise it if I wished before sending it to the press. This I think you should do at once. Send it to me, and I will hand it to the Chief Baron. I am rejoiced to find that the medical body are taking it up. I have told more than one of that body that they ought to do so. I hope you will not—I do not think you will—suffer permanently from this unaccountable verdict. Believe me, my dear sir, yours very truly, B. W. LUSH. W. Adams, Esq."

## Varieties.

WIESBADEN MINERAL WATERS. Perhaps no part of the world contains, within so small a compass, so many valuable mineral waters as this duchy of Nassau. Nor would it be easy to find a greater variety of beautiful scenery. Its thermal springs are described by Pliny in his *Natural History*, and there is no reason to doubt but they have been known and highly prized from a very remote antiquity. This certainly is a highly favoured country in many respects. Its soil is fertile; its climate is admirable; its inhabitants intelligent, temperate, honest, and industrious; education, being compulsory, is universal; begging prohibited; taxes light; peace and plenty everywhere abound. This small duchy would seem to embrace an epitome of all the medicinal springs of the world; at Weilbach *e. g.* we have the sulphur; at Sollen, the cold saline; at Kronthal, the acidulous and chalybeate; at Baden and Wiesbaden, the hot saline; at Homburg, the cold saline and chalybeate; at Swallbach, the chalybeate; at Ems, the hot alkaline; the same at Solhlagenbad, etc. (*Prof. C. Lee.*)

THE "PERFECT CURE." A paper has been sent in to the French Academy of Sciences by Dr. Tridan of Laval, containing a most important discovery, if it is really so efficacious as the author asserts:—"In the midst of a severe epidemic," he says, "of diphtherite, which carried off from two to three hundred persons in the canton of Chaillant (Mayenne), I was struck with the idea of employing some powerful modifier of the mucous membrane, of a nature to change its vitality, and I selected copahu and stryax. From the first day I used them, I have cured five cases of croup and forty of diphtheritic angina (sore throat), in the course of about five months and a half. I have only lost a single patient. In most cases the improvement takes place within twenty-four



hours: the cure is usually effected within four or six days. I use copahu under the form of a syrup (Dr. Puche's formula), or else in a solid state. I also use the syrup of styrax of the codex. For adults, I prescribe a tablespoonful of copahu syrup every two hours, alternating with the syrup of styrax, also taken every two hours. For children, I prescribe teaspoonfuls taken in the same manner. In serious cases, the patient takes five grammes of copahu under the form of an enema twice a day. Copahu is generally well borne by the patient so long as the disease is not conquered."

**MUMMY WHEAT.** The *Presse Scientifique des Deux Mondes* contains a description of a series of experiments made in Egypt by Figari-Bey on the wheat found in the ancient sepulchres of that country. A long dispute occurred a few years ago, as to what truth there might be in the popular belief, according to which this ancient wheat will not only germinate after the lapse of three thousand years, but produce ears of extraordinary size and beauty. The question was left undecided; but Figari-Bey's paper, addressed to the Egyptian Institute at Alexandria, contains some facts which appear much in favour of a negative solution. One kind of wheat which Figari-Bey employed for his experiments had been found in Upper Egypt, at the bottom of a tomb at Medinet-Abou, by M. Schnepf, Secretary to the Egyptian Institute. There were two varieties of it, both pertaining to those still cultivated in Egypt. The form of the grains had not changed; but their colour, both within and without, had become reddish, as if they had been exposed to smoke. The specific weight was also the same—viz., twenty-five grains to a gramme. On being ground, they yield a good deal of flour, but are harder than common wheat, and not very friable; the colour of the flour is somewhat lighter than that of the outer envelope. Its taste is bitter and bituminous; and when thrown into the fire, it emits a slight but pungent smell. On being sown in moist ground, under the usual pressure of the atmosphere, and at a temperature of 25 degrees (Reaumur), the grains became soft, and swelled a little during the first four days; on the seventh day, their tumefaction became more apparent, with an appearance of maceration and decomposition; and on the ninth day, this decomposition was complete. No trace of germination could be discovered during all this time. Figari-Bey obtained similar negative results from grains of wheat found in other sepulchres, and also on barley proceeding from the same source; so that there is every reason to believe that the ears hitherto ostensibly obtained from mummy wheat proceed from grain accidentally contained in the mould into which the former was sown.

**STATISTICS OF THE GLOBE.** The following curious facts are stated by the *Abeille Médicale*:—The earth is inhabited by 1,288 millions of inhabitants, viz., 369,000,000 of the Caucasian race; 552,000,000 of the Mongolian race; 190,000,000 of the Ethiopian, 1,000,000 of the American Indian, and 200,000,000 of the Malay races. All these respectively speak 3,064 languages and profess 1,000 different religions. The amount of deaths per annum is 333,333,333, or 91,954 per day, 3,730 per hour, 60 per minute, or 1 per second. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of its population dies before the seventh year, and one-half before the seventeenth. Out of 10,000 persons only one reaches his 100th year; only one in 500 his eightieth, and one in 100 his sixty-fifth. Married people live longer than unmarried ones; and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men; but beyond that period the chances are equal. Sixty-five persons out of 1,000 marry; the months of June and December are those in which marriages are most fre-

quent. Children born in spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but one-eighth of the population. The nature of the profession exercises a great influence on longevity; thus out of 100 of each of the following professions the number of those who attain their 70th year is: Among clergymen, 42; agriculturists, 40; traders and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors 27, and physicians, 24, so that those who study the art of prolonging the lives of others are most likely to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335 millions of Christians, 5 millions of Jews, 600 millions professing some of the Asiatic religions; 160 millions of Mahometans, and 200 millions of pagans. Of the Christians, 170 millions profess the Catholic, 76 millions the Greeks, and 80 millions the Protestant creeds.

#### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.  
**TUESDAY.**.... Guy's, 1½ P.M.—Westminster, 2 P.M.  
**WEDNESDAY.**.. St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
**THURSDAY.**.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
**FRIDAY.**..... Westminster Ophthalmic, 1.30 P.M.  
**SATURDAY.**.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 7 P.M., General Meeting for Election of Officers and Council; 8.30 P.M., Dr. Routh, "On some Points in the Treatment of Prolapsus Uteri."—Entomological.—Asiatic.—Royal Medical and Chirurgical (Anniversary).—Epidemiological Society, 8 P.M. Dr. Smart, R.N., "On the Successive Epidemics of Malignant Fever in Bermuda."  
**TUESDAY.** Pathological.—Photographical.—Ethnological.  
**WEDNESDAY.** Royal College of Physicians, 5 P.M. Dr. Risdon Bennett. Croonian Lectures. "On some Points connected with Bronchitis, and its Results."—Obstetrical Society of London, 8 P.M. Dr. Shortt, "On Woman's Life in Southern India"; Dr. Clay, "Observations on Ovariotomy, Statistical and Practical; also, a Successful Case of Entire Removal of the Uterus and Appendages"; Dr. Broadbent, "On Displacement of the Bladder as a Cause of Tedious Labour."—Society of Arts.—Geological.  
**THURSDAY.** Royal.—Antiquarian.—Linnean.—Chemical.—Harveian.  
**FRIDAY.** Royal College of Physicians, 5 P.M. Dr. Risdon Bennett. Croonian Lectures. "On some Points connected with Bronchitis, and its Results."—Royal Institution.—Archæological Institute.—Western Medical and Surgical, 8 P.M., "Practical Evening for the Narration of Cases and the Exhibition of Specimens."  
**SATURDAY.** Medical Society of London (Anniversary). 5 P.M., Oration by Dr. Habershon; 6.30 P.M., Dinner.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—FEBRUARY 21, 1863.

[From the Registrar-General's Report.]

	Births.		Deaths.	
During week.....	{ Boys.. 1012		1903	1377
	{ Girls.. 896			
Average of corresponding weeks 1853-62 .....			2030	1464
<b>Barometer:</b>				
Highest (Mon.) 30.472; lowest (Sat.) 30.175; mean, 30.332.				
<b>Thermometer:</b>				
Highest in sun—extremes (Mon.) 100.2 degs.; (Th.) 43.9 degs.				
In shade—highest (Sat.) 53 degs.; lowest (Wed.) 27.2 degs.				
Mean—39 degrees; difference from mean of 43 yrs.+0.7 degs.				
Range—during week, 25.8 degrees; mean daily, 17.5 degrees.				
Mean humidity of air (saturation=100), 86.				
Mean direction of wind, S.E. & S.W.—Rain in inches, 0.19.				

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

MR. COOMBE AND HOMŒOPATHY.—In reply to Mr. Coombe, all we have to state is this:—Mr. Coombe has been publicly accused of practising homœopathy; consequently, there is only one possible way in which he can purge himself of the accusation and its attendant good or evil; and that is by publicly saying, he never has had, or if he has had, that he will in future have no further connexion with the thing. His letter does neither the one thing nor the other, and therefore we see no good to be derived from its publication.

DR. KIDD ON ASCARIDES.—Dr. Kidd writes to us to the following effect:—

"He feels aggrieved that a letter of his in this JOURNAL about a year since, on Ascarides in Children, subsequently noticed at the last meeting of the British Association at Cambridge, has been misrepresented in the *Lancet*, and he has been refused any explanation. Dr. Kidd adheres to what was stated in this JOURNAL; so that his truthfulness has only been questioned on *ex parte* letters. Science cannot be much advanced by hole and corner one-sided views. Dr. Kidd's theory is, that what are often treated as 'ascarides' by tin filings, cowhage, chloroform injections, etc., are larvae of the blow-fly and other flies, something like 'bots' in the lower animals; and that the true remedy must be of a prophylactic kind. He did not say, as now suggested, that one is changed into the other, as may be perceived by referring to the original letters."

SEVERAL LETTERS on the "Title of Doctor" and on "Gratuitous Medical Services" are unavoidably delayed until next week.

DR. WALKER'S reports of surgical cases will be published soon.

## SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., General Secretary.

Worcester, February 1863.

COMMUNICATIONS have been received from:—Dr. J. HUGHES BENNETT; Dr. F. J. BROWN; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY OF LONDON; Mr. A. B. STEELE; Dr. JAMES RUSSELL; Mr. F. T. PONCIA; Dr. OGLE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. COPEMAN; Dr. LIONEL BEALE; Mr. SAMUEL WOOD; Mr. LOWNDEN; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; Dr. A. T. H. WATERS; Mr. J. SPOURLE; Dr. WILLIAM BUDD; Dr. J. WEST WALKER; F.R.C.S.; THE HON. SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; Mr. JOHN JONES; Dr. ASPINALL; and Mr. STONE.

## BOOK RECEIVED.

1. A Treatise on Gall-Stones: their Chemistry, Pathology, and Treatment. By J. L. W. Thudichum, M.D. Illustrated with Plates. London: 1863.

## A Surgeon to a County Hospital

in one of the healthiest Towns in England has a Vacancy for a PUPIL. A youth really desirous of gaining a sound knowledge of his profession will find this an excellent opportunity of doing so. References exchanged.—For terms, etc., address A. B., Messrs. WRIGHT, FRANCIS, & Co., 11, Old Fish Street, London.

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# Facts and Arguments

OPPOSED TO

## DR. BENNETT'S THEORY OF ORGANISATION.

BY

LIONEL S. BEALE, M.B., F.R.S.

DR. BENNETT does not explain more fully the peculiar views he entertains; but refers me generally to the works of Martin Barry, Meissner, Nelson, Keber, and others (!), and then qualifies his reference by saying, "I do not wish him (Dr. Beale) to regard their *expressed opinions or theories*; but the *facts* they have observed, and some of *which* I copied in my first lecture in the *Lancet*—Figs. 9, 10, 13, 14, and 15."

I know Dr. Bennett has copied the figures of Dr. Nelson; but Dr. Nelson's explanation of his own figures is quite different from Dr. Bennett's. Dr. Nelson says nothing about molecules of the ovary coalescing to form the ovum; nor can I find in his paper any fact, observation, or drawing, in favour of Dr. Bennett's peculiar theory.

Dr. Nelson thus describes the first figure Dr. Bennett has copied from his paper in the *Philosophical Transactions* for 1852, Fig. 44: "Contents of the caecal portion of the ovary—*a*, the germinal spot, which is solid; *b*, the germinal vesicle, transparent, containing a fluid and the germinal spot. The germinal particle is first thrown off, the swelling up of whose outer layer forms the germinal vesicle, while the central portion remains unaltered to form the germinal spot."

Dr. Bennett compresses this description and that of the two following figures into this sentence: "Figs. 9 to 12 represent the *histogenetic changes* (!) which take place among the *molecules deposited* (!) in the ovarian tube of the female worm, until the fully matured ovum passes into the oviduct." Nor does he insert one of the letters of reference! "Among the molecules"! Every separate body represented in Figure 9 is an entire ovulum. Are these "*the molecules which coalesce to form the ovum*"? All interested in this question should compare Dr. Nelson's description of his own figures in the *Philosophical Transactions* for 1852 with Dr. Bennett's explanation of these same figures copied into the *Lancet* of January 3rd, 1863, page 4.

Dr. Bennett complains that I do not point out the errors in detail, and says that unless I abandon "generalities" and "assertions", and become "more particular" in my facts and arguments, he cannot propose to continue the "explanations" to which I invite him.

It certainly appears to me that many statements made by Dr. Bennett are themselves generalities and assertions, and of the most positive kind. This was why I begged for further information.

1. Surely it is but an assertion to say that molecules aggregate together to form vibriones, since neither these molecules nor this aggregation have ever been seen. Because particles of phosphate or carbonate of lime unite, coalesce, or become aggregated together to form larger masses, it by no means follows that living structures are formed by the aggregation of molecules. This is no argument at all,

until it has been shown that things living are governed by the same laws alone as things inanimate—that, for example, in the formation and growth of a living nucleus, and in the precipitation and increase of a particle of inorganic matter, the same, and only the same, forces are concerned.

2. It is an assertion, but simply an assertion, to say that the addition of the force we call *vitality* occurs *after* the molecules have become aggregated together; and I do think that Dr. Bennett is bound, as a scientific man, to give facts and arguments in favour of so peculiar a view, or to abandon it. Would it not be very unreasonable to assert that a tree or an animal was first formed or built up, and was then made to *live*?

3. It is an assertion to say that the perfect worm (*ascaris*) is formed "by a *third act* of histogenetic coalescence." It is an assertion to say that histolytic molecules "meet together, concentrate themselves, and form histogenetic molecules." There is not a shadow of proof in favour of the view that any one molecule, resulting from the disintegration of any substance whatever, becomes a living molecule. A molecule of oil or phosphate of lime may result from disintegration; but as such molecule, it can never live. A *living molecule* of oil, phosphate of lime, or any other substance having a definite known composition, is a simple impossibility. We might as well speak of a living mass of iron, lead, or other metal.

4. It is simply an assertion, and, I maintain, unsupported by evidence, to say "the molecules of the ovary first coalesce to form the ovum"; and Dr. Bennett must permit me to ask him the following questions upon this matter.

*a*. Does the assertion apply to ovaries generally, or to the ovary of *ascaris* mystax alone?

*b*. Does the entire ovary consist of molecules; or is there any tissue?

*c*. Are the molecules free, or imbedded in any tissue?

*d*. How are the molecules of the ovary produced? Do they all appear at the same time? If not, how do they increase in number?

*e*. Do all the molecules of the ovary unite to form one ovum, or are many ova produced? If many ova result, what prevents them from becoming aggregated together to form *one large ovum*?

*f*. Can ova be produced in any other manner than by the aggregation of molecules?

*g*. Has Dr. Bennett himself *seen* the molecules in the ovary of *ascaris*, or studied the changes he describes in the constituent molecules of the ovum of this or any other creature?

*h*. Why does he term some molecules in the ova figured by Dr. Nelson *histolytic*, and others *histogenetic*, as Dr. Nelson himself neither used the terms nor described the changes as Dr. Bennett describes them?

I would also ask if the conclusions Dr. Bennett has arrived at with regard to the disintegration of spermatozooids and germinal vesicle to form *histolytic molecules* are derived from his own observation, or from other authorities, as I am not aware that any one has demonstrated that any molecules whatever result in this case. It is said that the spermatozoa *disappear*; but Dr. Bennett is the only physiologist who has observed (!) that they become molecules.

Dr. Bennett asks: "How can solid matters grow or

increase in extent and density, unless from that very solution solid molecules (!) are thrown down which by aggregation produce bulk?" I answer that, even where pabulum does contain molecules, these molecules are prevented from passing into living matter. Insoluble inanimate particles may be precipitated from solutions, and will become aggregated together to form *inanimate masses*; but all matter serving to nourish living matter must be *in solution*. Where the food is insoluble, it must be reduced to a perfectly soluble condition; and any insoluble matters present are invariably filtered off before it is appropriated by anything living. The vibriones grow and multiply in a solution which is perfectly clear, and in which not a visible molecule besides themselves can be discerned.

These vibriones can hardly be termed *solid molecules*. What then, according to Dr. Bennett, is a solid molecule? Any one who was acquainted with the subject of cell-growth, as explained in modern text-books, might have advanced the same objections, and asked for further explanations upon the very same points. Dr. Bennett must bear in mind that the view he advocates has been advanced by him alone; and he must admit that the *onus probandi* rests with him. His view has now been before observers, both in this country and on the continent, for many years; and surely, if the statements he has made are founded upon facts capable of demonstration, they have been verified and received by many anatomists by this time.

Surely, all anatomists are not so biased as to be incapable of accepting what they can see or what can be shown to them. Dr. Bennett evidently considers that *my objections* result from prejudice in favour of my own views; and, as I am anxious that he should have the advantage of any adverse impression that can be excited upon this head, I will simply reprint Dr. Bennett's question and answer without comment.

"Again, may not Dr. Beale's avowed incapability of comprehending my views originate in the strong bias he possesses in favour of his own doctrines, in consequence of which he is unable to regard mine from an independent point of view? If so, he cannot be expected either to criticise or understand them correctly."

I propose to devote a separate communication to the important question of the development of vibriones, and I thank Dr. Bennett for expressing his views upon this point so definitely.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.

INFANTILE SYPHILIS.

Under the care of J. Vose Solomon, Esq., F.R.C.S.

CASE. *Primary Syphilitic Ulcer of the Eyelid in an Infant Eight Months old, followed by Secondary Symptoms; Inoculation of the Breast of the Mother, followed by Secondary Symptoms.* On the 11th of September, 1860, an infant (L. L.), 8 months of age, was admitted under the care of Mr. Solomon, for a small unhealthy ulcer, with an indurated base, situated at the inner extremity of the lower lid, close to the roots of the eyelashes. It had been there a fortnight.

The child was somewhat strumous-looking, fairly nour-

ished, and could not be said to be unhealthy. It had not suffered from "snuffing" or any sort of disease. The mother, who brought the patient to the hospital, was in appearance healthy, and close questioning failed to elicit a syphilitic history. The father also was healthy, and denied having suffered from sore-throat, falling off of the hair, or disease of the skin. The ulcer on the infant was considered by Mr. Solomon to be syphilitic; but, in the face of the foregoing facts, soothing topical applications only were ordered. In three days later, no amendment having taken place, quinine was ordered, and the sore to be dressed with diluted citron ointment. Change for the worse, rather than the better, having taken place, inquiry was made whether any one had been in the habit of nursing or fondling the child who was suffering from a skin-eruption or sore-throat. It was replied, "Yes; her aunt is so affected." When this lady presented herself at the hospital, she was found to be covered with copper-coloured blotches; and her tonsils were fissured with ulcers, which afforded a discharge. These diseases had been attributed to bathing in the sea, and permitted to run a natural course. The inference Mr. Solomon drew from this examination was, that the aunt, in kissing the infant, had inoculated its eyelid. The inner extremity of the lid, close to the muco-cutaneous margin, is, according to his experience, more susceptible to primary syphilis than any other part of the palpebra. Any one who has once seen syphilitic tubercle of the eyelid could not mistake it for a primary ulcer.

Small doses of mercury were now given twice a day, in combination with Dover's powder and sugar. Nevertheless, on the 28th of September, six weeks from the first appearance of the primary affection, which had healed, the child's buttocks presented well-marked syphilitic blotches; and on the 23rd of October, a rather large, ill-conditioned, and deep ulcer had invaded the external labium. Syrup of iodide of iron had been ordered on the 19th, in addition to the mercury, which was given once a day only.

After a while the child's mouth presented a fissure at its commissure. An ulcer appeared on the mother's breast, and she had secondary symptoms.

The case of the infant was carefully watched by my friend and late pupil, Mr. Walker, now of the firm of Bull and Walker, of this town; and that of the mother by Mr. Baines, who attended the family, and to whom the case was referred for treatment.

REMARKS. The fact of this little patient having attained nearly the eighth month of its age before the appearance of the primary chancre, excludes all grounds for believing that the disease was contracted during the parturient process. How then was the inoculation effected, and from what source?

The answer is found in the common practice among some women of fondling children, by *sputtering* upon their faces, and, so strange is taste, upon the genitals and nates of infants. By these acts, the secretions of the mouth are frequently deposited upon the place of contact. It was probably in this way that the discharge from the aunt's tonsils was conveyed to the eyelid of her infant niece.

In opposition to this theory, we have the high authority of Dr. Diday, who declares he has been unable to discover evidence of the occurrence of a primary syphilitic sore as a result of inoculation from a secondary disease. The case before us is, in this respect, *unique*, inasmuch as the affection of the mouth of the suckling was a secondary non-congenital disease, and by it the nipple of the mother was inoculated. The specific character of that infection having been placed beyond dispute by the occurrence of secondary symptoms. We therefore conclude that the discharge from a secondary sore has given rise to a syphilitic ulcer, which, in its turn produced secondary symptoms.

# Addresses and Papers

READ AT

## THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

### OBSERVATIONS ON THE OCCURRENCE OF MALIGNANT PUSTULE IN ENGLAND: ILLUSTRATED BY NUMEROUS FATAL CASES.

By WILLIAM BUDD, M.D., Clifton; Honorary and  
Consulting Physician to the Bristol Royal  
Infirmary.

"Le médecin doit, dans ses premières études, jeter un coup d'œil  
sur les animaux qui se rapprochent le plus de l'homme."—*Chaus-  
sier*. (Adopted from Régnier.)

[Continued from page 161.]

As I have never had an opportunity of observing this  
malady on the continent, where its characters are well  
known and universally recognised, it may perhaps be  
expected that I should state the grounds on which I  
have been led to identify the foregoing cases with it.

To those who have once seen a case of this kind, and  
are also acquainted with the literature of malignant pus-  
tule, these grounds must be sufficiently obvious.

Foremost among them stands the seat of the malady  
in the subjects whose histories have here been given.  
It can scarcely fail to strike every one as, in all ways, a  
deeply significant fact that in the whole series the parts at-  
tacked were the only parts of the body which in this  
country are habitually uncovered. Had the face been  
the only part to suffer, the case had been less striking.  
In that event, it might have been argued with some  
plausibility, however erroneously, that the course and  
chief characters of the disease had their root in some  
structural peculiarity. But the fact that in the only  
two in which the pustule did not appear in the face, it  
appeared in the hands, and in the hands, too, of working  
people, getting their living by manual labour, not only  
excludes this idea, but renders the meaning of the whole  
history difficult to misinterpret. We have already seen  
what stress the continental writers lay upon this charac-  
teristic as suggestive of inoculation from without. But  
whatever its import may be, as a part of the natural  
history of malignant pustule, it has not only obtained  
universal recognition, but has been put in the foremost  
rank by all the best observers.

"Immer erscheint der (milzbrand) Karkunkel an unbe-  
deckten Stellen."—"Malignant pustule always appears  
on uncovered parts"—is the universal remark of the  
German writers.

"It is never seen but in the face, neck, and hands;  
in parts, finally, which are habitually uncovered, and  
which lie open to the impression of an external agent"  
—is the pointed expression of Enaux and Chaussier.

Speaking of the different points which malignant pus-  
tule may attack, Bourgeois says:—"These points are, in  
the immense majority of cases, seated on those  
parts which are habitually uncovered, and which, in  
consequence of this, may easily be put into relation  
with the numerous vehicles of this malignant virus."

In another passage he adds:—"The application of  
the charbon virus to the skin being indispensable to the  
development of malignant pustule, it is readily con-  
ceived why the uncovered parts of the body should be  
its almost exclusive seat; thus, the face, the neck, the  
hands, the arms, and the legs, are almost the only parts

on which it appears. When by chance it develops it-  
self on other parts, we may be sure that the poison has  
been carried there directly by the fingers or other agents  
impregnated with it."

In one form or another, these statements are echoed  
by every foreign writer of any eminence who has treated  
of the malady. But if the foregoing cases agree with  
malignant pustule in a peculiarity so significant as that  
here defined, their agreement with it in all that regards  
the course and character of the morbid changes is not  
less striking. The more, in fact, we enter into detail in  
pursuing our comparison between the two things, the  
more perfect their identity becomes. To one of two  
alternatives, indeed, this comparison necessarily drives  
us. Either the cases which have been described in this  
paper are identical with the specific disease which  
Chaussier, Bourgeois, and others, have described under  
the name of malignant pustule, or it is not possible to  
convey a knowledge of a disease, striking beyond most  
others, by description at all.

The phenomena which these cases exhibited, from  
their first minute beginning to their terrible and unex-  
pected end, were, in every particular, identical with those  
which, in farriers and others who have the charge of  
cattle in continental countries, have been seen, in num-  
berless instances, to proceed from the accidental but  
direct inoculation of the "charbon" virus.

The commencement of the disease in an affection re-  
sembling the bite of a gnat, and, at first sight, not at  
all more serious, in outward seeming—the importunate  
itching or the equally characteristic stinging and burn-  
ing of the early stage—the formation, within a few  
hours of the well known vesicle—the hardening, blacken-  
ing, and death (the "mummification," as the French and  
Germans express it) of the textures immediately around  
it—(hardening so extreme and death so entire that in  
more than one instance the knife of the surgeon creaked  
in the flesh, inflicted no pain, and gave issue to no  
blood)—the diffuse and erysipelatous swelling of the  
wider area—the crop of secondary vesicles—the chains  
of inflamed lymphatics—the factor of the breath—and,  
lastly, death amid all the indications of septic poisoning  
—were incidents common to them all. In the one or two  
cases, indeed, in which some of these circumstances fail,  
I have especial reasons for believing that their absence  
from the record is simply due to their not having been  
noted.

Taken in their whole succession, it may be safely  
affirmed that these are incidents which are diagnostic of  
malignant pustule, and belong to no other malady. Its  
characters in its advanced stage are, in fact, so marked  
and distinctive that to confound it with any other dis-  
ease would seem to be well nigh as impossible as it  
would be to do the same with small pox or glanders.

Striking as are the positive signs, the negative signs  
are scarcely less so. Among these, especially noteworthy  
for a malady so rapid and severe, are the absence or  
slightness of pain, and still more so, the entire absence  
of common suppuration. In not one of the whole series  
of cases was there any visible trace of pus. These  
things are important, not only because they are well  
known and distinctive characteristics of malignant pus-  
tule, but because they have no doubt a fundamental re-  
lation, as such, to the peculiar mode of action of the  
specific poison.

If any doubt still remained on the subject, it should  
be dispelled by the fact that my friend Mr. Green, the  
experienced senior surgeon of the Bristol Royal In-  
firmary, at once recognised the disease of which his  
three patients died, as the same with the malignant pus-  
tule which he had formerly seen in Paris.

By those who refuse to admit the force of these con-  
siderations, it is no doubt possible to take another view  
of such a history. It might, for instance, be argued  
that these cases have nothing specific in them at all;

but are simply cases of pyæmia originating in some local change, however arising. And such an argument would not be altogether without support. Most practitioners must have seen at some time or other, examples of pyæmia, issuing in rapidly fatal general infection which originated in some trivial injury without the presence or intervention of any virulent agent. In such an event, personal predisposition, and what passes by the name of epidemic constitution (whatever that may mean) might one or both be supposed to play a part. The most common seat of the affection, and the comparative youth of the greater number of the subjects, might also be regarded as having each a hand in the result.

It is well known from what slight as well as various causes the lips swell to a degree that is observed in no other part, and how especially strong this tendency is in early life. In these two conditions, an explanation more or less plausible might be found of some of the peculiarities which most challenged attention in the cases before us. As a matter of fact, it is known to me that the view here put forward in this hypothetical form is the view actually entertained of these cases by more than one eminent observer, who has had many similar ones to treat. After having myself given it the fullest consideration, I am not the less convinced that it is not the true one.

This much, at any rate, is certain; that the two facts on which those who take this view chiefly rely—the seat of the affection in the face and its preference for early manhood—so far from being in their favour, must be read the other way. For these very two are among the best known of the characteristics of malignant pustule itself.

“*La face est, on peut dire, le siège de la prédilection de la pustule maligne*”—“the face is the favourite seat of malignant pustule”—says Bourgeois; a remark which is strikingly illustrated by the records of the disease, and which, I may add, is especially true of those cases in which it occurs in persons who are not by their calling exposed to direct inoculation. In pushing the analysis further, it will be found that, in the great majority of these cases, the disease was seated in the lip or in the near neighbourhood of it.

Its greater frequency in early manhood (although, as the foregoing cases show, it is by no means confined to this period of life) has not only been often remarked, but various writers have taxed their ingenuity to account for the fact.\*

To occur mostly in the face, and to attack chiefly persons who are comparatively young,† are marks which,

\* Much more precise data than any now existing would be required to show what the fact really implies. Heusinger believes that it is simply a matter of more frequent exposure. In his chapter on the influence of age, the following passage occurs:—

“In Beziehung auf der Menschen meint Erdmann, Kinder würden nicht befallen. Regnier sah den Milzbrand nicht in frühesten, und im höchsten Alter. Glaström sagt, selten litten Kinder und Greise. Ich glaube das rührt nur daher, dass sich das mittlere Alter im Allgemeinen am häufigsten der Ansteckung aussetzt, und es scheint mir eben nicht dass das Alter einen Unterschied in der Anlage begründe, denn ohne viel zu suchen bieten sich gleich Beispiele von höchsten und jüngsten Alter dar.”

That adults are much more exposed to the chances of inoculation than children is obvious enough. May not the greater frequency of the disease in adolescence than in elderly persons be due to the greater delicacy of the skin in young persons?

+ It is not a little remarkable that, except in times of great epidemics, the “charbon” scarcely ever attacks any but comparatively young cattle. “Le charbon,” says Chabert, “n’attaque guère que les jeunes animaux” (P. 151). The same observation has been made universally of the quarter evil here. Yearlings and two-year olds are, as a rule, the chief sufferers. In man and in beast alike, therefore, adolescence—if I may use such a word in common—would appear to be the period of greatest liability. The greater delicacy of the skin in young cattle may also possibly come into play here. But that would not explain why it is that young calves so generally escape. It is not impossible that, as in so many other contagious diseases, there is a certain period of life in which the specific liability is much greater than at others. As the disease is readily propagated by inoculation, it might be determined by experiment how far the greater liability of adolescent cattle depends on constitutional causes.

so far, therefore, from indicating, as some suppose, a non-specific origin, of themselves constitute a strong presumption in favour of the identity of the cases which present them with the malignant pustule. The course of the disease and the character of the morbid changes are all that remain to be taken into account, and we have already seen how perfectly and minutely identical in all the most striking of their very striking peculiarities, were the foregoing cases with the disease which is derived from the “charbon” of cattle.‡

Assuming the question of diagnosis to be settled, the next that arises is, in what way did the persons whose cases have been related become inoculated with the “charbon” virus?

Here, I regret to say, as regards the majority at least, facts altogether fail me. In the greater number, the specific nature of the disease was not recognised, and the possibility even of its having been derived from diseased cattle did not once enter the mind of the observer. With the exception of some five or six cases already specially referred to, nothing came to light to indicate in any way the origin of the disorder.

As in regard to this point I have nothing but conjecture to offer, I will be as brief as may be. In the absence of direct information, two principal modes occur to me, in which the subjects of the foregoing cases may have received this contagion. One is by eating the flesh of animals slaughtered while affected with quarter evil or blood; the other by being inoculated by insects which have previously been in contact with animals or the carcasses of animals affected with this disease. All that I know of the former mode of communication is that the material conditions for it are not wanting among us. That the flesh of oxen and sheep so affected is not an uncommon article in English markets, I have been assured by persons who have been themselves parties to the traffic. The information I have received leaves no doubt, in fact, that nearly the whole of such flesh is disposed of as food. The testimony of the many graziers and butchers I have consulted is unanimous as to this point.

In cases in which the malady is far advanced, the diseased quarter is rejected, and the other three only are sent to market. But where it is in an earlier stage, the whole carcass is often sold.

In these last I am told that a peculiar method is adopted to obliterate the marks left by the morbid change. Wherever the meat looks black or discoloured, it is dipped into boiling water, and its surface is then rapidly seared with a red hot iron. The effect of this is to cause a superficial whiteness, which in a great degree masks the mass of putrescence beneath. My authority for this statement is a grazier, who assured me that he had himself often witnessed the process.

To such a height, indeed, has immorality of this kind risen that a class of butchers has sprung up whose chief trade lies in the purchase, and sale for food, of cattle and other live stock affected with this and other diseases. In this matter of unsound meat, the inhabitants of large towns are the chief sufferers. Although too many farmers have no scruple in selling to others the flesh of diseased cattle, instinct has given them a whole-

‡ In this discussion, I have altogether left out of account the perfect resemblance of the morbid changes in these patients to those which occur in the animal; a resemblance so strikingly brought out in my friend Dr. Steele’s narrative. The early and entire death of the inoculated part, and the blackness, dryness, and insensibility of the immediately surrounding tissues in both, constitute a series of relations which is, in all ways, of very great interest. In any future cases, it might be well to put the identity of the two diseases to a still further test by inoculating some one or more of the animals subject to “charbon” with morbid products from the infected man. Virchow states that of these products the serum of the characteristic vesicles is the most virulent. In the French experiments, however, this serum always failed. On the whole, blood from the spleen appears to convey the poison the most surely. To ensure success, a young animal should be chosen, and more than one should be inoculated.



some dread of its possible effect on their own persons. But the infected carcase which cannot be disposed of to neighbours is readily sold to the unsuspecting inhabitants of the great city which lies some miles away.

The development of railways has opened new facilities for this sort of traffic, not only by offering greater secrecy for it, but by vastly enlarging, through increased rapidity of transit, the area from which such unwholesome supplies are sent.

It is well worth considering whether the increase which has certainly taken place of late years in the number of cases of malignant pustule in London and other large cities may not be in great part due to this circumstance.\*

\* These remarks were written more than three years ago. The following extract from Dr. Letehy's Quarterly Report on the health of the city of London, which appeared in the *Times* on the day following that on which this paper was read, will show how well founded they were. The confirmation of what I had suggested as to the effect of railways is especially striking:—

"The markets and slaughter-houses have been duly inspected, and the officers have seized 39,315 lbs. of meat and 765 head of game and poultry as unfit for human food. It consisted of 171 sheep, 14 calves, 43 pigs, 271 quarters of beef, and 235 joints of meat; 32,098 lbs. were diseased, 4147 lbs. were putrid, and the rest was from animals that had died from natural causes. In the course of the quarter, five persons have been convicted, at the sessions of the Central Criminal Court, for sending diseased and unwholesome meat into the city markets, and sentenced each to six months imprisonment. Their names are—Thomas Stevenson, of Millstone Lane, Leicester; John Jarvis, Towcester, Northamptonshire; Daniel Cotton, Belgrave Gate, Leicester; George Hill, Mansfield Street, Leicester; and George Warrens, Belgrave Street, Leicester. Four out of five of these persons were from Leicester, where it is to be feared the practice of sending diseased meat to the London markets is very common; and in every instance the persons were butchers, and therefore must have known the illegality of the practice."

The following extract from the next subsequent report from the same distinguished hand shows that the evil still continues. Speaking of the sanitary action of one week only, Dr. Letehy says:—

"The markets and slaughter-houses have been duly inspected, and the officers have seized 4525 lbs. of meat and 73 head of game and poultry as unfit for human food. It consisted of 16 sheep, 10 pigs, 32 quarters of beef, and about 50 joints of meat. *Three-fourths of it was from diseased animals; and I recommend that in five cases the matter be submitted to the solicitor for further investigation.* The inspectors inform me that much of the diseased meat of Newgate Market finds its way to the *sausage makers* of Cow-cross. Last week the inspectors seized the carcasses of a diseased sheep and a pig which were being carried to a sausage maker in that locality. The sheep had died from rot; and the pig was covered with small abscesses like boils, many of which had burst through the skin and the rest were still full of matter. Both of these animals were in a shockingly diseased state, and but for the interference of the inspectors would have been converted into *sauces*. I have also to state that the slaughter-houses of Cow Cross, which are just outside the city, are a source of great anxiety to the inspectors, from the circumstance that diseased animals are frequently slaughtered there, and brought into the city markets. Last week there were two such instances. Two diseased bullocks had been killed in the slaughter-house of a Mr. Crosse, and then carried to Newgate Market, where they were seized by the inspectors. In like manner, at Whitechapel, it is a common practice with some of the butchers who are outside the city boundaries to traffic in diseased meat; and the city butchers and salesmen complain that they have not the same chance for the disposal of inferior meat that their neighbours have, and that the rigorous supervision of the city is unjust to them. Only last week, the carcasses of several bullocks, about a dozen or so, that had died on shipboard, were sold in Whitechapel. Meat of this description is disposed of to the poor at night, when it passes for wholesome meat, and realises from a penny to five farthings a pound."

What is here stated in regard to *sauces* has a special importance, not only because of the obvious facilities which they offer for the disposal of unsound meat, but because, from the mode in which they are cooked, the temperature to which they are raised in being prepared for table, must often be insufficient to destroy the powers of zymotic poisons. Under these circumstances, any rudimentary entozoa that may happen to be present survive the operation; and for the same reason, I am led to believe that sausages are often the source of disease in men by the introduction of tapeworm and other parasites.

So much for the London commissariat. The following extract from the *Western Daily Press* of Oct. 3rd will show that the evil is by no means confined to the metropolis:—

"DISEASED MEAT IN BRISTOL. Yesterday at the Council House, before the sitting magistrates, Messrs. J. Poole and W. Naisb, John Cann, jun., was summoned for having in his possession and offering for sale a quantity of unwholesome meat, unfit for human food. Mr. Heaven, clerk to the Local Board of Health, appeared in support of the information, and said it was brought under the 126th clause of the Nuisances Removal Act, which prescribed a fine not exceeding £10. He further said that in the present case it was not

That every year, in most large cities, a considerable number of persons may be found who have eaten the flesh of animals affected with quarter evil or blood may be considered as all but certain.

On the other hand, I have ascertained, by careful and repeated experiments, that the temperature to which meat is generally subjected in the operations of roasting and baking, in no wise, except perhaps at the exposed surfaces, impairs the powers of animal poisons.\*

Suppose now that a person eating such infected meat roasted or baked, has a chap or abrasion on the lip, and we have at once all the material conditions that would seem to be required for an effective inoculation. Seeing how common such abrasions are, it is by no means improbable that now and then all these conditions may be found together. On the whole, however, I incline to the supposition that in the case of persons whose calling does not bring them into direct contact with the virus, the inoculation is generally effected by flies.

In two of the cases mentioned in this paper, there seemed to be direct evidence of the fact. In these two, the disease undoubtedly followed the bite of a fly and occurred in the seat of the puncture.

Great numbers of similar cases are on record,† and the fact that these insects intervene largely in the propagation of the disease is now generally admitted.‡

Some writers are even of opinion that the human subject is inoculated by them in the great majority of cases; an opinion that would go far to explain the well known greater frequency of the disease in hot and dry sum-

one bad piece that was complained of, and which might have been accidental, but several pieces, both of mutton and beef, and also of lamb; and he, therefore, should press for a severe penalty being inflicted. Mr. Yates, inspector of nuisances, said on September 20th he visited the defendant's board in the St. Nicholas Market, and there saw the whole of the fore half of a sheep in a dreadful state. It was in a basket, put a little aside, and the defendant told him it had just been left there by some one. He also saw some beef in a bad condition, covered over with a cloth. Afterwards he saw a poor woman at the board, with a piece of this beef in her hand, about to purchase it. On further looking about, he found a loin and a leg of lamb, both bad. He seized the meat; and on taking it before the magistrates on the Monday morning, they ordered it to be destroyed. Defendant said he bought the meat as being good, and owing to his defective sight, he did not know but that it was so. Mr. Yates, however, said anyone could have known it was bad by feeling it. The magistrates said they thought the case was clearly proved; and they fined the defendant 20s. and costs, or, in default of payment, one month's imprisonment. They also wished it to go forth that all cases of that sort which came before them would be punished."

It seems probable, from the account, that some of the meat here referred to was taken from animals that had died of quarter evil. It is worthy of remark that the meat would probably have been undiscovered had it not been for the increased vigilance of the police in regard to these matters, excited by the panic as to small-pox in the Wiltshire flocks.

\* These experiments will form the subject of another communication.

† The following paragraph which occurred in the *Times* on Nov. 11th, 1855, evidently relates to a case of this kind:—

"EXTRAORDINARY DEATH. Madame Moet, the celebrated proprietor of the champagne vineyards, whose daughter was married the other day, has just met with her death in a most extraordinary manner. She was gathering flowers in her garden, when she felt herself bitten by a fly. She thought nothing of the slight puncture; but in the evening her face began to swell, and a few days afterwards she died in intense agony. It is supposed that the fly must have fed upon putrid flesh."

A few months later, an exactly similar account was given in the *Times* of the death of the wife of our ambassador at Brussels.

‡ I may cite, in confirmation of this, a paragraph which appeared in the Paris correspondence of the *Times* on Sept. 26th last:—

"Cases have lately been very frequently cited in the French papers of persons becoming extremely ill, and even dying, in consequence of the stings of venomous flies, the said venomous quality being contracted by the insect from putrid substances on which it has settled. Near Soissons, a shepherd lately died in four days in consequence of one of these bites or stings. He took no heed of the first inflammatory symptoms, and when he applied to the doctor it was too late. Two other persons in the same neighbourhood were similarly attacked, the symptoms being great swelling and inflammation; but fatal results were not anticipated. Some of the French provincial newspapers have published strong recommendations to all persons who may be stung by suspicious flies or insects, to resort at once to a medical man, who alone is able to judge how far the apparently trifling injury may be serious."

mers, and in countries where insect life is active and teeming.

It would go far to explain, for instance, the much greater frequency of the malignant pustule in Burgundy than in England and the north of France, as, also, its greater frequency in Siberia and Lapland, where insects of the mosquito tribe are the great pest of the traveller.

In Lapland, indeed, before the identity of malignant pustule with the "charbon" of animals had been finally established, the popular belief was universal that the former was caused by a peculiar insect, which suddenly descended from the air and as suddenly disappeared.\*

Such consistency had this view acquired in the middle of the last century, that the illustrious Linnæus, on the strength of information received from Solander, even went so far as to admit this hypothetical creature into his systematic zoology under the significant name of "*furia infernalis*." (*Amenitates Academicæ*, vol. iii, p. 322.)

Virechow, who has made malignant pustule the subject of special investigation, and who fully admits the agency of flies in its propagation, makes the following remark:—"Most commonly insects with piercing probosces effect the inoculation, such as gadflies (bremse); but flies which make no wound, may, also, implant the poison on the skin by their soiled wings and feet." (*Handbuch der Speciellen Pathologie und Therapie*. Article, Milzbrand—Karbunkel.)

Bourgeois expresses himself to the same effect:—"The different parts of animals (he says) are not the only vehicles of the virulent principle. Certain insects, after having sucked the putrid juices of dead or sick animals, and then settled on the persons of men, may communicate the infection. I have frequently met with cases of 'charbon' in persons living near tanners and fellmongers. I have also seen, in one case, the disease caused by the puncture of a gadfly which came out of a fleece of wool."†

As the bite of those flies to which malignant pustule may be often traced is generally perfectly harmless; as these flies are endowed with no venomous powers of their own, and, finally, as the pustule to which they now and then give rise is perfectly identical with that which springs from direct inoculation, the inference seems very sure that the only part they play in the propagation of the disease is in conveying the specific virus from the infected animal to man.

That they should be frequent carriers of this virus would seem to follow necessarily from their gastronomic habits. Wherever there is a bullock or sheep, dying or dead of this contagion, especially in summer or autumn, flies of several kinds may be seen in swarms attacking the diseased part, and feasting on the stinking profluvia which often issue from the anus, mouth, and nostrils, of the diseased animal.‡

\* The following paragraph, which was published in the *Times* in the autumn of 1860, shows that this is still the popular belief in the north of Europe:—

"VENOMOUS FLIES. More than four hundred persons have lost their lives in the south of Russia, and in the province of Kiew, from the sting of a venomous fly, which has come from Asia. It made its appearance in the same country about sixty or seventy years ago."

† In the same passage, he adduces some other modes of infection which deserve mention. After relating the fact given in the text, he adds:—

"In another case, I saw it communicated by a splinter detached from a piece of wood taken from a shippen. In some cases, it is enough to touch the garments of persons belonging to the callings previously referred to (tanners, shepherds, farriers, etc.), or to hold relations with them, although they themselves may remain unharmed."

‡ In regard to this point, Hirtzmayer, in a very interesting account of a remarkable epidemic of quarter evil, which raged in the summer and autumn of 1846, among the deer of the park of Duttstein, makes, from his own observation, the following important statement:—

"Als wesentlich habe ich hier noch zu bemerken, dass die Bremzen, und zwar (a) die grosse Rind-bremse (*Tabanus bovinus*), (b) die

When the animal is flayed, they show the same fondness for the carcase, also, and (in virtue of the instinct which gives them a peculiar relish for stinking things) especially, it would appear, for that part of it which is most affected.

The only link needed to complete this chain of relations is found in the fact, of which Heusinger quotes many examples, that butchers, farriers, and others, have been bitten by flies which a moment before were seen to be so occupied, and have had malignant pustule in consequence.

I once thought that the usual situation of the pustule was almost decisive in favour of its being communicated by direct contact with tainted meat. It is certainly a very remarkable fact that in twenty of the twenty-four cases referred to in this paper, the disease began in the lip, or in the near neighbourhood of the lip: of the organ—that is to say, that seizes the food. But the fact tells, in reality, almost as much in favour of one mode as of the other. In the first place, the skin of that part being thin and delicate, is more easily pierced than other parts of the face.\* In the next place, it is, from various causes, much oftener denuded of its cuticle; and for this reason (as indeed from its greater natural tenuity, also) more open, to the accidental absorption of foreign matters. And, lastly, particles of sugar and other things attractive to flies are apt to collect about the edge of the mouth, so as to make it a favourite spot for their attack.

If it be objected to these considerations that they are too speculative, I would reply that we may, at any rate, draw this practical inference from them: not to think more lightly of a suspicious looking boil because it was known to originate in the bite of a fly.†

In considering the origin of any individual case, it is, I need scarcely add, important not to lose sight of the

Regen-bremse (*Tabanus pluvialis*), and (c) die Blind-fliege (*Tabanus coccitens*), welche im verflorbenen Sommer in unzähliger Menge vorhanden waren, wohl mit Recht als die theilweisen Träger des Contagiums anzusehen sind, und daher einere grössere Ausdehnung der Seuche verursachten. Diese setzten sich gewöhnlich zu Tausenden, auf die Cadaver der gefallenen Thiere, saugten die aus Maul, Nase, und After kommenden Profluvien ein, verliessen sodann die Leichen, begaben sich sofort auf gesunde Stücke, stachen ihren von Contagium Saurgrüssel in die Oberfläche der Haut ein, und inoculirten auf solche Weise das Seuchengift." (Kreutzer, *Central Archiv*, b. iii, p. 437.)

It will be seen that Hirtzmayer ascribes to flies the chief part in the propagation of the disease among animals also.

\* I have already referred to the part which delicacy of skin probably plays in predisposing to the disease. But, as in other contagious diseases, other and less appreciable conditions no doubt intervene. Vincenzo Malacarne, in speaking of the disease in men says:—

"Fra i quali passa gran differenza nella suscettibilità del morbo, vedendosi fra i compagni del lavoro nel macello de Buoi infetti, nella scorticatura, nelle medicature, per cui tutti sono di sangue, di sanie ugualmente aspersi, ed imbrattati, eppure certuni contraggono il carbuncchio, ed altri ne vanno esenti." (Vincenzo Malacarne, *Op. cit.*)

† This is not the only human disease in whose propagation flies play an important part. The Egyptian ophthalmia and the frambesia, or yaws (another malady indigenous to Africa), will occur to the reader as familiar illustrations. Alibert's observations on the frambesia will bear quoting in connection with this point:—

"La contagion du Tien (Frambesia, Anglécé Yaws) est à ce qu'on assure, singulièrement facilitée par une espèce de mouches que l'on nomme 'Mouches Frambesia'; et qui sont très abondantes dans les pays chauds; les mouches se reposent à tous les instans sur les horribles pustules qui proviennent de la maladie, et elles vont inoculer le virus aux individus sains, qu'elles piquent jusqu'au sang. Est-ce aussi par cette voie qu'elle a pu se transmettre aux animaux domestiques, comme on pretend l'avoir observé? L'éfleurer assure qu'il y a des endroits en Amérique, où la loi défend aux malades attaqués du Tien de sortir, et qui leur interdit même tout accès dans les hôpitaux. On trouve en effet que cette précaution a considérablement diminué la propagation de la maladie." (Alibert's *Maladies de la Peau*, p. 164.)

Curiously enough, in all these cases, the flies themselves do not seem to suffer at all from the poisons which exert such a virulent effect on the higher organisms. In helping to perpetuate these specific contagions, they perform a function which may be compared to that which Mr. Darwin, in that wonderful piece of natural history poetry, "The Fertilisation of Orchids," assigns to other winged insects in the propagation of that peculiar tribe of plants.

many other ways in which this poison may find access to our bodies. In our daily life, we come so incessantly into contact with animal products which are known vehicles of it, that it is not surprising that among the numerous persons who die of malignant pustule every year in England, the disease should often come in, like so many other contagions, through paths which it is impossible to trace.

[To be continued.]

## Progress of Medical Science.

THE DIAGNOSIS OF ECZEMA. Professor Hebra attaches a different meaning to the term eczema from that which has been generally accepted. He does not restrict the term to a disease characterised by the formation of vesicles followed by desquamation of the epidermis; but includes in it all disorders of the skin which are attended in either their earlier or their later stages by the presence of vesicles and serous discharge.

Eczema may be produced by artificial irritation of the skin. In this case, however, the results are not only vesicles and serum, but sometimes also mere redness and desquamation, sometimes small papular elevations of the size of pins' heads, sometimes even pustules and scabs. Again, there are a considerable number of cases in which the same person has on one part of his body desquamation from a reddened surface, on another red elevations as large as millet-seeds, and on another epidermic elevations filled with watery fluid; while other parts of the skin are partially denuded of their epidermis, and moistened with exudation. There may also be here and there yellow purulent points, of which some afterwards form brown or green scabs. Thirdly, the observation of the course of individual cases of eczema shows that many begin with the development of large and small vesicles, of which some become pustules, others burst, leaving exuding spots, while others are covered with yellow scabs, around which are formed papules and red desquamative spots. Towards the close of the disease, the whole of the pustules have formed scabs, which partly or entirely fall off after the drying of the exuded fluid, leaving red spots, more or less infiltrated, and covered with fine scales.

These facts Professor Hebra believes sufficient, in conjunction with clinical observation, to support the conclusion that the term eczema includes five distinct forms of disease. In support of this idea, he brings forward the following considerations.

1. The identity of the different forms of eczematous eruption may be proved by a simple experiment, which any one may make on himself or on persons at his disposal. Let an agent capable of producing artificial eczema (such as croton oil) be rubbed into corresponding parts of the skin of two persons, or into different parts of the skin of the same individual; the same quantity—say five drops—being applied to each part. In a few hours the effects will be manifested, but differently in different parts. On the scrotum and penis there will be oedematous swelling and redness, accompanied in many cases by innumerable vesicles; on the face the swelling will be more marked and the vesiculation less; while on the skin of the extremities the hair-follicles are swollen and raised above the level of the skin, and red elevations appear also here and there. If the application be not repeated, the swelling, vesicles, and red elevations disappear in a few days, leaving only slight redness and desquamation as indications of the inflammatory process that has been set up. But if the croton oil be again applied to the same parts on two, three, or more days in succession, the disease produced is increased in intensity as well as in extent. The

eruption on the parts themselves is increased, the red elevations being increased in number, and forming vesicles in consequence of the greater amount of sub-epidermic exudation; and the parts surrounding those in which the application has been made also become covered with an efflorescence similar to that which followed the application made on the first day. When artificial eczema has reached this degree of intensity, it does not end in simple desquamation; but in most cases the vesicles burst, and leave exuding spots; while the contents of other vesicles become purulent. As a consequence of the formation of the pustules, the skin surrounding them becomes more red, swollen, and painful. Having reached this point, the eruption recedes. The vesicles and pustules gradually dry and form scabs, which are thrown off by the new epidermis, leaving red patches, more or less infiltrated, and covered with desquamation.

If these results of the application of croton oil be analysed, they will be found reducible to five principal forms; viz., red elevations and vesicles, produced by the first application; red exuding patches, produced by the continued operation of the same irritation; pustules and crusts, arising from the metamorphosis of the elevations and vesicles; and finally, the red desquamating patches left after the removal of the other forms of efflorescence. These conditions are represented in several species of eczema to which authors have given names, and which Professor Hebra thus arranges in the order of their intensity: 1. Eczema squamosum or Pityriasis rubra; 2. Eczema papulosum, also called Eczema lichenoides and Lichen eczematodes; 3. Eczema vesiculosum—the Eczema solare of Willan; 4. Eczema rubrum seu madidans; 5. Eczema impetiginosum—Eczema crustosum of some authors.

Whether the same irritant will produce the same form of eczema, depends on the quantity and strength of the application, as well as on its duration. Differences arise also from the part to which the irritant is applied—the skin of the genital organs, the face, and the flexures of the joints, being most susceptible; and from the state of health of the individual, it being often impossible to produce an eruption by irritating the skin of a person in health, while, if he fall into a diseased state, an eruption is readily called forth.

2. When eczema is spread over the scalp, face, trunk, and extremities, either continuously or in patches, it rarely happens that the same form of eczema is developed on each part. For example, the scalp and the skin of the face may be the seat of impetiginous eczema, while the integument of the muscles of the ears, the nape of the neck, the axilla, and the flexures of the joints, are covered with eczema rubrum, the limbs with eczema papulosum and vesiculosum, and the trunk with eczema squamosum. It is more reasonable, Professor Hebra holds, to regard these as forms of one and the same disease, than to diagnose the eruption on the scalp as porrigo or tinea mucosa or granulata, and that on the face as porrigo larvalis, impetigo faciei rubra, crusta lactea, crusta serpiginosa, or melitagra flavescens and nigricans; while the word eczema is confined to the vesicular exudative eruption on the trunk and extremities. The terms impetigo and pityriasis rubra he regards also as having been adopted without reference to the eczematous appearances preceding the conditions which have received these designations.

3. Clinical observation affords the most satisfactory confirmation of the view here adduced. In one case, eczema begins with the eruption of vesicles; in another, the formation of vesicles is preceded by the appearance of red desquamative spots or papules. Or both papules and vesicles may be simultaneously developed; and of the latter, most rapidly form pustules, the contents of which as rapidly dry into yellow crusts. Hence it is also evident that vesicles cannot be regarded as the sole

form in which eczema at first appears. The appearance of the eczema also undergoes changes in the course of the disease. After the falling off of the crusts, the appearance known as eczema rubrum may be left; while, where vesicles have been at first developed, the outer layers of the epidermis are thrown off, leaving the rete mucosum denuded and throwing out exudation. Again, when the exudation ceases, the parts pass into the infiltrated, red, desquamating phase, known as eczema squamosum or pityriasis rubra. Professor Hebra observes, in conclusion, that this view of the metamorphosis of eczema is more probable than the idea which some have held of the conversion of one disease into another—of eczema into impetigo, porrigo, tinea, pityriasis rubra, melitagra flavescens, and the like. (*Wiener Medizin. Wochenschr.*, 27 December 1862.)

**TUBULAR PREGNANCY, FOLLOWED BY RECOVERY AND THREE SUBSEQUENT NATURAL LABOURS.** Professor Fabbri relates the case of a woman at Ravenna, who, after having had four ordinary labours, became pregnant for the fifth time. The movements of the fœtus were felt earlier than usual; the abdomen enlarged on the right side. At the ninth month, labour pains set in, and there was a serosanguinolent discharge from the uterus. These symptoms ceased in a few days; but the usual discharge after delivery and the secretion of milk continued several days longer. After this, severe symptoms set in, which confined the patient to bed, unable to move herself, for three months: they were relieved by bloodletting, aperients and clysters, and the application of emollient poultices to the abdomen. In the course of two years, the tumour, being diminished somewhat in size, became stationary. After this, she recovered sufficiently to have three successful pregnancies and deliveries. She died at the age of 55, of an acute disease, leaving directions that her body should be examined. Dr. Fabbri found at the right side of the abdomen a tumour lying behind the intestines; it was free from adhesions, but was attached to the uterus by the Fallopian tube and broad ligament. It was formed of a cyst containing a female fœtus, apparently at the ninth month. (*Bulletino delle Sc. Med. di Bologna*; and *L'Imparziale*, 1 Feb. 1863.)

**THE LOCAL AND GENERAL EFFECTS OF TAR.** Dr. J. Neumann of Vienna observes that the effects produced by tar may be divided into those arising from its application to the skin, and those resulting from the contact of air impregnated with its vapour. The effects of tar applied externally are either general or local. The general symptoms are not always present. They consist, when the application has been extensive, of fulness of the head, pain in the stomach, vomiting of dark fluid, and evacuation of dark fæces. If tar be applied to at least one-third of the surface of the body, the urine assumes a dark colour, the portion first passed being the darkest. On the addition of sulphuric acid, a strong tarry odour is developed; and the addition of chloride of iron gives a beautiful blue colour. The same appearances are observed after the use of beech-oil or *huile de cade*. It is not necessary that there should be any abrasion of the skin. The changes in the urine occur especially during the first days after the inunction of tar; while a repetition of the application produces but very slight changes in colour. Individuals also, who have been subjected to a water-bath for several days, will exhibit no change of colour in the urine, although the whole surface of the body be anointed with tar. The local changes either consist of swelling, redness, and inflammation, or in the sudden appearance of an acute eczema, which extends beyond the parts where the tar has been applied. It is impossible to know beforehand which of these conditions will be produced; and the benefits of tar in skin-diseases are so great, that the

practitioner cannot reasonably be restrained from its use by the fear that this or that effect may be produced in single individuals. The long continued inunction of tar is followed by another class of changes. Every dermatologist knows that frequently, although the skin-disease is already in course of cure, collections of pus take place under the tar, and raise it when adherent. The effects of vapour of tar were observed by Dr. Neumann in a patient who was affected in a similar manner to fifty-nine others in a spinning-factory. The face was covered with numerous pimples: there were also spots of acne, and pustules; the conjunctiva of the bulb was injected on both sides. The chest and back were free; the lower extremities presented eruptions similar to those in the face—some of the pustules being as large as hazel-nuts. It was found that, since the wheels of the instruments were smeared with tar instead of fat, this diseased condition had appeared; and that it ceased when fat was again used. Dr. Neumann has subsequently seen three other cases in which acne was produced by air impregnated with tar-vapour. He does not think that the effect is produced by inhalation; because the parts most closely covered by the clothes remain free. (*Wiener Med. Wochenschr.*, Dec. 20, 1862.)

**ERYSIPELAS OF THE FACE IN INTERMITTENT FEVER.** M. Desguin states that he observed, in the end of September and beginning of October 1861, a large number of cases of erysipelas of the face complicating intermittent fever. In every instance there was well marked gastro-intestinal disorder—white furred tongue, constipation, severe headache, more or less intense febrile reaction, etc. In some cases, the patients had the erysipelas at their entrance into hospital; it was here consecutive on the appearance of the fever, and accompanied it. In another class of cases, the erysipelas appeared only some days after the patients were admitted; sometimes it was moderate, but often very severe. It appeared to be simple; but, in two or three days, well marked paroxysms of fever appeared. As in the other cases, the two diseases ran a concurrent course, presenting the same periods of aggravation and remission. By the use of purgatives, followed by sulphate of quinine, both the intermittent fever and the erysipelas were removed. If the erysipelas were at first apparently unaccompanied by intermittent fever, and were treated alone, the paroxysms of fever soon appeared, and the use of quinine became unavoidably necessary. (*Arch. Belges de la Méd. Militaire*; and *Gazette Méd. de Paris*, Nov. 1862.)

**FORMATION OF IMAGES IN THE EYE.** M. Vulpian, at the end of a memoir on "monocular polyopia", states that the study of this subject leads to the following conclusion, which has also been expressed in very explicit terms in a work by M. Trouessart. The eye is so constituted, that the rays of light which penetrate it form several pencils, and thus tend to produce several images of the object from which they emanate. If the object be placed within or beyond the distance of distinct vision, the pencils are more or less separated when they reach the retina, and several images are formed on that membrane—there is, in a word, polyopia; but if, whether naturally or by the use of concave or convex glasses, it be at the distance proper for distinct vision, the pencils converge, the images are united into one on the retinal focus, and the object is seen simple. (*Gaz. Méd. de Paris*, 20 Decembre 1862.)

**STRANGURY FROM CANTHARIDES.** As a remedy for strangury arising from the use of cantharides, Dr. Ameuille recommends the liquor potassæ of the English *Pharmacopœia*, in twenty-minim doses. He says that its use is immediately followed by marked improvement in the symptoms. Generally in about half an hour

after the second dose, and always after the third, the symptoms are completely relieved. (*Union Méd.*; and *Bulletin Génér. de Thér.*, 30 Nov. 1862.)

## Reviews and Notices.

**A TREATISE ON GALL-STONES: THEIR CHEMISTRY, PATHOLOGY, AND TREATMENT.** By J. L. W. THUDICHUM, M.D., Member of the Royal College of Physicians. Illustrated with Plates. Pp. 323. London: 1863.

THE pages of this JOURNAL, as well as of contemporary medical and scientific periodicals, have within the last few years from time to time contained accounts of the results arrived at by Dr. THUDICHUM, from his investigations into the nature and mode of origin of gall-stones. These results, with a quantity of other matter derived from literary research and from work in the laboratory, he has put together and arranged in the volume before us.

The book consists of six chapters. In the first, the author gives a Digest of the Historical Literature of Gall-Stones; referring to all who have described or written on them from Alexander Trallianus down to Frerichs. This chapter is apparently most complete, and must have cost the author much searching among old books; notwithstanding the assistance which he acknowledges in his preface to have received from Mr. Chatto, the courteous librarian of the College of Surgeons.

Having disposed of the literary portion of the work, the author turns to the scientific and practical aspect of the subject, and treats in the remaining five chapters of the Physical Description of Gall-stones; their Chemistry; the Origin and Theory of Gall-stones; the Anatomy of Gall-stone Disease; and its Pathology and Treatment.

The chapter on the Chemistry of Gall-stones is, as would be expected from Dr. Thudichum's well known chemical skill, very full. The author first gives an outline of the attempts which have been made from time to time to determine the composition of these bodies, and then describes the process which he has followed in their analysis. Next, he offers some general considerations on the ingredients existing or said to have been found in gall-stones, whether constant or accidental; speaking in order of cholesterine, cholochrome, the biliary acids, their derivatives and salts, fatty acids and their salts, uric acid, a new organic substance, epithelium, mucus and albumen, water, mineral acids, earths and alkalies, and metals and their oxides. He then gives a classification of gall-stones, arranging them in the following seven series.

- "1. Pellucid or pure cholesterine calculi.
- "2. Mixed calculi, with prevalence of cholesterine.
- "3. Calculi with prevalence of cholochrome.
- "4. Calculi with prevalence of modified cholochrome.
- "5. Gall-stones with prevalence of bile-acids.
- "6. Gall-stones with prevalence of fatty acids.
- "7. Gall-stones with prevalence of carbonate of lime."

He then notices the occurrence of gall-stones in the various classes of vertebrate animals, and describes at some length the chemical processes to which he has subjected gall-stones derived from the ox.

Before proceeding to notice Dr. Thudichum's theory of the origin of biliary calculi, it will be well to explain what he means by the term *cholochrome*.

"The word *cholochrome* is intended to designate colouring matter of bile and all its varieties. For the brown colouring matter I retain the name *cholophæine*; for the green variety I adopt the name *cholochloine*. The older names of cholepyrrhine, biliphæine, and bilifulvine, may be considered as synonymous with cholophæine. Biliverdine and cholechlorine are synonyms of cholochloine.

"Cholophæine seems to be a mixed form of colouring matter secreted by the liver. It occurs in gall-stones in a free state and in combination. In its free state it makes up the greater part of the bulk of ox gall-stones; it is deposited in casts of the biliary ducts found in the centre of human gall-stones, and also occurs in the nuclei and layers of these latter in an amorphous state; a certain part of it contained in gall-stones is always combined with lime or with carbonate of lime. Cholochloine, in combination with bases, is present in the darker variety of human gall-stones, giving them a green and sometimes an almost black colour. In the free state it is soluble in alcohol, and may be isolated thereby." (Pp. 90-91.)

In the chapter on the Origin and Theory of Gall-stones, Dr. Thudichum commences by comparing briefly the composition of human gall-stones with the concretions from the ox. In gall-stones from man, there is a small amount of free biliary acids, cholochrome (combined with earths when in moderate quantity); and a large amount of cholesterine in most cases. In ox gall-stones, the quantity of biliary acids (cholic and choloidic) is large, a small proportion being combined with lime; the cholochrome is mostly free; and there is no cholesterine. Hence, by a process of elimination, and retaining only the common factors of the gall-stones of man and of animals, Dr. Thudichum observes that

"Cholochrome, cholic and choloidic acids, and earthy salts, thus present themselves as substances without the concurrence of which the more common forms of gall-stones would rarely be formed; they are, in other words, essential ingredients of gall-stones." (P. 166.)

Cholesterine, which forms so large a proportion of human gall-stones, is, then, only a secondary ingredient. It is absent altogether in the biliary concretions of the ox, and sometimes in those of man; while occasionally the latter consist almost entirely of cholesterine.

The ordinary process of the formation of gall-stones is believed by Dr. Thudichum to be analogous to that which produces phosphatic or fusible calculi in the urinary passages.

"It is a decomposition of the bile, akin to putrefaction. The compound amido-acids" (taurocholic and glycocholic, which exist in combination with soda) "split up into their constituents" (taurine, glycoceoll, and cholic acid combined with soda), "under the influence of a cause which remains to be ascertained, but is probably a putrid ferment absorbed from the intestinal canal. Under the influence of a little acetic acid, formed out of glycoceoll and some other new acid produced by the putrefactive change, perhaps valerianic acid, cholochrome, a quantity of cholic acid, and a portion of choloidic acid, together with some salts and a little fat, are deposited. This is the process in the ox, and sometimes in man. But the bile of man differs in this respect from that of the ox, that it contains cholesterine, while that of the ox contains, at the most, only a small quantity as compared to the other. This cholesterine is dissolved in the tau-

rocholate of soda. But, as soon as the acid of this salt is decomposed, the cholesterine is set free, crystallises, and deposits upon any particle that may happen to be within easy distance, in the manner of all crystals, which like to post themselves upon prominent bodies." (P. 167.)

These remarks are followed by an account of the results of investigating the products of the decomposition of bile, kept in well-stoppered bottles for one and two years. This examination was undertaken with great care by Gorup-Besanez, an account of whose experiments and conclusions Dr. Thudichum gives, at the same time stating certain points in which he had been led to differ therefrom after a similar series of investigations. The following diagram is given by Dr. Thudichum as illustrating generally the stages through which bile passes in the course of decomposition; although he does not assert it to be "an absolute syllabus of a variable process."

"First Stage. The bile is neutral or alkaline.

"Taurocholate of soda yields cholate of soda and taurine.

"Glycocholate of soda yields cholate of soda and glycochol."

"Margarate (palmitate) and stearate of lime, and phosphate of lime and magnesia, are deposited.

"Second Stage. The bile becomes acid by the super-vention of a new (valerianic?) acid, whose origin is undecided.

"Cholate of soda deposits cholic acid.

"Soda salt of new acid is formed.

"Cholochrome is precipitated; a part only remains dissolved, giving to the fluid a crimson colour.

"Glycochol yields acetic acid and ammonia.

"Third Stage. The bile contains acid.

"Cholate of soda is transformed into choloidate. The latter deposits some choloidic acid (?).

"Choloidate of soda yields fatty acids, products of decomposition; among them, probably derived from glycochol, is found acetic acid." (P. 171.)

Thus we have, as the result of the decomposition of bile, a deposit of the same nature as that which Dr. Thudichum finds to be essential to gall-stones; viz., stearate and palmitate of lime, cholic and choloidic acids, cholochrome, phosphate of lime, and mucus.

Having disposed of his chemical investigations, Dr. Thudichum describes *seriatim* the different positions in which gall-stones are found, their real or supposed causes, the symptoms produced by them, the modes in which they escape, and the diagnosis of gall-stone disease.

He then proceeds to notice the treatment. To relieve the symptoms produced by the passage of gall-stones—during the occurrence of which medical aid is generally called in—he has found a combination of anæsthetics with anodynes the most useful remedy. Regarding anodynes, he offers some cautions which should be borne in mind. The pain is sometimes so great as to be scarcely affected by large doses even of such remedies as tincture of opium or solution of morphia; but, if the pain (whether from the action of the remedies used, or spontaneously) suddenly cease, the symptoms of opium-poisoning occur, and may become highly dangerous. In illustration of this point, Dr. Thudichum refers to the case of a member of Parliament (the late Mr. A. Stafford), which caused considerable stir in the profession a few years ago.

The treatment which Dr. Thudichum follows for the relief of the colic caused by the passing of gall-stones is thus described by him.

"It is, under all circumstances, advisable that the practitioner, when once at the bedside of a patient with severe colic, should remain there, and administer the medicines himself, until some relief has been obtained. He may administer twenty minims of chloroform upon a piece of sugar, to be washed down with the necessary quantity of water. This may be repeated every twenty minutes, until a drachm has been used. If the patient is inclined to be sick, the taste and salivation excited by the chloroform are apt to cause an increase of the sickness, or to produce vomiting. This should be foreseen, and slightly alluded to as possible in the conversation with the patient. It is not to be regretted, but necessitates the application of the remedy by inhalation, or its entire abandonment. Along with the chloroform a solution of morphia may be given; one-eighth of a grain every half-hour, or, according to circumstances, at longer intervals, until half a grain—in strong and hale persons up to a grain has been given—is a proper dose. Laudanum must be given more empirically in doses of from five to ten minims at proper intervals, largely diluted with water, as its effects vary more than those of the solution of morphia.

"The anodyne effect of the chloroform can also be obtained by sulphuric ether, which, like chloroform, may be used mixed with equal parts, by measure, of the strongest spirit of wine. This anodyne liquor of Hoffmann is also best taken upon sugar, in small, often-repeated doses. It is not so apt to favour vomiting as chloroform, and in cases of lowness of the vital powers has a most satisfactory collateral effect upon the pulse, and the powers of the voluntary muscles." (Pp. 278-9.)

After the relief of the pain, purgative medicines and enemata, emetics, the application of warmth to the painful region, warm water-baths, moderately stimulating drinks, sundry mineral waters, etc., are to be used under conditions for an account of which we must refer the reader to the book itself. Dr. Thudichum does not seem to have much faith in the theory of Frerichs, that very alkaline bile can break up gall-stones by dissolving out their connective material; but he admits that there is still room for therapeutical experiments in this direction, especially by the administration of phosphate of soda.

We have read Dr. Thudichum's book with pleasure and profit. He has not, it is true, succeeded in bringing science and practice into complete harmony in the matter of the treatment of gall-stones; but in constructing as a chemist a theory of the formation of these bodies which bears a strong aspect of probability, and in furnishing at the same time the results of his observations as a practical physician, he has made a valuable contribution to scientific medicine.

A MANUAL OF ELEMENTARY CHEMISTRY, THEORETICAL AND PRACTICAL. By GEORGE FOWNES, F.R.S., late Professor of Practical Chemistry in University College, London. Ninth Edition, revised and corrected. Pp. 820. London: 1863.

THERE is not one volume in Mr. Churchill's excellent series of manuals, which has gone through so many editions in so short a space of time as the *Manual of Chemistry*. Its able editors, Drs. Bence Jones and Hofmann, have, in each issue which has appeared under their auspices, incorporated the additions made to our chemical knowledge; and hence,



in the present edition, the reader will find an outline of the two last great discoveries in chemical philosophy—the spectrum analysis, and Mr. Graham's researches on dialysis or diffusion analysis. Certain additions have also been made in organic chemistry; and in animal chemistry we have a notice of some remarkable experiment of Pettenkofer on respiration.

The part of the work which treats of Animal Chemistry does not appear to us to be equal in merit to the other parts of the book. The editors make little or no reference to the investigations made by Englishmen in this department; at all events, we miss any allusion to the researches of Edward Smith on respiration, of Richardson on the function and evolution of ammonia, etc. Should not the animal chemistry department be more expanded—perhaps into a separate manual? Our knowledge of the subject, both physiologically and pathologically, has grown so immensely, that it cannot well be compressed within less than fifty pages at the end of a general treatise on chemistry.

Having administered a little blame, we must not omit, in conclusion, to say that the praise due to the editors is much greater. No one expects so much in a manual as in larger treatises; but in the parts which treat of Physics, of the Chemistry of Elementary Bodies, and of Organic Chemistry, Drs. Bence Jones and Hofmann have left little or nothing to be wished for.

## British Medical Journal.

SATURDAY, MARCH 7TH, 1863.

### UNLICENSED PHYSIC.

COMPLAINTS are frequently made against the Medical Council and the Medical Act, that they do not, or are powerless to, put down unlicensed practitioners of medicine. Now, we may perhaps venture to doubt whether the Medical Council has used all the powers invested in it for this and for other purposes. We may fairly say, indeed, that the Council likes its ease too well to dabble in the muddy field of discord and litigation; and that it has not yet put itself in a position of saying: "We have done all that we possibly can to purge the profession of illegitimate practitioners—all that the law allows us; and can, therefore, do no more." There is too great a leaven of conservatism and quietism in the Council to expect any great energy to be exerted in its proceedings in this direction or any other. To fight against the iniquities which hang about the medical profession is what we can never expect such a body to do. Combats of such a nature indicate struggles and violent efforts, and energies to be exerted, and base things to be overcome. But it is only fair to add, that we fear no efforts on the part of the Medical or any other Council would avail to put down irregular

practitioners and quacks, notorious or obscure. Free trade is the motto of this country; and the public will have free trade in physic, as well as in corn and cotton, or any other dry or moist goods. The habits and manners of the English Saxon are such, that it is impossible to prevent any British lion or lioness from placing their faith and their bodies in the hands of the most villanous quackeries and quacks. Any pretender in this country may physic or set the broken bones of any one who is idiot enough to subject himself to the pretender's tender mercies. The pretender, it is true, is amenable to the law if he makes a mistake, but only just as the regular practitioner is; the only difference being, that judge and jury invariably favour the brutalities of the quack when he falls into their hands, and severely punish the errors of the doctor. The enormous amount of rampant quackery in this country, the thriving tribe of those who practise it, show how dearly we cling to our freedom of opinion. And besides this, as we well know, there is no class of men who more deeply indulge in this vein of quackery than the class who legislate for us. It is, therefore, impossible to hope that the legislature will ever assist the profession in attempting by any summary process to put down irregulars.

But, again, if we cast our eyes across the Channel, we shall not find in France much to encourage us in hoping by legal enactments to stay quackeries. In France, no man nor woman is permitted by law to practise medicine, unless regularly authorised by diploma. Yet, do we find the law efficacious in this respect? Nothing of the kind. Bone-setters, urinedoctors, wise men and women, diviners, *les religieuses*, and all the infinite tribe, *ambubiarum collegia*, are as thickly strewn through France as they are through England. Spite of the law against irregular practisers, even in Imperial France the people, from the highest to the lowest of them, will have their pet quacks and quackeries. They have their Docteur Noir, curer of cancers, just as we have our friend of puccoon fame, curer of cancers. Eugenie has her nerves soothed or excited by the spiritualist and table-rapper, just as freely as we have our fashionables' nervous systems enlightened by Mesmerico-kineopathists, etc. In a word, we cannot for a moment doubt that quackery has just as fine a field to sport over in France as it has in England. And what does the law in France do, or can it do, to stop the thing? There is there, as our readers know, a Medical Association, of late and yet of very vigorous growth; and, amongst other things, this Association has of late taken in hand the attempted suppression of quacks. In the French medical journals, consequently, for some few years past, we continually read of the processes made and carried against le sieur Casse-Os, or against la dame Noire, as being irregular practisers of medicine and sur-

gery. We read a long *procès-verbal* and a long judgment, which always end in a fine of five *francs* and damages. Nay, we often read that this is the third or fourth time that the bone-setter or the wise woman has been brought before the tribunals; and that, so far from arresting their progress, the notoriety obtained by previous prosecutions and convictions has enormously increased their practice; and that they, therefore, pay their fines with pleasure, and are thankful to their prosecutors for advertisement and increase of fame and practice. More than this, we lately read in a French journal that M. le juge, before whom one of these irregulars—these Bashi-Bashouchs of society—was brought and fined his petty fine, was actually, at the time of his giving judgment, under the hands and treatment of the quack whom in his legal capacity he had fined. It is, therefore, felt that these prosecutions in France are failures; and, indeed, several of the journals there have given it as their opinion, that the profession is acting a very undignified part in constantly making itself the prosecutor (or, as the public regard it, the persecutor) in such cases, more especially as its efforts to keep down the hydra are so manifestly abortive.

If, then, in beaurocratic and well-*préfi* France, with the law to aid, attempts to suppress irregular practisers fail, can we hope that they will ever succeed in England? We fear not; and we therefore cannot look with any hope for aid in this direction to the Medical Council. We must be contented in this matter to rest upon our character as a professional and learned body; and we need not fear that we shall ever lose the confidence of the public at large. In the meantime, one thing we may do; and that is, suppress all quackery within the profession itself—the most dangerous of all the enemies which we have to encounter in this line—the quackery of homœopathy; the quackery of advertisement, whether by newspapers or public appointments; the quackery of pretending to cure whilst we only administer to nature; the quackery of competition; the quackery of gratuitous charitable medical services. The suppression of these, and of a dozen such abnormities which we could mention, will, we suspect, do more to elevate our profession, and to put down outside irregularities, than any Act of Parliament will ever do for us.

#### THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE Annual Meeting of the Medical and Chirurgical Society was held at the Society's rooms, on the 2nd inst., when the following gentlemen were elected officers for the ensuing year:—*President*—Mr. R. Partridge; *Vice-Presidents*—Dr. Hodgkin, Dr. West, Mr. John Hilton, Mr. William Fergusson; *Treasurers*—Dr. Pitman and Mr. James Dixon; *Secretaries*—Dr. Sieveking and Mr. John Birkett; *Librarians*—Dr. A. Stewart and Mr. Henry Lee; *Other Members of Council*—Dr. Cotton, Dr. Gream, Dr. George Johnson, Dr. Markham, Dr. Sibson, Mr. G. V. Ellis, Mr. Holt, Mr. Holthouse, Mr. E. Newton, Mr. Toynbee.

The Report showed that the Society was in all respects in a most flourishing condition—rich in members, and rich in wealth. We need hardly add, that the late efforts of the Society to advance the science of medicine have also made it rich in reputation. Last year, a Committee investigated the subject of Suspended Animation; and this year another Committee, composed of gentlemen of the highest scientific acquirements and of great practical knowledge, has been appointed to inquire thoroughly into the History of Chloroform, its best mode of administration, its therapeutical and its toxic actions, its right uses, etc. It may be safely asserted that the Society was never in a higher state of efficiency and power than it is at the present moment.

The retiring President (Dr. Babington) delivered a very eloquent address, which will appear in the *Proceedings* of the Society, and which received the warmest approbation of the members present. In the conclusion of his address, the President made some excellent remarks, or rather gave very judicious advice, to gentleman who take part in the Society's discussions. He thought, and most of us will agree with him, that a word of rebuke was required to check the inclination, too often observed of late in the discussions, of indulging in *tu quoque* sort of rejoinders, for we cannot call them arguments. In a scientific society, personalities and acrimonious language are things to be especially eschewed. They manifestly cannot forward the objects of science; and they certainly do not exalt our profession either in its own eyes or in the estimation of the public. We would especially call attention to these remarks of the President, who so wisely protested against sensation subjects of discussion and sensation speeches.

The question of enlarging the Society's rooms also came before the meeting; but the Society did not see its way to take any steps in this oft debated matter. This much, however, appears certain: the rooms are not worthy of the Society, and are quite unequal to the accommodation of the splendid collection of books which is daily and rapidly increasing within its walls. But the difficulty to be met is a financial one. A very large sum of money would be required to enlarge the rooms; and it does not appear certain, even if the rooms were enlarged as proposed, that the Society would possess a fitting habitation. This is just one of those cases which is sometimes happily provided for by a wealthy and benevolent individual, who would in this case earn

the lasting gratitude of his professional brethren, and hand his name honoured down to posterity, by making provision for the erection of a dwelling worthy of the first medical society of the country. Surely there is nothing chimerical in the hope that such a luck may one day fall upon this Society.

### THE INDIAN ARMY MEDICAL SERVICE.

We think it right to give a prominent position in our pages to the following remarks on the condition of the Indian army medical officers. It is from the pen of a gentleman who knows well the subject on which he writes. The thanks of the profession are due to him for his clear exposition of the present position of the Indian army medical officers, and of the shameful and cruel treatment to which they have been subjected by authority. The lines are headed, *A Few Words of Warning to the Medical Students of Great Britain.*

"Among the large body of medical students now qualifying themselves in the various schools of the United Kingdom for the practice of their profession, there are members who look forward with confidence to a future career of honour and emolument in the army medical service. The British Government, on the other hand, expects with equal confidence, that the needs of the public service will continue to be supplied, as they have hitherto been, by a never-failing tide of skill, energy, and devotion. But each party may find itself mistaken, when the rising generation of medical students learn, as they may, that military medical officers, so far from being honoured and cherished by the Government, are treated as of light estimation; that their rights and privileges, acknowledged and granted by the Crown, and guaranteed by Act of Parliament, may be set aside and held in abeyance; while false hopes of benefits to come, ever seeming near at hand, and ever fading away in the distance, are held out to them, to cover broken faith and cold indifference.

"Medical students of Great Britain, listen to the voice of one who now speaks to you from India, in the hope that you will, as you can, unite to obtain justice and fair treatment for your professional brethren now—for yourselves hereafter; justice and fair treatment, which are denied to the officers of the Indian medical service to-day, and which may be refused to yourselves at a future time. The Indian medical service, it is true, is closed, and you may think that better treatment awaits you in that of the royal army; but pause and reflect, ere you put faith in a Government, which, wishing to be rid of a service that has ever done its duty nobly, can cast it away with ingratitude and contempt; which can raise hopes only to disappoint them; scatter to the winds privileges secured by Act of Parliament; nullify and make void a royal warrant.

"That such has been the action of the Government towards its medical officers in India, let the following statement prove.

"In the year 1858, when the government of India passed from the hands of the Hon. East India Company into those of the Crown, there existed in India two distinct medical services, the Queen's and the Company's. Each had its own privileges and advantages, and was in all things independent of the other. The latter service, with the military and naval forces of the Company, was then transferred to the Crown; the pay, pensions, and privileges as regards promotion and other-

wise, which they had enjoyed in the service of the Company, being guaranteed to them by Act of Parliament (21 and 22 Vic., cap. 106).

"It was determined to amalgamate the two medical services, and to make them equal in pay, promotion, and pension; but various difficulties were found to stand in the way; and, as a temporary measure, a royal warrant was issued bearing date February 1st, 1859, which was supposed to confer upon the Indian medical officers certain advantages, which had, in the preceding year, been conceded in like manner to the royal service.

"This warrant, by some of its provisions, altered existing rules with regard to promotion in the Indian medical service, and might, therefore, be regarded as an infringement of the covenant under which the Indian officers enlisted, and a breach of their privileges guaranteed by Act of Parliament. Professing to place both services on the same footing, it in reality gave an inferior position to the Indian, and it was, in consequence, regarded as not entirely satisfactory. Nevertheless, it was accepted as an omen of promise, an evidence of goodwill, an earnest of better things to come. Time only was wanting to show that the royal warrant was but 'a mockery, a delusion, and a snare.' Four years have passed away since it was penned, and it remains an empty unfulfilled promise.

"Nominally, indeed, the warrant is in force; its titles are conferred, but the rank, precedence, and pay, which they should carry, are all withheld.

"Surgeons, after twenty years service, are appointed surgeons-major, and should, according to the original warrant, hold the rank of lieutenant-colonel, but junior of that rank. Regimental surgeons should rank with majors according to the dates of their commissions. Such relative rank should, in the words of the warrant, 'carry with it all precedence and advantages attaching to the rank with which it corresponds,' and should 'regulate the choice of quarters, for age, and prize money.' Actually, however, it carries none of these advantages.

"The surgeons-major are not even recognised as a separate class in the official Army List. A reissue of the warrant by the Horse Guards decrees that the surgeons shall rank as majors, *but junior of that rank*; precedence is refused to them; it has been ruled that they hold only brevet rank, and they are allowed to draw only captain's pay.

"Thus is the shadow only given where solid advantage has been promised; but the substance is freely conferred when the provisions of the warrant are injurious to those for whose benefit it was designed. Henceforth, in the words of the warrant, 'No assistant-surgeon shall be eligible for promotion to the rank of surgeon, until he shall have passed such examination as our principal Secretary of State for India in Council may require, and shall have served in India with the commission of assistant-surgeon for five years, of which two shall have been passed in or with a regiment.' And 'a surgeon, whether on the staff or attached to regiments, must have served ten years in India, of which two must have been passed, with the rank of surgeon, in or with a regiment, before he will be eligible for promotion to the rank of deputy inspector-general of hospitals.'

"These rules, applied, as they are to be, to officers who entered the service prior to the date of the warrant, are breaches of faith; alterations of existing rules for promotion, the continuance of which had been guaranteed by Act of Parliament, as above stated.

"Every assistant-surgeon who enlisted prior to the date of the warrant, entered a seniority service, and understood that promotion would be his when he arrived at the head of the list, without reference to the nature of his past employment; and he has as just a right to promotion by seniority as he will have to pension on the completion of his service.

"Under the new rule, assistant-surgeons who have been transferred to the civil department before completing two years of military service, who have held charges of the most responsible nature, and have enjoyed the advantages of a far wider field of practice than is generally offered by a regimental hospital, must resign their appointments and seek military service, or indefinitely forfeit their promotion. Pecuniary loss and great personal inconvenience will thus be the reward of years of useful service; and every officer who comes under this regulation, will have reason to complain that faith has not been kept with him, and that he has been subjected to what in former years would have been considered as the punishment of a fault. Recently, as if in mockery of the wrongs under which these officers smart, the option of resigning their appointments has been offered them. They have been invited, 'should they desire it,' to arrange for fulfilling the period of army service required; to reduce themselves, probably, from positions just fairly remunerative and no more, to the smallest military allowances while doing duty with a regiment, to the ruin of themselves and their families. Hereafter, when the promotion, which should be theirs by good service and by right, is denied, they will be told, 'It is your own fault, you were duly warned.'

"The rule which requires two years military service as full surgeon as a necessary qualification for the rank of deputy inspector-general of hospitals is equally objectionable. Among the surgeons of the Indian medical service are many who have spent their whole time in civil employ. After having given their best energies to the service of government for years, after having held appointments entailing the most onerous professional duties, these officers are to be considered unfit for the rank of deputy inspector-general of hospitals unless they forfeit their appointments and perform the required amount of regimental duty. A similar rule to this, indeed, formerly existed in the Indian medical service, but, owing to its injurious action, it was wisely repealed. Such regulations, while they effect no public good, serve only to irritate and annoy individuals, to raise a general feeling of discontent, and to make every officer feel that he belongs to a service which the Government delights to dishonour.

"The examination of assistant-surgeons to ascertain their fitness for promotion, has not yet been brought into practice. It cannot be enforced in the case of officers who entered the service prior to the date of the warrant without interfering with their privileges guaranteed by Act of Parliament. In any case it would be as absurd as it is insulting to the profession at large. The proposal to examine men, whose fitness has been proved at the commencement of their career by proper authority, and subsequently, by years of successful practice and unchallenged good repute, is preposterous. The universities and examining boards are in duty bound to protest against such treatment of their graduates. Assistant-surgeons should unanimously refuse promotion offered to them on terms so derogatory to the honour of their profession; and properly qualified medical men should decline to enter a service which threatens them with so degrading a condition.

"While some portions of the warrant have been dealt with in the manner before described, others have been kept entirely in abeyance; but it is not necessary to take notice of these: enough has been said to shew, that the original warrant, designed in a spirit of liberality has been so tampered with, that it tells against, rather than in favour of, those who expected to receive in it a boon. The officers of the Indian medical service asking for bread, have received a stone; they have trusted to a broken reed and it has pierced them. There are at least four years arrears of the pay of their rank promised in the warrant due to them, and they may justly complain that they have been treated with injustice and contempt,

and that they have purchased their commissions at the cost of their birthrights as Englishmen.

"Lastly, during the four years which have elapsed since the warrant was signed, what has been the conduct of the government towards the service? Well knowing the anxiety felt by the Indian medical officers, has it vouchsafed them one word of explanation and encouragement? In all its futile deliberations concerning the amalgamation of the services, has it called to its councils any of those most interested? The answer must be 'No.' Military officers have been employed to draw up schemes for the amalgamation, and to officiate as amateur actuaries in winding up the affairs of the Medical Retiring Fund. That fund, a private association for the grant of annuities to retiring officers, to which subscription was made compulsory by government, is now dying of inanition. The closure of the Indian medical service has nipped its roots; no new subscribers are added to its list, while its expenditure in annuities increases yearly. It is said, indeed, that the government guarantees the advantages of the fund to the present subscribers, but of what value is a government guarantee to men with whom government has already broken faith?

"It is unfortunately a fact too well established to be doubted, that medical officers of all branches of the service have ever been hardly treated by the Government; and that what consideration they now enjoy has been granted to them only by degrees and under pressure. But a few years ago, the position of the medical officers of the navy was so degraded, that no candidates could be found for employment in that service. The students unanimously refused to enter the navy; and at length the Secretary of the Admiralty reported that no surgeons were forthcoming to fill the vacancies. Then, and not till then, were naval medical officers treated as gentlemen and members of a learned profession.\*

"Such a crisis is now at hand; a paucity of medical officers is becoming felt in India; many of the seniors, disgusted with the treatment they have received, are anxious to retire;—let their want and their worth be felt. Now is the time for the students of medicine to assist their elder brethren, and to secure their own future prospects. Let there be a cry for military surgeons, and no response; then, and then only, will military surgeons receive the treatment which is their due. Let vacancies in the army medical service remain unfilled until an order of Government is published and communicated to the schools, promising that the original warrant, prepared in a true spirit of liberality by the late lamented Sidney Herbert, shall be strictly and faithfully observed; that the rights and privileges of the medical officers in India shall be respected; and that they shall receive, in accordance with the terms of the warrant, their proper pay and staff allowances, and *bonâ fide*, not brevet rank.

"Let it ever be remembered, that the rank and position of the army medical officer must be established on the firm and permanent basis of the Royal command; not on a sand so shifting and treacherous as the favour and good will of any subordinate authority.

"So long as a Royal warrant may be altered at the pleasure of a Secretary of State, so long will it be unworthy of the name; so long will the position of the medical officer be uncertain and unsatisfactory, and dependent only on the urgency with which his services are required. So long, in fact, will it be undesirable to become

"AN ARMY MEDICAL OFFICER."

\* The Naval Medical Warrant, however, has been indirectly tampered with, and is susceptible of amendment. The rank of the executive officers relatively with the army has been raised so as to keep the medical officer below. A lieutenant of eight years standing in the navy now ranks with a major in the army, and so obtains precedence of a medical officer of the same standing.

## THE WEEK.

DR. PHILBRICK has, we are informed, yielded to the pressure of circumstances, and settled the action which has been brought against him. Our readers are aware of the history of this case. Never, in our opinion, was a more unjust action brought than this against Dr. Philbrick, and thanks to his professional brethren. That Dr. Philbrick has not been able to face the uncertainty of the results of a trial, and the anxiety attending it, we must sincerely regret for the sake of truth and justice; but we cannot blame him after what we have recently witnessed of the vagaries of a jury in a court of law. One question, however, there is of a scientific interest, which has been brought forward through this action, and it is well worthy of the attention of the profession; viz., what is the right and proper practice to be pursued in the case of twins, when the second child is retained beyond the ordinary period after the delivery of the first? Ought the accoucheur to interfere, no urgent symptoms pressing; or ought he to leave nature to accomplish the second delivery. It would appear that authorities have laid down no distinct line of practice; and that those who recommend interference when a certain time has elapsed after the delivery of the first child have not shown good grounds for the interference. We have received some communications on the subject; and as it is one of practical interest, perhaps those of our profession who have had large experience in midwifery will give us the benefit of their opinion upon it. What are the rules which should guide the practitioner in dealing with a case of twins, when the second child is retained beyond the ordinary period?

It is well that members of the Medical and Surgical Society should know that the ordinary meeting of the Society, which should take place on the 10th inst., will be allowed to lapse away quietly. That day is, as we need hardly say, a day of national excitement; and few members of the Society will be calm enough to settle down in the evening of it to a quiet discussion of topics medical. The meeting must, nominally at least, according to the laws, be held; but, of course, the members need not attend, and so it will fall through.

THE Manchester Medico-Ethical Society held its annual meeting on January 27th last. We are glad to find so useful a society still flourishing. Its report tells of the activity of the members and of its earnest desire to promote the honourable standing of the profession and to watch over its interests. Its work may be judged of from the following extract of the report:—

“Misunderstandings and mutual jealousies are extensively rectified; medical coteries are usefully invaded,

and their exclusiveness mitigated, by the assembling, not less than four times a year, of members of the profession of all grades and professional standing, at a repast worthy of the profession and of the city in which they assemble, free of extra cost; petitions and memorials are prepared, forwarded, and printed for circulation to the Legislature, the Medical Council, city corporations, life insurance societies, and wherever required by the honour or interests of the profession; illegal practice and dishonourable practices are put down so far as possible; not less than three times a year the whole body of members is invited to the discussion of subjects of passing or permanent interest; and, altogether, an *esprit de corps* is maintained, which has been of incalculable benefit to the profession.”

The report also tells us that a medical society has been formed at Bury; and that the following resolutions have been lately adopted there:—

“That, in the opinion of this meeting, no practitioner ought to meet in consultation any gentleman who is not duly qualified.” And, “That the members of this Society will not call in consultation any gentleman who is known to meet unqualified or unregistered practitioners.”

IN reading the report of the Bourton-on-the-Water Village Hospital for the year 1862, which has just been presented to us, we are struck by its remarkably economical nature. During the past year, 29 in-patients have been treated in the hospital and 311 out-patients, and the total expenditure was £88, of which sum the patients themselves paid £23. These village hospitals bid fair to open a new era in the administration of medical charity.

WE should like to know upon what principles of justice or common sense medical men are to be compelled to give the following services gratuitously. The following is the clause in the Medical Bill (now passing through Parliament) for the Registration of Births and Deaths in Ireland, under which medical men are bound to give certificates gratis of the cause of death:—

“45. *Medical Attendant to transmit Certificate of Death to Registrar.* Whereas it is expedient to establish on reliable information, for sanitary and scientific purposes, a registration of the causes of death: be it therefore enacted, the registrar shall furnish from time to time, gratis, to every duly qualified medical practitioner within his district, the necessary forms of certificates of deaths in the form (D) hereunto annexed, which certificates the registrar-general shall cause to be printed and forwarded from time to time to every registrar for that purpose; and the medical practitioner who shall have been in attendance during the last illness and until the death of any person dying after the said 31st day of December, 1863, shall, within seven days after the death of such person, transmit to the registrar of the district in which the death occurred a certificate of the cause of death in the form mentioned, the particulars of which shall be entered by the registrar in the register; in case such certificate shall not be so transmitted, the registrar shall transmit to such medical practitioner a form of such certificate, and by a written or printed requisition under his hand shall require such medical practitioner forthwith to return to him such certificate duly filled up, and such medical practitioner shall, within three days after the receipt thereof, return such certificate duly filled up to such registrar.”

## SUICIDE IN THE UNITED STATES.

THE preliminary report of the eighth and last national census of the United States gives statistics of suicides occurring during the year ending the 31st May, 1880. Although no doubt the number of suicides is considerably understated in the census returns, yet it is notorious that the moral atmosphere of America is more favourable to the crop of homicides and murders than to that of suicide. M. Magee, in his work on suicide in Bavaria, lays it down that the frequency of suicide is in inverse ratio to the frequency of crimes of violence. Where, therefore, (as in the United and Confederate States,) homicide is a common occurrence, we may expect to find a scarcity of suicides. The census records 1,002 cases of suicide occurring in the year 1859-60, which gives only 3·2 to every 100,000 of the population; in England and Wales the proportion is 6·7 to every 100,000; in France the rate averages 8·3; in Prussia the rate is about 11 or 12 per 100,000; in the New England States, taken separately (whose returns are as accurate as those of Europe), we find the rate per 100,000 is 7·7. But we must remember this is the great "suicide field" of America: while in our London suicide field the rate is 9·7; in our midland suicide field, 8·4.

Of these 1,002 suicides, 794 were committed by males, and 208 by females; that is, only a little more than a fifth of the whole were females. America has often been said to be the paradise of the female sex. These figures confirm the statement. The proportion of female suicides in England and France, is to males as three to five: in the United States it is but little more than one to five. In the Old World a cast-off mistress commits suicide; in the New she shoots her paramour amid the applause of the community. In some States a woman can compel the father of her illegitimate child to marry her or go to prison. Not only the law, but public opinion and the juries everywhere, espouse the cause of the woman in the United States.

Has this anything to do with the small proportion of female suicides in America? Have our bastardy laws, so severe upon the woman, anything to do with the high proportion that rules among us?

Next as to the method of suicide. We find that hanging is the favourite suicidal resort with both sexes in the United States. This is also the case in every country of Europe of which we have an account, except Sardinia and Geneva, which give the palm to fire-arms. Poison, which occupies the fourth place in English and the seventh in French statistics, holds the second place in the United States. We presume that in that "free country" the laws against the indiscriminate sale of poisons are neither so universal, nor, where existing, so well carried out as in Europe. In England cutting the throat; on the Continent, generally speaking, drowning holds the second place. The fashionable poison in America is strychnine, next arsenic; in England, opium or one of its preparations, then prussic acid. Fire-arms, which stand second with the Saxon, and fifth with the English, stand third with the Americans, as with the French, Belgians, Danes, and many parts of Germany.

On the relation between the rate of suicide and the degree of instruction among any given community, these American returns tell an instructive tale. They entirely corroborate the dicta of M. Lisle, Mr. Radcliffe, and M. Mejan, that the greater the diffusion of instruction the higher the rate of suicide. Thus, take the States where common and collegiate instruction has struck its roots most deeply, where literary tastes have been most cultivated, viz., the New England States and New York, and compare their rate of suicide with the six most populous slave-holding States. The rate of suicide in the former group is as seven to three in the latter in the ratio of their population.

Doubtless, the returns are more accurate for the first group of States than the second, but it would be straining the point too much to contend that this alone will account for such an immense difference of rate—a difference, too, which throughout the whole list of the thirty-four States varies uniformly with the degree of civilisation each State has reached. (*Social Science Review*.)

## Special Correspondence.

## MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

IT seems strange that there should be a paucity of general medical intelligence to communicate from such a large and important centre of population as this; yet such I find to be the case, more especially since the Medical Society has begun to report its own proceedings in your columns. I by no means wish to be understood that the material for many a valuable addition to medical science is not to be met with both in Manchester and in our other large cities; but that, unfortunately, that material is at present scarcely available. It would be a great achievement if the numerous cases of interest in our provincial hospitals and dispensaries could be brought together into one fund; and I have made some exertions to see if this could not be done here. Two general hospitals, two hospitals for children, one for female complaints, and one each for the eye and ear, with a lock hospital, and four or five dispensaries, would furnish no slight amount of interesting matter. I find a general willingness on the part of all the medical officers of these institutions whom I have consulted to aid in such a scheme; but the whole thing falls through from the almost entire absence of general and accurate case-reporting at the institutions themselves, it being manifestly beyond the power of one individual to undertake the task. Perhaps, some day, this may be remedied; and, in the meantime, as I have formerly said, I have an objection to recording even very interesting cases that may occur merely to myself or my own more immediate acquaintance.

The late debate on Dr. Noble's paper on Diabetes was of some interest. The cases to which he drew attention had been pronounced, upon good metropolitan authority, to be diabetes from the mere existence of saccharine urine in tolerably large quantity; but there was a complete absence of the usual attendant symptoms, and the cases eventually did well under ordinary regimen and care, and under the cessation from severe head work, to which he entirely attributed the disease. In the present state of our knowledge, it would appear inadvisable to apply the term diabetes to such cases. As maintained by Dr. Roberts, one of the links in the chain of production of diabetes is undoubtedly to be found in the nervous centres; but the links anterior or posterior to this may perhaps vary considerably, and thus alter the whole complexion and gravity of the case.

Our two societies have been holding their annual meetings, and taking stock, as it were, of their doings; and I rejoice that the Medical Society has at last been bold enough and honest enough to raise its subscrip-



tion, and that it will thus be able, while it pays its debts, to increase the value of its library, and generally so to increase the attractions of the institution, as to make it a sort of dépôt for the medical talent and intelligence of this great provincial metropolis.

The Medico-Ethical had also a pleasant assembly, and, though the numbers have slightly fallen off, there is an evident determination to propagate their excellent code of laws, and to follow up their views on medical reform and on the amendment of the functions of coroners. On this latter matter, I trust they will persevere as they have begun. I hope to see the day ere long when this society, while preserving some of its individual social features, shall enter into more intimate alliance with the British Medical Association.

Some of your readers will doubtless be puzzled at the contradictory accounts, emanating from various sources, as to our sanitary condition here under the present distress. The subject is rather too complicated for full discussion now. The *Times* is, of course, at sea on the matter, as it seems impossible to avoid being on anything and everything connected with Lancashire. While it gives very undue prominence to Dr. Buchanan's remarks on the existence of typhus—much more than he does himself—it must needs at the same time write a leading article to show that we are either in the best of health, and spirits, and circumstances, or that, as with Mark Tapley, our difficulties are only evidenced by our "jolly" demeanour. I am glad to be able to say with great confidence, apart from statistics, that there is not a large amount of sickness prevalent in Manchester, and this is strongly borne out by the very low death-rate. The statistics of admission to hospitals and dispensaries are, of course, no criterion of the amount of illness, as they vary with the poverty of the people. The relative forms of sickness are more important. Thus, contrary to what might be expected, diarrhœa seems to have been unusually low; for, comparing Manchester with St. Marylebone, I find the proportion to the whole, during September, October, and November, to have been 5·8 per cent. in the former, and as much as 14·8 per cent. in the latter. I regret that I have no means of ascertaining the comparative proportion of tubercular complaints, as they are not separately tabulated by our Sanitary Association returns; but under the combined heads of pneumonia, pleurisy, bronchitis, and catarrh, I find that, during the same months, Marylebone showed a proportion of 13·7 per cent. against 23·1 per cent. in Manchester. Making allowance for our northern climate, this would tend to show a greater severity of pulmonary complaints, many of which must doubtless be connected, as cause or effect, with tuberculosis.

I have noticed myself an infrequency of rachitis among infants, and I find that others have observed the same thing. Doubtless, the greater supply of maternal milk has to do with this, and, perhaps, also, in a small degree, the unusual frequency of oatmeal as an article of diet. I am greatly mistaken, however, if this benefit be not more than counterbalanced by the greater frequency of tuberculosis in children a little older. They are the greatest sufferers by the present distress, as the relief committees do not generally include in their sup-

plies such articles as milk, arrow-root, or other things suitable for a change of diet in childhood. The results of this are to be looked for in the death-rates of future years, or even of a future generation.

The question of typhus has been much discussed in the pages of your own and other journals, and the report of Dr. Buchanan sharply criticised. There can be no doubt that there is nothing like an epidemic of true typhus in Manchester. But that there have been several cases, seen by Dr. Buchanan himself, and reported on trustworthy authority, is also undoubted. This is sufficient to make us watchful without undue alarm; for true typhus has for some years been very rare here. In five years of dispensary practice, I have not seen a single case; and I attach no importance whatever to the annual return of a few cases, unless it were stated that the diagnosis between typhus and enteric fever had been carefully insisted on. I myself know of several instances of the latter returned as typhus by a gentleman who, though a very sound practitioner, will maintain that there is no distinction between the two; and I suspect there must be many others so returned for the same reason, or from indifference. If it be not so, at any rate, our Manchester practitioners must, as a body, be considerably ahead of their brethren in exactitude. Our infirmary physicians are decidedly of opinion that true typhus began for a time to show itself in very undue proportion to enteric fevers; and I believe they are also agreed that this proportion has again fallen to something like its normal limits. I think also it might be shown that this fall in the number of cases of typhus took place just about the time that the relief committees began to raise their scale above the mere average of two shillings per head, and also when the distribution of clothing was made. On the whole, these bodies have done their work well, and have hitherto maintained the health of the operatives at a far higher standard than might have been expected; and I must close my remarks by assuring you that the medical profession has not been behind in assisting to promote their endeavours.

A MAGAZINE devoted to the science of botany is about being started by Mr. Hardwicke, to be called *The Journal of Botany, British and Foreign*, edited by Dr. Seemann.

LONDON FEVER HOSPITAL. On Friday week, the annual general court of this charity was held at the Freemasons' Tavern; the Right Hon. the Earl of Devon in the chair. The total number of admissions, which in 1860 did not exceed 391, and in 1861 did not exceed 646, in 1862 amounted to 2699, being 938 in excess of the largest number of patients admitted in any previous year since the foundation of the hospital. The great increase was mainly due to the prevalence of typhus fever. The report alluded to the reprehensible practice of employing street cabs for the conveyance of patients suffering from infectious diseases. The hospital had for several years been provided with a carriage especially adapted for this purpose, which could be sent to any part of London; the committee, however, regretted that, owing to the limited funds, they were compelled to charge patients for horse-hire on each occasion, and that, consequently, the carriage was less used than it ought to be. The public were therefore invited to contribute towards a special fund for the maintenance of such carriage.

# Association Intelligence.

## NEW MEMBERS OF THE ASSOCIATION.

THE following new members have joined the Association since the publication of the list on August 23rd, 1862; most of them since the commencement of the present year.

### BUCKINGHAMSHIRE.

Death, Robert, Esq., Buckingham  
Duke, Frederick, Esq., Buckingham  
Knight, Thomas, Esq., Brill  
Nixon, Daniel, Esq., Stony Stratford  
Savory, John Thomas, Esq., Weudover  
Walker, William G., Esq., Brill  
Warren, Thomas A., Esq., Princes Risborough

### CHESHIRE.

Renshaw, Charles J., M.D., Altrincham  
Stevenson, John F., M.D., Birkenhead  
Thompson, Moses D., Esq., Stalebridge  
Weaver, Frederick P., M.B., Frodsham

### DERBYSHIRE.

Shore, Ofley B., M.D., Physician to the General Infirmary, Derby  
Webb, William, M.D., Wirksworth

### DEVONSHIRE.

Feunise, Andrew, L.R.C.P.Ed., Lymptone  
May, John H. S., Esq., Plymouth  
Scott, Andrew J., M.D., Tiverton

### DORSETSHIRE.

Hingeston, William, Esq., Lyme Regis

### DURHAM.

Bennett, Francis, Esq., Surgeon to the Dispensary, Gateshead  
Parker, Thomas P., M.D., Consulting Physician to the Infirmary, Sunderland  
Watson, Henry W., Esq., Burnopfield

### ESSEX.

Gimson, William G., M.D., Witham  
Hamilton, Jno. B., L.R.C.P.Ed., Caroline Villas, Leytonstone Road  
Reynolds, Robert, Esq., Steeple Bumpstead

### GLOUCESTERSHIRE.

Brush, James R., M.D., Stoke Bishop, Clifton  
Clark, Thomas E., Esq., Lecturer on Botany in the Bristol Medical School, Clifton  
Fegen, W., Esq., H.M.S. *Dædalus*, Bristol  
Graves, Ryves W., Esq., Surgeon to the Infirmary, Gloucester  
Kedell, George, Esq., Bristol  
Rogers, George, M.D., Bristol  
Wilson, Edwd. T., M.D., Physician to the Dispensary, Cheltenham

### HAMPSHIRE.

Case, William, L.R.C.P.Ed., Fareham  
Harvey, J. A. R., M.D., R.N., Southsea  
Norman, Henry B., Esq., Surgeon to the Portsmouth, Portsea, and Gosport Hospital, Southsea  
Parson, Edward K., Esq., Senior Surgeon to the Portsmouth, Portsea, and Gosport Hospital, Southsea

### HEREFORDSHIRE.

Beavan, James, Esq., House-Surgeon to the Infirmary, Hereford  
Smith, Joseph E., Esq., Ewins Harold

### HERTFORDSHIRE.

Russell, William A., L.R.C.P.Ed., St. Alban's  
Whately, Thomas, Esq., Berkhamstead

### HUNTINGDONSHIRE.

Wright, Samuel, Esq., St. Neot's

### LANCASHIRE.

Coveney, James H., Esq., Prestwich  
Davies, Thomas P., Esq., Pendleton  
Leete, Edward S., Esq., Newton-le-Willows  
Lowndes, Henry, Esq., Junior Surgeon to the Northern Hospital, Liverpool  
McNicol, David H., M.D., Southport  
Parks, John, Esq., Bury  
Roberts, David L., M.D., Surgeon to St. Mary's Hospital, Manchester

Samelson, Adolph, M.D., Surgeon to the Eye Hospital, Manchester  
Smart, Robert B., Esq., Surgeon to the Hospital for Children, Manchester

Williams, John, M.D., Alderley Edge

### LINCOLNSHIRE.

Garnham, Devereux J., Esq., House-surgeon to the General Dispensary, Lincoln  
Harvey, Richard S., Esq., Lincoln  
Hewson, John S., Esq., Senior Surgeon to the County Hospital, Lincoln

### MIDDLESEX.

Atkins, J. R., M.D., Grove House Asylum, Stoke Newington Green  
Barker, Alfred J., M.D., Upper Holloway  
Blackstone, Joseph, Esq., Gloucester Road, Regent's Park  
Bridgeman, George W., Esq., 73, Margaret Street

Bryant, Thomas, Esq., Assistant-Surgeon to Guy's Hospital, Finsbury Square

Burrows, William A., Esq., Quadrant Villa, Islington  
Cabill, Thomas, M.D., Albert Terrace, Knightsbridge  
Challice, John, M.D., Great Cumberland Street

Clark, Alfred, Esq., Twickenham

Clark, Andrew, M.D., Assistant-Physician to the London Hospital,

Montague Street, Russell Square

Cornack, John Rose M.D., Bedford Square

Dick, Henry, M.D., Wimpole Street

Dixon, Thomas, M.D., Forchester Place, Bayswater

Dow, John, Esq., St. Martin-le-Grand

Edwards, D. O., Esq., Gilston Road, Brompton

Eyles, Richard S., Esq., St. Devon's Court, Holborn

Forbes, John Gregory, Esq., Devonport Street, Hyde Park

Forstyth, John, Esq., C.B., late Bengal Medical Service, Oriental Club

Fraser, Donald, M.D., Harrington Square

Galton, Robert Cameron, M.D., Harley Street

Gibson, Jno. R., Esq., Surgeon to Newgate Prison, Russell Square

Grant, Alexander, Esq., late Bengal Medical Service, Park Road, Haverstock Hill

Hawkins, Francis, M.D., Registrar to the Medical Council, Bolton Street

Hayward, Henry H., Esq., Queen Anne Street

Headland, Edward, Esq., Upper Portland Place

Holt, B., Esq., Surgeon to the Westminster Hospital, Savile Row

Hunt, Alfred, Esq., Hammersmith

Kelly, Hubert E. C., M.D., Pinner

Kisch, Joseph, Esq., Circus Place, Finsbury

Kitching, George, M.D., Enfield

Langmore, John C., M.B., Oxford Terrace

Latham, Peter M., M.D., Grosvenor Street

Leared, Arthur, M.D., Physician to the Great Northern Hospital, Old Burlington Street

Lee, Newton B. C., Esq., Talbot Terrace, Westbourne Park

MacKmurdo, Gilbert, Esq., F.R.S., Surgeon to St. Thomas's Hospital, New Broad Street

Mapleton, Henry, M.D., Inspector General, Army Medical Department, Whitehall Yard

Musket, William B., M.B., Fulham

Norton, Robert, M.D., Westbourne Grove West

Pearse, George, L.R.C.P.Ed., Regent Street, Westminster

Phillips, Richard, Esq., Leinster Square

Randall, John, M.D., Medical Officer to St. Marylebone Infirmary, Portman Street

Rose, Henry Cooper, M.D., Hampstead

Sankey, William H. O., M.D., Asylum, Hanwell

Skey, Frederick C., Esq., Surgeon to St. Bartholomew's Hospital, Grosvenor Street

Slyman, William D., Esq., Wellington Road, Kentish Town

Smith, Thomas, Esq., Demonstrator of Anatomy at St. Bartholomew's Hospital, Montague Street

Smith, Wm. A., M.D., Physician to the City Dispensary, Doughty Street

Stone, Thomas A., Esq., Grosvenor Street

Witten, Edward W., Esq., Gibson Square

### MONMOUTHSHIRE.

Davies, Benjamin, M.D., Newport

### NORFOLK.

Aldred, Charles C., Esq., Great Yarmouth

Clouting, John R., Esq., Shipdham

Johnson, W. H., Esq., Thetford

Palmer, Charles, Esq., Surgeon to the Hospital, Great Yarmouth

Peurice, David S., Esq., Tombland, Norwich

Rump, Hugh R., Esq., Wells

Smyth, Spencer T., M.D., Senior Surgeon to the Hospital, Great Yarmouth

Vores, William, M.D., Great Yarmouth

### NORTHAMPTONSHIRE.

Bolland, Edward H., M.D., Daventry

Dudley, Edward, Esq., Yardley Hastings

### NORTHUMBERLAND.

Candlish, Henry, M.D., House-Surgeon to the Infirmary, Alnwick

Gibb, Chas. J., M.D., Surgeon to the Infirmary, Newcastle-on-Tyne

### NOTTINGHAMSHIRE.

Stevenson, Frederick, Esq., Nottingham

### SHROPSHIRE.

Beddoes, William M., M.D., Shrewsbury

Brook, Henry, Esq., Bishop's Castle

Eddowes, William, jun., Esq., House-Surgeon to the Infirmary, Shrewsbury

Willing, George F. B., Esq., Cressage

### SOMERSET.

Gaine, Charles, Esq., Bath

Kinglake, Hamilton, M.D., Taunton

### STAFFORDSHIRE.

Girdlestone, William T., Esq., Penkridge

Proctor, Herbert E., L.R.C.P.Ed., Wednesbury

### SUFFOLK.

Blackett, Edwd. R., M.D., Physician to the Dispensary, Southwold

Elliston, William, M.D., Ipswich

Smith, Charles C., Esq., Consulting Surgeon to the Suffolk General Hospital, Bury St. Edmunds

## SURREY.

Clark, F. Le Gros, Esq., Surgeon to St. Thomas's Hospital, St. Thomas's Street, Southwark  
 Rendle, James D., M.D., Medical Officer to the Government Convict Prison, Brixton Hill  
 Spitta, Robert J., M.D., Medical Officer to the Clapham Dispensary, Clapham Common

## SUSSEX.

Adey, Charles A., M.D., Physician to the East Sussex Infirmary, St. Leonard's-on-Sea  
 Dill, Richard, M.D., Brighton  
 Taylor, William E., M.D., Pulborough

## WARWICKSHIRE.

Foster, Balthazar W., L.K. & Q.C.P.L., Medical Tutor, Queen's College, Birmingham  
 Robinson, Edmund, Esq., Birmingham

## WILTSHIRE.

Vicary, Charles, Esq., Warminster

## WORCESTERSHIRE.

Roden, William, M.D., Kidderminster

## YORKSHIRE.

Dadley, John W. F., Esq., Farington  
 Harrison, Samuel N., Esq., Farington  
 Roberts, Edward S., Esq., Hull

## WALES.

Covernton, Charles J., L.R.C.P. Ed., Knighton  
 Gilbertson, Richard, Esq., Aberystwith  
 Harrison, Reginald, Esq., Merthyr Tydfil  
 Jones, Richard, M.D., Newtown  
 Jones, Watkin W., Esq., Ruthin  
 Phillips, George, Esq., Haverfordwest

## SCOTLAND.

Alexander, James, Esq., Leslie, Fife  
 Branwell, James P., M.D., Perth  
 Christie, James, M.D., Consulting Physician to the Royal Infirmary, Dundee  
 Dougal, Daniel, M.D., Strathaven, Lanarkshire  
 Dunbar, Henry, M.D., Glasgow  
 Dyce, Robert, M.D., Senior Physician to the Royal Infirmary, Aberdeen  
 Easton, John A., M.D., Professor of Materia Medica in the University, Glasgow  
 Fairless, William D., M.D., Medical Superintendent of the Old Royal Lunatic Asylum, Montrose  
 Ferguson, John, Esq., Oak Bank, Mull, Oban  
 Gilchrist, James, M.D., Medical Superintendent, Crichton Royal Institution, Dumfries  
 Kelly, Adam L., M.D., Glasgow  
 Lister, Joseph, M.B., F.R.S., Professor of Surgery in the University, and Surgeon to the Royal Infirmary, Glasgow  
 McColl, Hector, Esq., Tobermory, Argyshire  
 Mackie, George, M.B., Insch, Aberdeenshire  
 Macrae, Donald, Esq., Harris, Stornoway  
 Prichard, William, M.D., Partick, Glasgow  
 Ritchie, Charles, M.D., Physician to the Royal Infirmary, Glasgow  
 Scott, Thomas A. F., Esq., Lochmaben, Dumfriesshire  
 Sloan, Charles F., M.D., Ayr  
 Spence, James, Esq., Surgeon to the Royal Infirmary, and Lecturer on Clinical Surgery, Edinburgh  
 Thomson, Allen, M.D., F.R.S.L. & E., Professor of Anatomy in the University, College, Glasgow

## IRELAND.

Beamish, William, M.D., Physician to the Fever Hospital, Cork  
 Berry, Parsons, Esq., Mallow  
 Corry, Thomas C. S., M.D., Belfast  
 Croker, Charles P., Esq., Consulting Physician to Stevens' Hospital, Dublin  
 Hegarty, William, M.D., Kinsale  
 Neilson, Charles, Esq., Killala, Mayo  
 Ormston, Henry B., M.D., Bandon, Cork  
 Payne, Christopher J., M.D., Roundstone, Galway  
 Sproule, Jacob, Esq., Arvagh, Cavan  
 Stephenson, Robert, M.R.C.P. Lond., Belfast

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASH. & CHESHIRE. [Ordinary.]	Royal Institution, Manchester.	Thursday, March 12th, 3 P.M.

## NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

## LANCASHIRE AND CHESHIRE BRANCH.

An ordinary meeting of this Branch will be held at the Royal Institution, Manchester, on Thursday, March 12, at 3 P.M. Notice of papers, etc., to be sent to the Honorary Secretary.

Dinner will be provided at the Clarence Hotel, Spring Gardens, at 5 o'clock.

A. T. H. WATERS, M.D., *Honorary Secretary.*

Liverpool, February 16th, 1863.

## BATH AND BRISTOL BRANCH: ORDINARY MEETING.

An ordinary meeting of the Bath and Bristol Branch was held at the Athenæum, Bristol, on February 26th, 1863; W. J. CHURCH, Esq., President, in the Chair. There were present forty-four members and thirteen visitors.

The minutes of the last ordinary meeting were read and confirmed.

*New Member.* George Rogers, M.D., was elected a member of the Association and of the Branch.

*Papers.* The following papers were read:—

1. Case of Obstruction of the Bowels. By J. Deddoe, M.D.
2. Case of Cæsarian Section. By R. W. Coe, Esq.
3. Cases of Puerperal Convulsions, with remarks. By J. G. Swayne, M.D.
4. Case of Puerperal Convulsions. By S. H. Swayne, Esq.
5. On the Use of Metallic Ligatures. By W. M. Clarke, Esq.

Several other papers had to be postponed on account of the late hour of the evening.

The papers read will be sent to the JOURNAL for publication.

## Reports of Societies.

## LIVERPOOL MEDICAL INSTITUTION.

FEBRUARY 5, 1863.

A. B. STEELE, Esq., Vice-President, in the Chair.

*Small-Pox.* The CHAIRMAN remarked that he had just had a fatal case of small-pox. The patient, who had never been vaccinated, had the disease in its completest form; and the eruption appeared in great intensity on the body and limbs. A man in the same house who had been vaccinated, had the disease in a mild form, and was recovering when this patient was taken ill.

Mr. FLETCHER said that there was no case of small-pox at present in the workhouse, and that there had been very little of late; but fever was still very prevalent, and twenty-nine cases were admitted into the Fever Hospital last Wednesday.

*Malignant Disease of the Eye.* Mr. BICKERTON shewed an eye affected with malignant disease, which he had extirpated.

*Fibro-cystic Tumour of the Uterus.* Mr. HAKES shewed a specimen of this form of disease which he had removed from a married woman, aged 42. She had two children, the youngest of whom is about 15 years old. She first noticed the tumour in September 1861, and she came to be tapped in February 1862. [The case was reported in the letter of our Liverpool correspondent last week.]

Mr. Hakes thought it almost impossible to diagnose in some cases between uterine and ovarian tumours.

Mr. FLETCHER said it was singular there should have been two fibro-cystic tumours of the uterus removed in

Liverpool in one year. In the case he himself had operated on, there was more solid matter in the tumour. These cases were very rare. This fatal case of Mr. Hakes did not much affect the question as to whether we should operate in cases of uterine tumour. Failure of strength seemed the only cause of death, and the state of the peduncle and other parts concerned in the operation was encouraging.

Mr. HIGGINSON suggested that in tying the peduncle, in some cases, a thread might be included in the ligature, with which the wire might be brought out if the woman lived.

Mr. FLETCHER thought the thread itself would be a great source of irritation, whereas we have no evidence of any disturbance being caused by the presence of the wire.

The CHAIRMAN said that, out of eleven cases, operated on in Liverpool for ovarian disease, there had been five recoveries and six deaths.

Mr. DENTON observed that we are told that an age past the meridian of life is favourable, and that so is also a moderate amount of inflammation. In this case there were both of these requisites, and still a fatal result.

*Hydatidiform Degeneration of the Ovum.* Dr. GRAMHAM shewed a specimen.

*Ligature of the Internal Iliac Artery.* Mr. HIGGINSON shewed a portion of the internal iliac artery to which he had applied a ligature in a case of hæmorrhage in the gluteal region. A man named Thomas Carroll was admitted into the Liverpool Southern Hospital, on January 4th, 1863. Five weeks previously, he had fallen off a railway bridge and received severe contusions about the hips and back. He was under the care of Dr. Thomson of Aigburth, and recovered so far as to be able to walk a mile to mass; but this exertion was followed by considerable pain and swelling in the gluteal region, with much irritative fever. A small opening was made on December 21st, in the most prominent part, and a little sero-purulent matter escaped, without any diminution of the swelling. Four days after, as the man was attempting to get out of bed, a copious discharge of blood took place from the incision, but was easily stopped by pressure. For some days there was a copious discharge of bloody pus, and on January 2nd, there was a second sudden gush of blood, which was again easily checked by pressure. Dr. Thomson now sent the man to the Southern Hospital.

On his admission, Mr. Higginson removed the compress, and great hæmorrhage immediately ensued. He found a deep space full of gangrenous tissue and blood; on examining the surrounding parts, he found a spot which was soft and inflamed, and into it he passed a grooved needle, and a little bloody fluid oozed out. Soon afterwards, a great gush of blood took place; Mr. Higginson then passed his finger into the wound and turned out a clot, and found that the wound extended deeply down towards the sacro-sciatic notch. He now plugged the wound; and, in consultation with Dr. Nottingham, decided to perform ligature of the internal iliac artery. The man was very low and weak. The operation was performed at 8 P.M. by Mr. Higginson, without much difficulty, and without any loss of blood. The man died at 10 the following morning. Mr. Higginson said that, if he had known how rapidly the man was sinking, he would have performed transfusion. On examination after death, Mr. Higginson found there was a fracture of the sacrum near the attachment of the sacro-iliac ligaments; the tissues about were much infiltrated with blood, and the gluteus maximus was much separated from its attachments. The exact point from which the bleeding had proceeded could not be discerned.

Mr. Higginson remarked that, if he regretted anything in regard to this case, it was that he had not resorted to transfusion of blood, and, in support of the propriety of

this proceeding, he cited the following instance of its successful employment.

J. C., aged 51, a ship-carpenter, came into the Southern Hospital on May 18th, 1860, with inflammation of the front of the left forearm. On the 12th, an incision was made through tissues tense with infiltrated serum, but no pus flowed at the time. The discharge soon became purulent, and great burrowing of matter, and sloughing of cellular tissue throughout the forearm took place, and free openings were made from time to time. He had two sudden attacks of hæmorrhage from these sinuses prior to June 16th; but on that day a more alarming gush took place, and the brachial artery was tied at the elbow. He lost no more blood, but the state of the arm pointed to the necessity for amputation; while, on consultation, the patient was thought too much prostrated to bear it.

On the 17th, as he had not at all rallied, but rather the reverse, transfusion was performed by Mr. Higginson, by injecting into the sound arm about twelve ounces of blood taken from the man's daughter-in-law. The patient now improved so satisfactorily that on the 18th, the diseased arm was removed above the elbow. He made good progress until the 24th, when the left leg and thigh became enormously swelled and of a purple hue, and the circulation in the limb seemed arrested. This swelling gave way, however, to frictions with lard, and the free use of rum and milk as diet. He left the hospital, cured, twelve weeks after admission.

Dr. THOMPSON mentioned two other cases, that had come under his notice, of severe hæmorrhage in the gluteal region. In one, a marine received a wound which was followed by alarming bleeding, but this was arrested by pressure. In the other, a boy, four years old, was wounded with a knife, and the hæmorrhage that ensued could not be completely stopped by pressure; Dr. Thompson would have tied the internal iliac, but the child's parents would not consent. The boy was taken to Dublin, and was under the care of Colles and others, and they would have tied the internal iliac, had not the child died in the meantime.

The CHAIRMAN asked if the great principle of cutting down to the bleeding vessel, and tying it above and below the bleeding point, could not be applied to these cases.

Mr. HIGGINSON said this case must be considered almost aneurismal in its nature. If any one had attempted to search for the wounded vessels, what difficulties he must have encountered; the man was fleshy and the cavity deep; the gush of blood would have been excessive unless the abdominal aorta were compressed.

Mr. HAKES said that often, where there are large collections of blood and great hæmorrhage, laying the cavity freely open will suffice to stop the bleeding. He had seen such the case in abscesses in the neck and scrotum. In this case, perhaps, some little vessel might have been found bleeding, and secured. He thought this would have been better than proceeding to so serious an operation; or, again, it might have been better, as the bleeding was stopped for the time, to have done nothing, and waited for further indications.

Mr. FLETCHER alluded to the case of Mr. Seaton, in Mr. Liston's practice. He thought in a case like that of Mr. Higginson we ought to tie the gluteal artery, if possible; with regard to compressing the aorta, Mr. Syme cut into an aneurism, and tied the external, internal, and common iliac, compressing the aorta in the meantime.

Mr. HIGGINSON could not agree that it would have been safe or prudent to open out the cavity and search for the vessel; the blood welled up copiously from a great depth, and might have proceeded from some vessel quite within the pelvis.

*Empyema in a Child, for which Paracentesis was Performed.* Mr. HODGSON read a case. The child had re-

cently had scarlatina and measles, a very short time before. The empyema appeared to have come on without any very acute symptoms of pleurisy. On November 20th, 1862, the child was sitting erect, with great dyspnoea, and on examining the chest, Mr. Hodgson found the left pleura full of fluid, the heart pushed to one side, and great distension of the abdomen. The presence of pus was diagnosed from some appearance of pointing. The operation was performed by Mr. Higginson, on December 13th, and a pint of pus evacuated with great relief; on the 24th, the operation was repeated, and the child died two days afterwards.

The left lung was found to be compressed against the vertebrae, and completely condensed; the heart pushed to the right side. There was a mulberry calculus in the right kidney. Mr. Higginson thought the operation had been deferred too long in this case. The lung was excessively compressed, and the walls of the thorax rigid.

Dr. Vose alluded to the hopeless nature of these cases in general. The lung was shrunken, carnified, more like the sole of an old boot than a lung; its tint is all of lung that remains. As an operation for the cure of empyema, paracentesis was most unpromising; but where there is hopeless dyspnoea, and syncope is threatened, we have no alternative but to give what relief the operation affords.

Dr. CALLON mentioned a case in which paracentesis had been performed, with only a partial escape of the fluid. After death, the pleural cavity was found divided into two by adhesions, and the surfaces covered with medullary cancer.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 24TH, 1863.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

REMARKS ON TWO CASES OF KELIS. (WITH PHOTOGRAPHS AND COLOURED DRAWINGS.) BY DEPUTY INSPECTOR-GENERAL T. LONGMORE.

The writer referred to the paper by the late Dr. Addison, in the thirty-seventh volume of the Society's *Transactions*, on the Keloid of Alibert, and on that form of Kelis which he (Dr. Addison) considered to be of a distinct character, and which he designated True Keloid. The two cases now brought to the notice of the Society were very striking illustrations of these two forms of keloid disease; but the writer was led to question whether evidence was not afforded by them that they were only simple varieties of one and the same affection, dependent upon the same keloid constitution of the dermal tissue, and owing their different features solely to the differences in the exciting causes.

In the first case the disease was developed after punishment by flogging, of a comparatively light nature. There was scarcely any laceration of the skin. About three months after the date of punishment the soldier noticed a growth upon the spot where the flogging had been chiefly received. This growth gradually increased from a small round tubercle to a large flat mass, nearly as large as a man's hand. It was not accompanied with pain, but there was irritability, itching, and tenderness, when the part was subjected to the pressure of the cross-belt and weight of the knapsack. On the front of the patient's chest were several small tumours, evidently of the same nature, but the date of the first appearance of those growths could not be ascertained.

The disease in the second case was more extensive than had been described by any writer hitherto, and presented a most remarkable appearance. It was of the kind which Dr. Addison considered should be separated from the former variety under the name of "true keloid." The patient, a cavalry soldier of strong powerful frame,

went to India with his regiment in November, 1857. Five months afterwards, at the commencement of the hot season, he began to suffer from lichen tropicus, in common with all the other men of the regiment. About a month afterwards the keloid disease began to show itself, in the form of a few prominent red tubercles on the right forearm. It next appeared over the middle of the sternum, and thence extended gradually towards the two sides of the body. At the same time it appeared on the left shoulder and various parts of the back, and continued to spread until it had covered the entire dorsal surface of the body. The skin of the face was also affected.

The physical characters and accompanying symptoms of the disease in both instances were fully described in the historical accounts of the cases presented to the Society. Their characteristic features were represented in the drawings and photographs.

The writer urged that no two more striking examples of the two species, "true keloid" and "spurious keloid," according to those who designate them as distinct species, could be met with than the cases brought to the notice of the Society. He argued, however, that, in the case in which the kelis was excited by flogging, the comparative slightness of the punishment, the rarity of such a consequence, but more particularly the presence of the keloid spots in their favourite habitat—the skin covering the anterior part of the chest,—established the constitutional nature of the disease, just as fully as it was established in the second case, where it appeared to follow the excitement of the prickly heat. The fact, too, that the general characters of the diseased growths in both instances were alike, and that in each instance the hypertrophy was greatest where the pressure of the cross-belt was chiefly exerted, confirmed still further the identity of their nature. The deduction was hence drawn, that, both the patients being of a keloid diathesis, the difference in the mode of distribution, and in some of the features, of the diseased growths in the two cases could be accounted for by the different natures of the exciting causes.

No treatment had appeared to exert permanent beneficial change in either case. The fact that the pressure of the cross-belt acted in each instance as a stimulus to increased growth was held to be a sufficient argument against treatment by continued pressure, which had been recommended by some surgeons. The evidence of the constitutional origin in the case where the chief tumour was isolated upon the left shoulder, as well as the nature of the immediately exciting cause, had counter-indicated any attempt at cure by extirpation.

AN ESTIMATE OF THE EXTENT TO WHICH HUMAN LIFE HAS BEEN PROLONGED OR ABRIDGED BY OVIOTOMY. BY ROBERT LEE, M.D., F.R.S.

Dr. LEE, after stating that statistical tables of ovariectomy had been compiled with great labour at different periods by various eminent individuals, proceeded to analyse the tables of Dr. Clay published in 1860, which comprised in all 567 cases. Of these, 242 were considered successful, and in 235 the patients died from the direct effects of the operation. If 477 cases were deducted from 567, there remained 90 cases. Whether, however, life was prolonged or abridged in these cases, Dr. Lee could not state, as he had been furnished with no information on the subject. The author averred that since 1860 the operation of ovariectomy had been performed in numerous cases in Great Britain, and that a number of fatal cases had occurred of which no report had been published. In illustration of this statement, he gave brief accounts of thirteen unsuccessful cases, not hitherto published, of which he had obtained information. Dr. Lee concluded his remarks with the statement that he considered it demonstrated that ovariectomy was an unjustifiable operation where the life of

the patient was not in immediate danger, and where there was not a great probability of the life of the patient being saved by the removal of the disease.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, FEB. 20TH.

M. BAINES, M.D., Vice-President, in the Chair.

### ON THE THERAPEUTICAL VALUE OF COD-LIVER OIL IN CHRONIC CONVULSIVE DISEASES.

BY F. E. ANSTIE, M.D.

THE author's attention had first been directed to cod-liver oil as a remedy for affections of this class, in consequence of his obtaining some years ago an unexpected success with it in a case of chorea which had resisted all the ordinary modes of treatment. The convulsive diseases in which the author has employed cod liver oil are paralysis agitans, simple epilepsy, chorea and mercurial tremor, and in all these affections it has appeared to be more constantly useful than any other medicine. Of paralysis agitans, four cases were detailed, of which three were very decidedly improved and one of them may have been said to be cured, although the affection had been very severe. Of chorea, one case was detailed, and others were alluded to in which the benefit produced was very marked. Of mercurial tremor, one most remarkable case was related, in which the cause of the mischief was a very unnecessary salivation inflicted by medical authority some thirty years previously; the patient was attacked immediately afterwards with dreadful tearing pain in the muscles of the fore arms and calves, and with violent muscular tremors; and, ever since that time, she has been liable to a recurrence of the symptoms when much fatigued or depressed from any cause. On application to Dr. ANSTIE, at the Chelsea Dispensary, cod-liver oil was prescribed and persisted with for five weeks, at the end of which time, all the symptoms had perfectly disappeared; the patient declared that she had never been cured before in less than six or eight months, and she doubted whether any other medicine than the oil had ever really done her any good. Twice since she has had slight recurrence of the symptoms, but a short course of cod liver oil has, on each occasion, given complete relief. Of simple epilepsy, twenty cases were given, in which the treatment had been confined to the use of cod-liver oil. Of these, there were five upon whom no good effect whatever was produced; seven had completely recovered; two had disappeared from supervision at a time when they were rapidly improving, although they could not be said to be cured; in two others the mental symptoms had greatly improved, but the fits remained as before; four patients remain still under supervision; in two, fits have ceased, although there are still frequent prodromata; and in the remaining two but little good has yet been effected. Besides this general summary of results, Dr. ANSTIE detailed the particulars of three cases which, from their severity, might be said fairly to test the remedial power of the oil. The patients were respectively a girl aged 17, a boy aged 13, and an infant aged 7 months, in all of them the fits were very frequent and severe, and the nervous system exhibited signs of great depression. The case of the infant was specially noticeable, because it was proved by microscopic inspection that the milk of the mother was very deficient in oily matter, and it appeared that in a former infant of the same mother precisely the same train of symptoms had appeared, and had terminated fatally. In all these three cases, the treatment had proved perfectly successful, and the author commented strongly on the fact, that in all these cases the general nutrition of the body had been excellent, and only that of the nervous system had appeared deficient, and said the conclusion appeared inevitable, that the oil had expended itself in enriching the nervous centres. This,

indeed, was the principal point of the paper. The author directed attention to Dr. Radcliffe's remarks on the necessity of fat to the nutrition of the nervous centres, and mentioned the fact that that gentleman had found cod-liver oil of the highest value in the treatment of convulsive diseases. He observed also, that the beneficial action of cod-liver oil was quite consistent with what we know of the action of the few other remedies which careful therapeutical investigation has credited with a really beneficial action in chronic convulsive diseases. Steel, arsenic, quinine, all these may fairly be spoken of as foods.

With regard to sedatives, the author remarked that, in the first place, the good effects which could be expected from them were chiefly temporary and such as result from breaking through for a time the evil habit, so to speak, of convulsive action. Secondly (and this was most important), there was strong reason to believe that it is not the really narcotic effect of these remedies which are of service in preventing or arresting convulsive action; but merely the stimulant effects which can be obtained from small doses; for there is no class of remedies which is more useful in preventing or arresting convulsions than the pure stimulants. The author concluded his paper by deprecating strongly any return to the absurd system of hunting about blindly for specifics for chronic convulsive diseases. The progress of clinical observation was blasting the reputation of one after another of the strange out of the way remedies, which had once been accepted with the blindest faith, and was pointing unmistakably to a rational treatment of convulsive diseases by means of medicines whose actions it is possible to understand.

## Correspondence.

### GRATUITOUS MEDICAL SERVICES.

SIR,—Though I have read with interest the papers that have from time to time appeared in our JOURNAL on the subject of Gratuitous Medical Services, I must own that they have generally failed to approach the subject in the right direction; and that consequently, their influence on public opinion is productive of nothing more than a placid assent to the unquestionable and just conclusions of the writers. But this is not what the profession requires. We consider that our kindness and forbearance are abused, and that the system of gratuitous medical services has grown into one of the most monstrous anomalies of our times. We have allowed the axiom that "the labourer is worthy of his meat" to be ignored, and are now suffering the consequence of our own indiscretion and apathy. We, who are on the working staff of public hospitals, feel that we are at the same time doing injury to ourselves as a profession, by affording gratuitous relief to thousands who ought to be ashamed to appear in our hospitals, and misapplying public bounty to the loss—yea the robbery—of the poor. Most who have undertaken the honourable but cheerless task of ministering their profession under the Poor-law, feel how inadequate is the consideration that they receive for the endless labour and sacrifice demanded of them.

But all this is freely admitted by a discerning public, that only contemns an indifference to our just rights as a profession; while we confess, by our actions as well as by our words, that we have neither courage nor confidence in ourselves, sufficient to enable us to claim and assert our own.

What then can come of our grievances, and of our demonstrations of right, so long as we are content to grumble as individuals, and still bear our burdens; while as a body we quietly leave our case to time, and any re-



former of abuses who has leisure and inclination to help those who will not help themselves?

We waste our energies in persuading the public that our onerous duties in its service claim some adequate and proportionate subsidy, so long as we are not true to ourselves, and unite to demand it.

Think we that they will be paid for their services who are contented to work for nothing, or are too indifferent to ask for wages? No! we are not united enough to be true to ourselves, and so, as we have ever been defrauded, we must be till as a body we cooperate to resist imposition.

The time surely has come for us to demand that the managers of hospitals shall no longer require us to administer our alms, as well as theirs, to recipients of public bounty, adorned in velvet mantles, hats and feathers, and bespangled with gold chains, and earrings. It is time that the hypocrisy of well-to-do tradesmen and their families, who elbow out our poor patients, and indigent, under the mean guise of seeking "the best advice" at our hospitals, cheat us of what we are expected to give to those who cannot otherwise have our help, be exposed. It is time that our Poor-law Medical Officers should be paid as well as "the leech" who drenches or administers a bolus to an old or infirm quadruped. Instead of the pittance which barely pays "the bar," and which Tony would decline for running an errand a-foot.

Then let the profession awake to a just sense of what is due to its members; let it determine to dispense its gratuitous services to those only who would ask advice gratis of a lawyer; the poor will never ask in vain of the neediest of us; let it no longer tolerate gratuitous advice to Life Insurance Offices, that are mean enough to pay commission to agents, but ask us for information on which thousands of pounds are risked, or not risked, and we are unpaid; let it maintain the right of its members to live by the exercise of its various functions, for assuredly there is little fear of people wasting all their substance on physicians now-a-days; let its members rally round one who, in seeking to sustain the status of the profession, has to bear persecution or loss; and, lastly, let the scandal that we are ever ready to supplant one another and take advantage of a brother practitioner's difficulties, cease from among us; let it be remembered that where one suffers, all suffer, and that the honour of one is the honour of all.

I am, etc., F.R.C.S.

February 1863.

#### RUSSELL v. ADAMS.

##### LETTER FROM F. C. V. PIKE, ESQ.

SIR,—Certain statements having appeared in some of the medical journals in reference to the late action of Russell v. Adams, to the effect that I was professionally engaged and my costs paid by Mr. Propert, I beg to state most unequivocally that my services were engaged by Miss Russell and her mother, with the latter of whom I had become professionally acquainted upwards of eighteen years previously.

The action of Russell v. Adams was commenced so far back as November 21st, 1861. It was not, however, until after incessant solicitations by Miss Russell and her mother that I, with the consent of Miss Russell's then attorney, assented on January 22nd in the present year to become the attorney for the plaintiff in that action.

I have not, directly or indirectly, received, nor do I expect to receive, any portion of my costs in such action from Mr. Propert; and I may add that I had no communication whatever with Mr. Propert with reference to my undertaking the prosecution of the action on behalf of Miss Russell.

I am, etc.,

F. C. V. PIKE.

6, Serle Street, Lincoln's Inn, March 4th, 1863.

#### PREFERMENT BY AFFECTION.

SIR,—In a recent number of the BRITISH MEDICAL JOURNAL, you did me the favour to insert a letter in reference to the appointment of a non-resident, recently qualified gentleman as certifying surgeon at Oldham. As I have reason to believe the subsequent proceedings of the medical practitioners here have been watched with considerable interest and anxiety by our brethren in other towns where similar appointments are in the gift of the inspectors of factories, I ask your indulgence whilst I give your readers, either as a guide or a warning, the concluding chapter of this disgraceful episode.

At a numerously attended meeting of the medical profession resident in this town and neighbourhood, it was unanimously resolved that a deputation should wait upon the Home Secretary, for the purpose of laying before him the whole circumstances of the case, and of urging him, on the grounds of equity, to revoke the appointment. A memorial to the Town Council of Oldham was also signed by every medical practitioner in this borough, except by the gentleman who holds the corresponding appointment to the one in question, bringing the matter prominently before them. This appeal, to the honour of the Council be it told, was most heartily responded to. Not only was our memorial favourably received, but, by every gentleman who spoke, the appointment was severely animadverted upon; and the Council unanimously adopted, on public grounds, the following memorial; and resolved that J. M. Cobbett, Esq., and J. T. Hibbert, Esq., the members of Parliament for the borough, should be requested to present it.

"To the Right Hon. Sir George Grey, Bart., Her Majesty's Secretary of State for the Home Department.

"The memorial of the mayor, aldermen, and burgesses of the borough of Oldham, in the county palatine of Lancaster, in council assembled, under the common seal,

"Sheweth,—That this Council views with much dissatisfaction and regret the recent appointment made by Alexander Redgrave, Esq., of Mr. Robert William Coles, jun., to the office of certifying surgeon to the factories, lately held by Mr. Earnshaw, inasmuch as there are numerous resident practitioners in the borough of standing and experience, eminently qualified to serve the office.

"That it is manifestly unjust to the whole profession resident and practising in the borough, that their claims and qualifications should be overlooked in favour of a young gentleman entirely unknown to the public, non-resident, and only recently qualified; and your memorialists humbly pray that you will revoke the appointment of Mr. Coles, and give directions that the same be conferred on some resident medical practitioner."

This memorial was accordingly presented; and a deputation, consisting of Messrs. Abraham Leach, A. Thom Thomson, and Dr. S. H. Armitage, accompanied by the members for Oldham, afterwards had an interview with Sir G. Grey at the Home Office. They were courteously received and attentively listened to; but were given to understand that, unless they could advance some legal or moral objection, he (Sir G. Grey) did not think he could interfere with Mr. Redgrave's nomination. The only legal ground the deputation were prepared to urge, and they had authority for thinking it fatal to the appointment, was this: that the Act of Parliament (7 and 8 Vict., c. 15) provides that the person receiving the appointment shall be practising medicine or surgery; and that, as Mr. Coles was only acting as an assistant to another surgeon in a neighbouring town, he could not be considered to be practising within the meaning of the Act. This point Sir George Grey reserved for consideration, and promised an early decision. That decision has now reached us, and, as we anticipated, is unfavour-

able. Avoiding altogether the question of justice or equity, he merely, through his secretary, states that, having referred the complaint of the appointment of Mr. Coles, jun., to Mr. Redgrave, the inspector, and having received his reply, he (Sir G. Grey) does not think there are any grounds which would justify him in revoking the appointment which the inspector was authorised by law to make, and which could only be properly revoked by him, on clear evidence of some legal or moral disqualification, of which he considers there does not appear to be any proof in the present case.

So end our efforts—not altogether futile, let me hope, in this, the *first* clear case of nepotism in the patronage of these factory appointments. It is to be hoped it may not form a precedent.

Hitherto, we have had reason to boast that the rank weeds of nepotism have found no congenial soil in our profession. More favoured in this respect than our clerical sister, patronage in life and limb has been held too sacred a trust to be lightly exercised; and the relative or friend has had to find his natural level in the hard race for public preferment. So much the more is it our duty, jealously to watch for and expose any deviation from the strict path of rectitude, where a public trust is in question.

In almost all the manufacturing towns, where the position of certifying surgeon is within the reach of the profession, the great bulk of the population necessarily consists of the working classes. In such towns, however high a reputation a medical man may attain, he finds it necessary to build up his practice with such material as exists around him. There are no aristocratic or select practices, by which a competency may be realised from a comparatively limited number of patients; but, as a rule, the work is heavy and the remuneration light. Physical and mental toil soon tell their story; \* “the snow appears early on the mountains”; and the appointments connected with the factories—the only appointments of value in these districts, and arising, as it were of necessity, out of the very evils from which we suffer—are looked forward to as a haven, after the heat and burden of the day.

If patronage is to be exercised, as it has been by Mr. Redgrave in the case at Oldham, a serious question must sooner or later arise between our profession and the civil service. Subordinate officers will educate their sons with a certainty of preferment; the workshop and the foundry will give up their youth; some complaisant member of our profession, holding, or *expecting* to hold, a factory appointment, may be found willing to accept them as pupils without a fee; and a gross professional wrong, maturing for years, may find its consummation so soon as the fortunate neophyte has crossed the portals of the medical profession. It behoves all of us, therefore, to watch narrowly subsequent nominations emanating from the same quarter. The whole tribe of incompetent mediocrities and subservient hangers-on may in this instance sing a psalm over our failure; but, if any future Redgrave or Coles, trusting to this as a precedent, should contemplate the perpetration of a similar injustice, there shall at least be found on record the indignant protest of an outraged profession.

I am, etc., BETA.

Oldham, March 2nd, 1863.

\* In the town of Oldham, the mortality amongst medical men has been perfectly appalling. Only three of those practising eleven years ago are now alive. During that period twelve have died: nine of these died before attaining the age of 46 years; and nine, either primarily or secondarily of brain-disease.

## Medical News.

APOTHECARIES' HALL. On February 26th, the following Licentiates were admitted:—

Armstrong, James Hunter, Gravesend  
Nash, George Branstons Valentine, Royal Infirmary, Liverpool  
Slade, Robert, Poole, Dorset

At the same Court, the following passed the first examination:—

Wicksteed, Frank William Slow, St. Bartholomew's Hospital

### APPOINTMENTS.

Biggs, Robert, Esq., appointed Deputy Coroner for North Somersetshire.

Hogg, Jabez, Esq., appointed Surgeon-Oculist to the Royal Masonic Schools.

\*PRIESTLEY, William O., M.D., elected Professor of Midwifery in King's College, in the room of Arthur Farre, M.D., resigned.

SANDERSON, John B., M.D., appointed Assistant-Physician to the Middlesex Hospital.

THOMSON, John, Esq., appointed Certifying Surgeon under the Factory Act, for the district of Kilmarnock.

COLEMAN, Alfred, Esq.

FOESYTH, Frederick, Esq.

GREGGON, George, Esq.

\*HAYWARD, Henry H., Esq.

HILL, Alfred, Esq.

WALKER, Joseph, M.D.

} Appointed Assist. Dental Surgeons  
to the Dental Hospital of London.

### POOR-LAW MEDICAL SERVICE.

CREAN, Thomas J., L.K.Q.C.P.I., to be Medical Officer to the Marlfield District of the Clonmel Union.

FITZGIBBON, Patrick, L.K.Q.C.P.I., to be Medical Officer to the Clonmel District of the Clonmel Union.

KNILL, James, L.R.C.P.Ed., to be Medical Officer to the Nettlebed District of the Henley Union.

### ARMY.

ANDREWS, Staff-Assistant-Surgeon R. F., to be Staff-Surgeon, *vice* W. Snell.

GALBRAITH, Surgeon-Major G. T., M.D., 53rd Foot, to be Staff-Surgeon-Major, *vice* R. McNab, M.D.

M McNAB, Staff-Surgeon R., M.D., to be Surgeon 53rd Foot, *vice* G. T. Galbraith, M.D.

RUTHERFORD, Surgeon C. C., 99th Foot, to be Staff-Surgeon, *vice* U. W. Evans, M.D.

SNELL, Staff-Surgeon W., to be Surgeon 99th Foot, *vice* C. C. Rutherford.

To be Staff-Assistant-Surgeon:—

HAMILTON, Assistant-Surgeon J. B., 3rd West India Regiment.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

POCOCK, C. J., Esq., to be Assistant-Surgeon 1st Sussex A.V.

### BIRTH.

FLETCHER. On March 1st, at Manchester, the wife of \*J. Ogden Fletcher, M.D., of a daughter.

### DEATHS.

BORLAND, James, M.D., Inspector-General of Army Hospitals, at Teddington, aged 88, on February 22.

BOYCE, William, M.D., at Edinburgh, on March 1.

CAMPBELL, John, M.D., Surgeon R.N., aged 69, at Southsea, on February 24.

HESTER. On December 2nd, 1862, at New Orleans, Jeffreson, third son of \*James T. Hester, Esq., of Oxford.

HUTCHINSON. On March 2nd, at Scarborough, aged 52, Jane Innes, wife of R. S. Hutchinson, M.D.

\*MCNICOLL, Thos., Esq., Surgeon, at Liverpool, aged 41, on March 1.

SERCOMBE. On March 2nd, at Bournemouth, aged 3, Annie E., third child of \*Edwin Sercombe, Esq., of Brook Street.

STUART, John Graham, M.D., H.E.I.C.S., at Edinburgh, aged 65, on March 2.

WILLIS. On March 2nd, at Barnes, Eleanor, wife of \*Robert Willis, M.D.

BEQUESTS. The late Marquis of Lansdowne has left by will to Lord Montagu and the governors of Barrington's Hospital, in Limerick, the sum of £3,000, to be expended by them for the benefit of said hospital, provided that it shall be open at all times for the natives of the county of Kerry. The late Mr. William Block, of Muswell Hill, has left £500 to the Royal London Ophthalmic Hospital.

DR. GUGGENBUHL. The death of the famed physician of the Abendberg in Switzerland, the manager of a cretin establishment there, is announced. If report speak truly, his philanthropy has not interfered with his amassing of much money.

**BIRTHS AND DEATHS REGISTRATION (IRELAND) BILL.** This bill has been read a third time and passed in the House of Commons.

**UNIVERSITY OF OXFORD.** In a convocation holden on the 26th ult., a proposal that the sum of £1,000 be granted from the university chest towards the new buildings at the Radcliffe Infirmary was agreed to.

**SOUTH HANTS MEDICO-CHIRURGICAL SOCIETY.** The following officers have been appointed for the ensuing year:—*President*, John S. Bushnan, M.D.; *Vice-President*, John Wiblin, L.R.C.P.Ed.; *Secretary*, Henry Palk, M.D.

**ARMY HOSPITALS.** The entire staff connected with the Royal Artillery and Royal Engineer hospitals at Brompton Barracks, Chatham, together with the patients and attendants, vacated the hospitals on Saturday afternoon and took possession of Fort Pitt Hospital, which will in future be used as a general hospital for the entire garrison, on the removal of the Army Medical School and staff to Netley Hospital. A portion of the hospital hitherto used at Brompton barracks is still to be retained for the purposes of a hospital, in which the sick troops will be received and inspected previous to their removal to Fort Pitt.

**THE LEVÉE.** The following are the presentations of members of the medical profession which took place last week:—Mr. J. Moncrieff Arnott; Assistant-Surgeon Agnis; Surgeon H. Baillie; Dr. Butler; Mr. William Bowman; Mr. William Coulson; Assistant-Surgeon J. C. Corbyn; Sir Daniel Cooper; Dr. Acland; Dr. A. Anderson; Dr. T. K. Chambers; Staff-Surgeon-Major Dr. W. Dick; C. F. Du Pasquier; Surgeon W. C. B. Eatwell; Dr. C. J. Foster; Surgeon R. Gilborne; Dr. Gallagher; Surgeon-Major A. Grant; Dr. Francis Hawkins; Mr. C. H. Hawkins; Dr. E. Hilditch; Surgeon-Major Jee; Dr. W. Jenner; Dr. R. O'Shaughnessy; Dr. G. E. Paget; Mr. James Paget; Dr. E. Phillips; Mr. George Pollock; Mr. R. Quain; Surgeon H. Martin; Dr. G. C. Millar; Dr. J. M. Minter; Dr. Sieveking; Deputy Inspector-General C. J. Smith; Dr. G. Sykes; Assistant-Surgeon R. Turner; Assistant-Surgeon E. J. Vivian; Dr. Forbes Watson; Dr. J. Grant Wilson; Surgeon Young, and Surgeon-Major Wyatt.

#### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

**TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.

**WEDNESDAY....** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

**THURSDAY.....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

**FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.

**SATURDAY.....** St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8.30 P.M. Clinical Discussion. Dr. Thudichum. "On Cancer of the Pancreas; and on Purulent Disease of the Kidney, complicated with Disease of the Bladder;" and other communications.—Royal Geographical.

**WEDNESDAY.** Royal College of Physicians, 5 P.M. Dr. Risdon Bennett. Croonian Lectures. "On some Points connected with Bronchitis, and its Results."—Society of Arts.—Microscopical.—North London Medical.

**THURSDAY.** Royal.—Antiquarian.

**FRIDAY.** Royal College of Physicians, 5 P.M. Dr. Chambers. Lumen Lectures. "Formation of Mucus and Pus."—Astronomical.—Royal Institution.

**SATURDAY.** Statistical (Anniversary).—Royal Botanical.

#### TO CORRESPONDENTS.

.\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**MEDICAL HEALTH ASSURANCE.**—We are obliged to defer the publication of some letters on this subject till next week.

**UNLICENSED PRACTITIONERS.**—We would refer "An Old Associate" to something we have said in this day's JOURNAL on the subject of irregular practitioners. It does appear that in the present state of the law, any man, woman, or child, can practise medicine or surgery, if they can only find subjects to practise on. We see no way to arrest the course of the irregular person to whom our correspondent refers. This, however, we would add: that any practitioner of medicine who knowingly meets an unlicensed man in consultation is utterly without excuse, and deserves the severest condemnation of the profession. The laxer the law is, the more severe ought our ethical laws to be. We hope our correspondent is in error when he says that the person to whom he refers "is met in consultation by physicians of high repute, and yet withal is unlicensed, unregistered, and laughs in his sleeve at the medical profession".

COMMUNICATIONS have been received from:—Mr. J. Vose Solomon; Mr. Thorley; Mr. H. GRAMSHAW; AN ARMY MEDICAL OFFICER; Dr. CROMPTON; Dr. C. KIDD; Dr. J. O. FLETCHER; AN OLD ASSOCIATE; Mr. T. P. DAVIES; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. LIONEL BEALE; Dr. SIEVEKING; Mr. CARTER; Dr. BRYAN; Dr. THOMAS J. WALKER; Mr. R. W. COE; Dr. J. HEYGATE; BETA; Dr. HENRY MARSHALL; Mr. J. A. PEARSON; Mr. RADCLIFFE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. OGLE; Mr. PIKE; Mr. J. H. S. MAY; and Mr. T. M. STONE.

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# The London Medical Review

(enlarged eight pages) for March

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1. Dr. Tanner, "On Cancer of the Female Sexual Organs."
2. Dr. Inman, "Essays on Therapeutics."
3. Thomas Orton, M.R.C.S., "On Poisoning by Arsenical Paper-hangings."
4. Dr. Houghton, "On the Science of Medicine."
- ANALYTICAL AND CRITICAL REVIEWS.
5. "Diseases of the Chest." By Henry Wm. Fuller, M.D. Cantab., etc.
6. "The Renewal of Life: Clinical Lectures, illustrative of a Restorative System of Medicine, given at St. Mary's Hospital." By Thos. K. Chambers, M.D., F.R.C.P.
7. "On Diminishing the Danger of Corneal Suppuration in the Extraction of Cataract." By Dr. Albert Morren of Crefeld.
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These ends are to be accomplished without interfering with the valuable time of the Members of the Profession, or exposing them to the unpleasantness which necessarily attends applications for money, or to the uncertainty and risk of employing private collectors.

2nd. To assist Members with information and advice in the purchase and sale of Practices.

3rd. To raise a Benevolent Fund by devoting to that object the profits arising from the general operations of the Society.

The Society consists of qualified Medical Practitioners *only*. Annual Subscription, One Guinea; a Firm, consisting of two Partners, a Guinea and a half; a Firm of three Partners, Two Guineas. Fixed rates of Commission are also charged on business transacted.

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The Metropolitan Members of the Committee, with the Trustees, are responsible for all moneys received by the staff.

# Royal Medical Benevolent Col-

LEGE, EPSOM.—Notice is hereby given, that no applications on behalf of persons desirous to become candidates for admission to the College as PENSIONERS or FOUNDATION SCHOLARS at the next ensuing Election can be received by the Council after the Morning of the 16th of March inst., when the list of candidates will be finally closed, in order that the Balloting Papers may be printed. The Election will take place, as usual, in May.

By order of the Council,

ROBERT FREEMAN, Secretary.

Office, 57, Soho Square, London, March 4, 1863.

# Royal Medical Benevolent Col-

LEGE.—The Council have the pleasure to announce that the Right Hon. the EARL MANYERS has kindly consented to take the Chair at the ELEVENTH ANNUAL FESTIVAL of the College, which will take place at Willis's Rooms, King Street, St. James's, on Wednesday, the 29th of April next, when it is earnestly hoped that there will be a large meeting of the friends of the Institution.

The following Gentlemen have already undertaken to officiate as Stewards on the occasion, and a further list will be published shortly. Gentlemen who are willing to serve are requested to forward their names to the Treasurer, JOHN PROPERT, Esq., 6, New Cavendish Street, W. There is no liability attached to the office.

The Right Hon. the LORD MAYOR, M.P.

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By order of the Council.

ROBERT FREEMAN, Secretary.

Office, 57, Soho Square, London, March 4, 1863.

## Remarks

ON

### DR. BEALE'S CLINICAL LECTURE ON "THE RENEWAL OF LIFE".\*

BY

THOMAS KING CHAMBERS, M.D.,

HONORARY PHYSICIAN TO H.R.H. THE PRINCE  
OF WALES; ETC.

WHEN a professor at King's College deems certain opinions of sufficient influence for him to give a clinical lecture on the subject, warning his pupils against them, I think he may fairly claim a considerate reply.

The professor tells his class that *The Renewal of Life* gives an unfair representation of the doctrine of counterirritation, when it states that "the idea of counterirritant practice is to substitute one *disease* which is less dangerous and painful, or whose disorganising tendencies are but temporary, for another *disease* which may be dangerous or painful, or which tends to disorganise the body." His italics point his objection to this use of the word *disease*, which he says is not applicable to purgation and excessive diuresis. He has hit upon this as the fallacy which affects my argument.

Now, it is a well-known and an honest rule with controversial writers (among whom I suppose I must be classed in the introductory lecture above quoted), when stating the doctrines which they impugn, to take the wording from the best upholders of such doctrine. This rule I was careful to observe in the instance before us; my description of counterirritation is that given by Dr. Pereira, who calls it "the production of an artificial or secondary *disease* in order to relieve another or primary one." Again, he says, "one *disease*, whether artificially or spontaneously generated, will often, but not invariably, supersede another." (Pereira's *Materia Medica*, vol. i, part i, chap. 9.) I am not quoting Dr. Pereira as an authority in lieu of argument, but as an authoritative historian. Dr. Pereira saw clearly enough, as did also Dr. Parry and Dr. Pring, whose opinions he is elucidating, that every state of body which is not health is disease. It is quite indifferent to the pathologist, when investigating peculiar states in question, whether they are produced by a physician's drug, or a felon's poison, or an epidemic malaria, climatic influences, or organic changes in the patient's body. No progress in pathology can be made till this is clearly understood. And, what is of more importance, we should be very bad practitioners if we did not act upon it. In how large a proportion of our patients can that for which we prescribe be described by the nomenclature of the Registrar-General or any other nosologist? In half?

In one of Miss Young's delicate sketches of character, a strong-minded and strong-limbed young lady is described as having "no sympathy with unclassified diseases." She could pity a case of apo-

plexy or measles; but being "out of health" or "ill" found no favour in her sight. I fear the learned professor has a tendency towards the same condition of mind; for he further objects to my saying that drugs "make a sound man *ill*." Has he never heard of people being "ill of the doctor"?

He further says that it is dangerous to try and draw a line between healthy and diseased states. Yet he himself draws one; "ascertain," he says, "with accuracy what is going on, and contrast it with what physiology teaches us *ought* to go on." The latter is health; the former, if it differs, is disease; as I have taught, only in fewer words. This test will certainly include the operation of purgatives and diuretics as diseased actions.

Dr. Beale's next objection is a most serious one, and I am anxious to draw special attention to it, because it touches the real point my little volume was designed to raise. The clinical lectures there reprinted are put together with a view of illustrating, by bedside teaching, my proposition that all disease is best treated as a deficiency of life, as a degeneration from complete vital functions, and that all our most trusted remedial agents are beneficial, directly or indirectly, by restoring life. I grant that the proposition is a novel one, and that Dr. Beale is right, as a teacher, to look at it with suspicion. He is right, too, from the position he occupies, not to flood the question with quotations from authorities; but to handle it manfully and boldly himself. He upholds the converse proposition; viz., that disease may "consist of an excess of action"; that a diseased tissue may "exhibit greater evidence of vital activity than the same bulk of healthy tissue"; and, of course, he goes on to infer that the aim and intention of a physician should often be "to weaken life," though he does not go quite so far as Van Swieten's statement that this is all our art can do. He gives, as his instances, cancer and purulent or fibrinous pneumonia; so that I had better take them, as they doubtless tell more for his propositions than any others which could be given.

The fact that diseased parts are often increased in solid bulk is of serious import, and suggests two questions, both of very practical bearing:—

1. Does augmented bulk imply augmented general life in the individual?

2. Does it imply augmented local life in the part affected?

To the first question, a sufficient answer may be found in any of the medical or surgical wards of a hospital. It is not the burly, full-pulsed, red blooded man of large appetite and great muscular power that is most likely to exhibit a specimen of solid morbid matter, but the starved anæmic, quivering at a breeze or a blow.

In what corpse do you find the greatest weight of fibrine thrown out in the peritoneum in the shortest possible time? In one dead of puerperal fever—that is, in the weakest sex at the period of its greatest weakness.

In whom is rheumatic fever most likely to cause pericarditis, with its great masses of morbid matter? In the young overgrown person, especially if a female, more especially if an overworked, underfed maid-of-all-work, and still more especially if vital power is lowered (as M. Edwards has shown it to be) by cold.

\* See BRITISH MEDICAL JOURNAL, February 21st, 1863.

In whose heart do the consequences of this pericarditis most rapidly induce enlargement? Not in the well-fed and well-clothed; but at the same weakly time, in the same weakly sex, and under the same debilitating circumstances as the original lesion occurred.

Cancers and other tumours are found of quickest growth and most frequently in the least lively bodies, in the least lively parts, in the idle uterus, in the unused breast, in the cellular tissue, in scars, in parts half killed by wounds, injuries, or previous disease.

Take now the second question, and let us concede the possibility, that, while the general vitality of the individual is lessened, some part might exhibit an extra amount. But morbid processes are not evidences of it; they rather resemble developments of a lower form of life; their products, though abundant, are less vital than the normal growth whose place they take; their existence is temporary, and "they are not capable of becoming permanent constituents of the body, or of lasting as long as the individual." (Virchow's *Cellular Pathology*, p. 456.) Examine a patient with thickened heart during life, and the pulse does not strike your finger vigorously, the apex of the organ does not beat sharply against the ribs; indeed, the thicker it becomes, the less powerful is both pulse and beat, and the less actively does the blood course through the vessels. Examine it after death, and you will seldom fail to find a pale tissue with microscopical evidences of commencing fatty degeneration. Still more evident is the same degenerative tendency in cancer. The tissue of malignant tumours, directly it ceases to grow rapidly, begins to decay, to shrink, and be converted into fat. It is difficult to imagine local strength or local excess of life producing such a weakling crop.

In cancer, truly, there is a continuous reproduction of new foci of growth, a new progeny of prolific cells, which certainly does look like an extension of local life over a larger space, if not of the production of fresh local life. But when we should reflect that the highest and most vital function of nutritive growth is the retention of the form of the body or its separate parts; that in morbid augmentations of size this is lost; the regulating and forming power is absent, and the more so the more morbid and the larger the augmentation is.

The formlessness of cancers and of so-called hypertrophic tissues refers them to a lower grade of organic life than normal growth.

Size proves nothing; surely the professor would not maintain that there is more vitality in a jelly-fish than in a sprat, in a mushroom than in a flea.

This is not a mere question of verbal criticism or Sorbonnic controversy; it is a matter of life and death to our patients. If we treat cases of pneumonic consolidation by weakening life, by bleeding *coup sur coup*, by antimony, by starvation, we are doing our best to kill them; if we supply life by food, warmth, moisture, etc., we are doing our best to save them. If Dr. Beale tries to "weaken the life of a cancer" in the same way, it will grow all the quicker; if he will give the patient tonics, food, oil, and other restoratives, it is much more likely to become dormant.

Dr. Beale says that "few will agree" with me. He should not have used the future tense; for I fully

expect that soon not only all the class he was addressing, but the professor himself, will cordially agree with the theses he has made me responsible for. They must daily become more and more the guide to medical practice, and I should be glad to see them in the hands of teachers more influential than myself. In the meantime, I do not think he ought to have objected that they are "not supported by observations"; for I have done my best by illustrations from the patients at the time under the eyes of my pupils, and have appended twenty-seven lectures thus illustrated to the Introductory on which he comments.

## Short Clinical Lectures

ON

## THE FIRST PRINCIPLES OF MEDICINE.

Delivered at King's College Hospital.

BY

LIONEL S. BEALE, M.B., F.R.S.,

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### II.

#### ON THE VITAL CHANGES OCCURRING IN THE MUCUS-CORPUSCLE.

IN my last lecture, I was compelled to speak of *living cells*, changes occurring during *life*, *vital* phenomena, etc. It is right, therefore, that I should endeavour to explain what I mean by a *living cell*. I ought to tell you what goes on in a living cell, and how this living cell gives rise to other living cells. As long as our views upon these fundamental questions remain unsettled, we shall be unable to give an intelligible account of the simplest changes occurring in the very simplest structures in health or disease.

The words *life*, *vitality*, *vital* power, are used so vaguely and so carelessly in speaking of a patient's state, that it is my duty to attempt, at least, to describe to you what meaning I attach to them. Moreover, these terms have been used in very different senses. They have been applied to the organism as a whole, as well as to the separate elementary parts or cells of which the tissues are composed. Our life may be destroyed, but many of our tissues may exhibit vital actions for some time afterwards. Many of our tissues live longer than we ourselves live. In this lecture I restrict myself to the consideration of the *vital* changes which take place in individual "cells."

I have shown that a cell always consists of *living matter*, and matter that *has lived* (of germinal matter and formed matter), and that no structure exists *which is composed entirely of living matter*.

It is true that, in the present state of knowledge, we cannot explain how some of the simplest phy-



siological changes which occur in the body in health take place. Nor have we much positive knowledge even of the actual phenomena which occur in some of those states, which, though scarcely to be called morbid, nevertheless can be distinguished from those characteristic of health. For example, how ignorant are we of the precise order of the occurrence, and of the exact relation to each other, of the changes which take place in the course of a common cold. We do not know how the very unpleasant chilly sensation which marks its accession is produced; neither are we acquainted with the condition of the blood which precedes and is undoubtedly connected with the dry congested state of the mucous membrane; nor are the precise causes of the increased secretion which soon takes place from the nasal or bronchial mucous surface accurately determined.

If, however, the changes which occur upon the surface of the mucous membrane be carefully watched, many highly important facts which have no slight bearing upon the question of the nature of vital changes generally, will be revealed. And we can actually demonstrate the transition from normal structure of a very simple kind, to what is spoken of as a morbid product.

Every one knows that upon the surface of the mucous membrane of the air-passages, even in health, there is a small quantity of a soft viscid matter generally termed *mucus*. This mucus, said to be secreted by the mucous membrane, contains certain oval or spherical cells or corpuscles, which are transparent and granular. From the change of form which takes place in them, it is certain that the matter of which they are composed is almost diffident. These corpuscles or cells are *mucous corpuscles*. They have no cell-wall. They are embedded in, and separated from each other by, a more or less transparent, viscid, tenacious substance termed *mucus*. This viscid mucus bears to the corpuscles the same relation that the matrix of cartilage bears to the so-called cells, or the fibrous tissue of tendon to its "nuclei," and it is considered by many to be an *intercellular substance*.

The specific character of the mucus depends upon the presence of a peculiar substance called *mucin*, which exhibits certain well-known chemical characters. Now, neither mucus nor mucin can be made from albumen or any other constituent of the blood, lymph, or chyle; nor does it exist ready-formed in those fluids; nor can it be prepared artificially. What is, then, the origin of this peculiar substance characteristic of mucus? Its elements must be, directly or indirectly, derived from the blood. It never exists without the corpuscles, and when it increases in quantity the corpuscles are found in increased number. There is, therefore, reason to infer that the formation of the mucus is in some way connected with the presence of the corpuscles. You may have masses of germinal matter without the tenacious mucus; but you cannot have mucus without the masses of germinal matter being present at the time of its formation. This fact has never yet been explained by those who still maintain that the so-called intercellular substance is formed by changes taking place in an exuded plasma independently of nuclei or cells (germinal matter).

Moreover, it is important to observe that the chemical characters and physical properties of the

mucus are not dependent upon the life of the corpuscles. The germinal matter of the mucus-corpuscles may be living and active, or dead and even disintegrated, without any observable immediate change upon the viscid mucus, so that it would appear that the mucus-corpuscles exert no direct influence upon the mucus *after its formation*.

Mucus, which is formed in health in very small quantity, is produced more rapidly and in larger amount in a slight cold or catarrh; but it still retains its transparency. If, however, the catarrhal state increase in severity, the mucus becomes more opaque. It is formed still faster, so that in the course of an hour more than a thousand times as much material, possessing definite chemical characters, may be produced upon the surface of the membrane, as is formed by it in the perfectly healthy state, which existed perhaps but two or three days previously. Examination will show that the opacity is due to the increased number of the granular corpuscles it contains, just as the creamlike appearance of laudable pus depends upon the multitude of corpuscles suspended in the fluid.

If you examine a little transparent mucus from the nose or windpipe upon a warm slide immediately after its removal, and under a very high power (not less than 1200 diameters), you will observe some very important facts which bear upon the general question of *life, growth, and formation*.

You see a great many of the corpuscles I have alluded to, which vary somewhat in shape and size; but their form is generally oval, their outline even, and most are about the one-thousandth of an inch in their longest diameter. I will not discuss whether they are cells, nuclei, or corpuscles; but will call them masses of living or germinal matter, because I shall show you that they are alive and that from them new corpuscles are formed. These bodies, like pus-corpuscles, the "nuclei" of epithelial cells, and fibrous tissues, etc., are coloured by carmine.

Let us watch very carefully one of the oval masses of germinal matter under a power of 3000 diameters. It seems to be composed of soft semitransparent matter, which exhibits delicate spherical particles varying in size in every part. These particles are in constant motion, and the movements are like those so well known in the salivary corpuscles. About the central part, two or more nuclei will be observed. These appear smoother than the rest of the mass; but even in them, indications of the existence of smaller spherical particles may be discerned with a power magnifying 3000 diameters when the light is well arranged.

In a few moments, an oscillation of the particles is observed at some portion of the circumference of the mass. Then one or many bulgings occur, and parts of the circumference become quite uneven by the formation of a number of little processes which move from the general mass, and often assume the form of little spherules which still remain attached by narrow pedicles to the general mass. Such changes occur at different points of the circumference, and from time to time some of the protrusions recede into the mass. Occasionally two or more processes coalesce, and a ring may be momentarily produced at some part of the circumference.

[To be continued.]

# Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

## ST. GEORGE'S HOSPITAL.

OBSERVATIONS ON THE TREATMENT OF TÆNIA, ESPECIALLY BY THE USE OF THE OIL OF MALE-FERN.\*

By JOHN W. OGLE, M.D., F.R.C.P., Assistant-Physician to, and Lecturer on Medical Pathology at, St. George's Hospital.

At page 960 of the second volume of the *Elements of Materia Medica and Therapeutics* (3rd edition), by Dr. Pereira, that authority, speaking of the oleum filicis maris, observes as follows: "The dose is from half a drachm to a drachm, in the form of electuary, emulsion, or pills: an hour afterwards, an ounce or an ounce and a half of castor oil should be exhibited. . . . *I have tried it in several cases of tapeworm, but without effect.*"

It is with reference to the latter statement by Dr. Pereira that, seeking to add to the information which various authors have supplied on the matter, I have put together the following observations regarding certain points related to the treatment of that form of the tænia which we meet with the most commonly in England. These I am enabled to give in connexion with short

notes which I am in the habit of making of any cases amongst my hospital out-patients which may appear to offer more than ordinary interest. From what follows, it will be seen that I have generally given the oil of male-fern in doses varying from half a drachm to two drachms, considering a fair medium dose for the adult to be about a drachm and a half. In almost all cases this has been administered in combination with the acacia mixture of the *Pharmacopœia*, and in some aromatic vehicle (chiefly pimenta or peppermint-water) on a fasting stomach. This draught has been ordinarily given at bedtime, and followed up, on the following morning, by a dose of castor oil or "haustus sennæ". It will be remarked that, as Dr. Gull observed in a paper in the *Guy's Hospital Reports* (vol. i, p. 1, 1855), there is probably no absolute necessity for the dose of castor oil or senna, inasmuch as the male-fern oil is sufficient in most cases both to poison the offending worm and summarily to lead to its disposal. Its administration is, however, perhaps desirable, in order the more strictly to secure evacuation of lingering portions of the worm, if such there may be.

In the following tables, consisting of an epitome of twenty-four cases, I have not sought to give the symptoms accompanying the presence of the worms in the bowels, nor in any way to arrange the cases. I have merely, in an indiscriminate manner, recorded them with reference to the age of the patient, the length of time for which the worm was known to exist, the character of the previously used remedies, and the doses of the male-fern oil used, with the results following its administration; in this, observing the order adopted by Dr. Gull in his paper before quoted. The results of an examination of these details are given at the close of the table.

No.	Age.	Duration of symptoms; habits of life.	Former remedies used.	Dose and effect of the male fern.
1	32	Tape-worm known to have existed ten years.	Had taken turpentine as many as twenty times; and as much as twelve yards of the worm passed at a time in consequence. Had never known the head to pass.	Castor oil, 1 oz. at bed-time. In the morning, oil of male-fern, 2 drachms; acacia mixture, 3 drs.; peppermint water, 2 oz. Twelve yards of the worms passed five hours after the draught with male-fern. "Nothing unpleasant" to the patient in the action of this medicine. The worm "ran from a large thickness to quite a small point." The small part was said "by those who had seen others to be the head and tail."
2	16	Was under my care for tænia three times, on each occasion with an interval of about two years. After each visit, he failed to appear at the hospital until necessity compelled him. Not seen since last visit.		When first seen, the following draught was given:—Oil of male-fern, 2 drs.; acacia mixture, 3 drs.; peppermint water, 2 oz. Eight yards of the worm were evacuated shortly afterwards. On second visit, a similar dose: 25 yards evacuated by it. On third visit, a similar dose; but he has never been since to the hospital. No head ever brought.
3	28	Tape-worm known for eighteen months.	Had taken turpentine.	Oil of male fern, 2 drs., with acacia mixture and pimenta water at night; an ounce of castor oil in the morning. About 30 yards of tape-worm passed shortly after the castor oil, without uncomfortable effects.
4	45	Tape-worm known to have existed eighteen months.	Had been in the habit of taking every second week 3 grains of calomel at bed-time and 5 drops of turpentine in water next morning, with the effect of bringing away about from 200 to 300 pieces for the next two or three days.	Oil of male-fern, 2 drachms, in decoction of quassia, and acacia mixture at bed-time; castor oil in the morning. No worms were passed after these doses. They were therefore repeated, and then 5 yards were brought away. Two doses were subsequently given, but no more passed, though their action was abundant. No complaints as to the medicine.
5	46			Oil of male fern, 2 drachms, with acacia mixture and pimenta water at bed-time; castor oil in the morning. Large "tape-worm" brought away shortly after the draught.
6	14	Tape-worm known to have existed about eighteen months.	Passed two large tape-worms a year ago after turpentine and castor oil. Two drachms of turpentine with acacia mixture and mint water given recently, but without effect.	Oil of male-fern, 2 drachms, in mint water and acacia mixture at bed-time. A very large tape-worm was passed shortly after the fern draught. The head was looked for by the patient, but not found, "though very near it."
7	20	Tape-worm for many months, and passed three within the last six months.		Oil of male-fern, 2 drachms, in acacia mixture and pimenta water at bed-time; castor oil the next morning. "Large tape-worm" passed 12 hours after the castor oil.
8	13	Tape-worm known for two years; passed one two months ago, of eight yards in length; and another, of the same length, one week previously. Whether the head had been expelled on either of these occasions, was unknown.		Three doses of castor oil on alternate nights; and 1½ drachm of oil of male-fern in acacia mixture and pimenta water on each of the following mornings. No tape-worm passed after any of these doses.

\* Being part of a lecture delivered at St. George's Hospital.

TABLE (continued).

No.	Age.	Duration of symptoms; habits of life.	Former remedies used.	Dose and effect of the male fern.
9	21	Tape-worm known to have existed eighteen months. Not known to exist in other members of the family. Not in the habit of taking ham or bacon or sausages.	Has taken oil of turpentine on two occasions. No worm brought away by it; but "the water stopt" each time.	Oil of male-fern, $1\frac{1}{2}$ drachm, in pimenta water and acacia mixture, followed by castor oil. Ten feet of the worm evacuated after the castor oil had been taken. The draught was repeated, but no more of the worm expelled.
10	21	Tape-worm known for four months.	Taken "all sorts of medicine" without effect, including turpentine.	Half an ounce of castor oil at bed-time. Oil of male-fern, $1\frac{1}{2}$ drachm, in pimenta water and acacia mixture next morning. Several yards of the worm passed, "one end being very small indeed."
11	57	Symptoms, such as pain and gnawing at the epigastrium, voracious appetite, etc., for six months; but no tape-worm or parts seen, though suspected. No members of the family known to have it.		An ounce of castor oil at night. Oil of male-fern, 2 drachms, in pimenta water, etc., next morning. In less than four hours after the fern draught, six yards of the tape-worm were passed. Patient was "made ill all over" and "so weak and trembling" by the draught. It acted four times, and the worm passed after the last evacuation. Head looked for, but none found. No more tape-worm seen afterwards.
12	40	Tape-worm known for nine years.	Had taken turpentine and castor oil without any result; no worm being voided by it.	Oil of male-fern, 2 drachms, in pimenta water and acacia mixture at night; castor oil next morning. Fourteen yards of tape-worm passed two hours after the fern draught. The castor oil brought away about twenty-four disjointed segments.
13	42	Tape-worm of "two or three years standing."		Senna draught immediately. Oil of male-fern, 1 dr. in pimenta water, etc., at bed-time; and repeated next morning. Eight yards passed after the second dose of the fern oil. Turpentine and castor oil given afterwards, but no more tape-worm passed.
14	20	Tape-worm several months.		Oil of male-fern, $1\frac{1}{2}$ drachm, in pimenta water. Six yards of the worm passed about an hour and a half after the draught.
15	10 $\frac{1}{2}$	Tape-worm known above a year and a half ago; and twice brought away within that time.	Had for a time taken compound scammony powder on alternate nights. Also some powder with calomel, and turpentine and castor oil, repeated four times without result.	Oil of male-fern, 20 minims, in acacia mixture, 2 drs., and pimenta water, 6 drs., at bed-time. Half an ounce of senna draught in the morning. A "very large" tape-worm passed shortly after the senna was taken.
16	33	Tape-worm known for one year. Had four brought away, of which one was twenty yards long.		Oil of male-fern, $2\frac{1}{2}$ drs.; acacia mixture, 4 drs.; pimenta water to $1\frac{1}{2}$ oz., at bed-time. Castor oil, 1 oz., next morning. "Large worm" brought away before the castor oil was taken. The fern oil draught caused pain in the bowels one hour after it was swallowed, but nothing more.
17	20	Tape-worm known for eight months. One passed of two feet in length.		Oil of male-fern, 2 drs., acacia mixture, 3 drs., peppermint water to 2 oz., at bed-time. Castor oil next morning. Several yards of worm passed before the castor oil was taken.
18	3 $\frac{1}{2}$	Tape-worm known for one year. Four months ago passed a worm of four yards in length, after taking the syrup of senna. Fragments seen daily.	Syrup of senna, without any important result.	Oil of male-fern, half a drachm, in pimenta water, at bed-time; 3 drachms of castor oil next morning. The result not known.
19	20	Tape-worm known for two years.		Oil of male-fern, 2 drs., in pimenta water and acacia mixture at bed-time; castor oil, 1 oz., next morning. A "very long" tape-worm passed ten hours after the fern draught, and before the castor oil was taken. No uncomfortable effects.
20	21		Had taken a drachm and a half of kamela powder, followed by castor oil; but only a few segments of the worm brought away.	Oil of male-fern, 2 drs., in pimenta water and acacia mixture at bed-time; 1 oz. of castor oil next morning. About $3\frac{1}{2}$ yards of the tape-worm brought away after the castor oil was taken. The draught and the oil were repeated; and about the same length of the worm evacuated. The draught and oil were given a third time, and "another long worm" passed.
21	26			Oil of male-fern, 2 drs., in pimenta water and acacia mixture at bed-time; castor oil in the morning. "Two strings of three or four yards each" of the tape-worm passed before the castor oil was taken.
22	21	Tape-worm several months.		Two drachms of oil of male-fern in pimenta water brought away a "large number" of the joints. Thought herself well. Not seen again for 3 months, when the "worms returned." Took $2\frac{1}{2}$ drs. of the oil at bed-time, and a "very large" tape-worm brought away before the castor oil was given on the following morning.
23	34	Tape-worm known to have existed above four months; and three or four feet had been passed at a time without medicine. Accustomed to eat much bacon, but no raw meat. Not known to exist in any other members of the family.	Had taken gin and rue on a fasting stomach, but only a few occasional joints of the worm passed afterwards. Took the oil of turpentine and castor oil after colocynth pills, and a quantity of yellow stuff brought away like the yolk of an egg, but in a "stringy state".	One ounce of castor oil at bed-time; and on the following morning, two drachms of the male-fern oil with acacia mixture and pimenta draught. The castor oil acted twice before morning, but no worm was passed. Three hours after the male-fern draught was taken, the bowels acted five or six times, and six or seven feet of the worm were voided, but no head was discoverable. There was "a good deal of pain" in the abdomen before the worm came away, but none afterwards. The back has, however, been weak since. The castor oil and male-fern draught were again given, but no fragments of the worm parted with.
24*	56	Tape-worm known to have existed for upwards of a year.	Had taken "every kind of medicine".	One ounce of castor oil at night, and a drachm and a half of the oil of male-fern with the mucilage and water the following morning. A very large tape-worm was evacuated in the course of the day; and now, for above a year, there has been no return.

\* This case was not a hospital one, but that of a private gentleman, to whom, at my recommendation, my colleague, Mr. Tatum, gave the oil of male-fern.

On reviewing and considering the above table of cases, it will be at once obvious that the oil of male fern was, at any rate, most useful in causing the death and expulsion of long lengths of the worm. In many cases, the patients had not measured or estimated its length; but it will be seen that in one instance the worm expelled had been twenty-four yards long (Case 2), and in another no less than thirty yards long (Case 3). In a few instances, the existence of the worm had been known for a number of years, as for nine years (Case 11), for ten years (Case 1), etc.; but, in the average number of cases, they had been experienced from between one and two years. The ages of the patients will be seen to vary from 3½ to 57 years.

I regret much that my information is so deficient as to whether or not the root of the worm—the anchoring part, as Dr. Gull aptly terms it—that commonly termed the head—had been passed. In two cases (1 and 6), it is most probable that the head or root was passed. The extremely small size of this, the attached extremity of the worm, the carelessness and inefficiency with which it is of course often sought for, the scanty domestic accommodation enjoyed by the poor, are all circumstances which may fairly be supposed likely to obscure our attempts at determining whether this part has been at any time voided along with the general mass of the worm. I can entertain no doubt that the fine and comparatively pointed termination of the *tænia* is often got rid of—the entire worm, in fact, passed—without the fact being absolutely established.

As respects the action of the oil of male fern, the table, I think, shows pretty well what may be expected of it.\* Out of the whole of the twenty-four cases in which it was given, in only two cases was there any doubt as regards its poisonous and expellent action on the intestinal worm; and in one (Case 8), seeing that eight yards had been passed but a short time previously, it is not unlikely that there was no worm to be expelled.

As regards the period at which, after the male-fern oil had been swallowed, evacuation of the worm was produced, it appears that out of the twenty-four cases (excluding the two cases 4 and 8, before denominated as being doubtful as regards the action of the male fern, and one case, 18, in which no information whatever upon this point was gathered from the patient), in twelve cases the worm was expelled within a short time after taking the remedy, and before the castor oil or other subsequent dose was given; in one case (13), it brought away the worm in one hour and a half after having been swallowed; in another case (18), in two hours afterwards; in another case (23) in three hours.

Touching the action of the remedy upon the patient, irrespective of its vermicide and vernifuge properties, it will be seen that, in by far the majority of instances, this action was not in any degree or manner troublesome or disagreeable. In Case 10, the patient, aged 21 years, was described as having been rendered "very ill" by the medicine; in Case 11, as being made "ill all over", "weak, and trembling"; in Case 23, a "good deal of pain" was complained of when the worm was voided; and in Case 16, pain was experienced in the bowels about an hour after the male-fern had been taken. But, in by far the majority of the cases, it is expressly stated that no discomfort resulted from the medicine; and in none other were any complaints of it made. In Case 11, that wherein so many unpleasant effects were experienced during the action of the drug, it is noticeable that the worm was only expelled after four doses had been taken.

Cases 1, 10, and 12 would appear to show as decided

a superiority in the vermicide action of this medicine, compared with turpentine, as it is superior on the score of taste and agreement, etc.\*

Such are the results which may be elicited by a consideration of the table, regarding the utility of the oil of male-fern in the treatment of *tænia*. I hope to continue to give this remedy in such cases; taking care, if possible, to learn all particulars regarding the mode of life, kind of food used by patients, and specially with reference to the eating of raw meat, ham, bacon, sausages, etc.† I shall also take the precaution, which I would recommend to others (following the custom adopted with the nurses at Guy's Hospital), of promising a premium upon every "root" or head of the worm brought to me by the patient, so as the better to secure them; and, when possible, to admit the patients as in-door patients for a day or two, for the purposes of observation.‡

I will now pass on to make one or two observations which my notebook suggests respecting the uses of other remedies in tape-worm. Thus I find, amidst a great number of other cases of which I have record (but so imperfect in various ways that I could not adduce them along with those placed in the table), that the oil of male-fern has certainly acted vigorously and abundantly in the destruction and expulsion of long lengths of the *tænia* when the *kamela* (written also *kamayla*, *kamala*, and *kamela*) has failed. The form of *kamela* which I used was the tincture, two drachms being the medium dose for an adult. In one case—a child, aged 4 years—after in vain trying the tincture of *kamela*, forty drops of the male-fern oil, in mucilage, syrup, and mint-water, caused the expulsion of ten yards of the worm within three or four hours after the medicine had been administered.

I have also given the powder of the *rotterlia tinctoria*, in about two-drachm doses, mixed with honey or mucilage, with the effect of expelling lengths of the *tænia*. In this dose it has been longer, for the most part, before producing its specific action, than the male-fern oil. In one case in which I gave the *rotterlia tinctoria*, it is not unworthy of remark that the patient complained that, when the *tænia* caused intestinal irritation, in addition to a "mistiness in eye-sight", a gnawing pain at the upper part of the abdomen and pain in the forehead, he very frequently experienced "red blotches", to use his own expression, on the forehead and nose. In this case, I find from my notes that no sickness or uneasiness ensued on taking the *rotterlia tinctoria* powder. In other cases, also, this drug has been noticed as acting without griping or discomfort of any kind.

Again, I have given the *kouso* in ample (half-ounce) doses, but with variable (in some cases quite unsatisfactory) results; also the *santonine*, with, as yet, negative results. But I have reason to think that my doses of the latter drug have been too small for the purpose. I propose trying it in larger quantities. I believe it may be safely given in ten or fifteen grain doses.

On one occasion, I found that a two-drachm dose of the extract of *taraxacum* brought away a large number of the *tænia* joints, the presence of which within the intestines had been unsuspected. It is possible that this vegetable may be rendered available, in suitable doses

\* I am having capsules containing the oil of male-fern made by Messrs. Bullock and Reynolds.

† I cannot forbear referring to a case related in *Virchow's Archiv*, Bd. xxv, and quoted by myself at page 255 of the number of the *British and Foreign Medico-Chirurgical Review* for January 1863, in which the existence of trichinae in the body might probably have been connected with the patient's frequent habit of killing pigs and placing the bloody knife in his mouth, in addition to his custom of eating sausages, etc.

‡ Dr. Hyde Salter tells me that he takes the precaution of having the faeces passed through a muslin bag or sieve, so that they can be most carefully scrutinised; and this plan is worthy of imitation.

\* Had my notes afforded me all the necessary materials, I should have constructed my table of cases in accordance with the scheme or table drawn up and introduced into this JOURNAL (see November 22nd, 1862) by Dr. Fleming.

and form, for the expulsion of intestinal worms; to which, indeed, all "bitters" appear to be inimical. In another case, a tapeworm was expelled after a large quantity of very strong coffee had been drunk.

There is another remedy of which I am about to try the effects, in consequence of its strong recommendation by Friedrich of Heidelberg; and that is the picrom-nate of potash (*Kali picronitricum*)\*.

I may remark, that it would appear that in certain cases there is an attempt on the part of the bowel to dislodge the worm, apart from medicine exhibited. Thus I know of one, a private case, in which for many years the patient has had the tapeworm, and who, every few months, experiences violent griping, with nausea (never vomiting) and diarrhoea, for about half a day, with concomitant expulsion of several yards of the worm. He has never found the root or head of the animal; but he does not appear ever to have sought for it very systematically. In another case of which I have notes, the patient observed that, contrary to what is usually thought to be the case, he had had three worms of large size expelled within a short period of each other, in each of which the head was found. This observation, though stated honestly by the patient, may, of course, have been erroneous.

More than once I have found that the *tænia* and the *ascaris lumbricoides* have existed in the human bowel at the same time.†

With one more remark I will conclude, and it is one which may possibly have a practically beneficial effect; and that is, that I think there may be reason for believing that the *tænia* may be communicated to infants and children from others, and in the following manner. In almost all cases, there is reason to think that a *tænia* does not exist very long within the intestine without portions or joints being passed, not only by stool—i.e., with the feces—but also by their spontaneously working their way through the anus, and "skeddadding" (to use an expressive Scotch phrase) from the person, adhering to the garments, or falling on the ground. Now, I have known cases in which there is reason to think that these fragments, which soon desiccate, shrivel, and become reduced to a small brownish-coloured mass, may have been picked up by children, often crawling infants, who are ever ready to pounce upon and put in their mouth every crumb or crumb-like substance which they can see, and thus have been introduced into the digestive organs. I have no certainty of this; but I think it is a point worthy of consideration and attention, and one to be mentioned to parents in cases where the *tænia* is known to exist in any members of a family.

I hope shortly to be able, if permitted, to produce through the medium of this JOURNAL some observations with regard to the use of strychnia in the treatment of disease, gathered from hospital notes.

\* See the case before quoted from *Virchow's Archiv*, etc.

† On one occasion, a patient was induced from some cause or other to bring me, in addition to the *tænia*-joints which he had really voided, a large earth-worm, which he pretended to have passed along with the other. The deception was recognised without trouble, to the surprise of the patient.

**MUNIFICENT LEGACY.** The Marquis of Lansdowne, the late Lord-Lieutenant of the county of Wilts, has, by a codicil to his will, bequeathed the handsome sum of £3,000, free of legacy duty, to the Salisbury Infirmary.

**CESAREAN OPERATION.** This operation has been lately performed by Dr. Greenhalgh, at St. Bartholomew's Hospital. Delivery *per vias naturales* could not be effected, in consequence of a tumour attached to the sacrum. The woman was at the seventh month of pregnancy. The child was alive when taken out; but survived only a short time. The mother died about sixteen hours after the operation.

## Original Communications.

### THE LARYNGOSCOPE AND ITS CLINICAL APPLICATION.

By THOMAS JAMES WALKER, M.D. (Lond.), etc., Surgeon to the Peterborough Infirmary and Dispensary.

#### II.—INSTRUMENTS EMPLOYED IN LARYNGOSCOPY.

THE instruments which I am now about to describe include not only the very simple laryngoscope itself, but also certain accessory apparatus, which is occasionally required to enable us to throw a sufficiently strong light on to the mirror placed at the back of the fauces; much of the success of laryngoscopic observations depending on the attention which we pay to the illumination of the pharynx. Though the same mirror which we use as a laryngoscope serves to reflect the image of the upper part of the pharynx and the nares, an additional instrument, which we may call a palate-spatula, is required for the examination of these regions; and a combination of this spatula and of the mirror into one instrument constitutes a rhinoscope. The most useful form of this instrument, together with other apparatus for the local treatment of laryngeal, pharyngeal, and nasal affections will be also described.

The laryngoscope is simply a small mirror, placed on a stalk attached to its margin at an angle of from 120° to 150°. The stalk is of metal for about three inches and a half from the mirror; the remainder being a small wooden or ivory handle about three inches long, into which the metallic portion slides. Usually the stalk is straight through its whole length of about six inches and a half, but made of flexible metal in order that it may be bent at the will of the operator; in the margin the laryngoscope is figured which I constantly employ, and I recommend an instrument with similar curves in the stalk as the most useful. (Fig. 2.)



Fig. 2.—Laryngoscope mirror. (The engraver has incorrectly made the handle straight instead of curved, and has represented the angle between the mirror and the stalk too obtuse.)

The mirror itself admits of variety in form and size. Czermak and his pupils use commonly a square one with the corners rounded off and the stem attached at one of the angles; others employ an ovoid mirror, the

stem being attached to the round end of the oval. The most generally applicable form, however, is the circular; and with two mirrors of this form, one about an inch, the other an inch and a quarter in diameter, the practitioner will succeed in examining the interior of almost any larynx.

In selecting the instruments, moreover, attention must be paid to the material of which they are formed. The mirrors are made of polished steel, and of glass coated with amalgam. The former material forms an excellent reflector as long as it remains bright, and is, perhaps, less obnoxious to damage by heat than the latter; but it requires great care to prevent its rusting, and it too readily parts with its heat; on the whole, therefore, a mirror made of thin glass coated with carefully prepared amalgam, and backed with German silver or some similar material, is best. Careful preparation is requisite, or the amalgam becomes cracked from the frequent exposure to heat to which the instrument is subjected. A certain amount of solidity is necessary; otherwise the mirror, cooling too rapidly when placed in the fauces, becomes dull from the deposit of moisture upon it.

This is the only instrument essential to obtaining a view of the interior of the larynx, when circumstances admit of our having the sun's rays falling direct on to the back of the fauces; it is seldom, however, that their direction is satisfactory without the aid of some simple reflector to turn them from their normal course. The most excellent illumination is obtained by placing a looking-glass about eight inches square on a table or the window-sill, about a foot or so below the level of the patient's mouth, and at a few feet distant from him, sloping at such an angle that it catches the sun's rays, and reflects them on to the back of the pharynx in a line corresponding with the axis of the buccal cavity, when the head is held erect, and the mouth opened as widely as possible. Although, for reasons which I shall give directly, the illumination of the fauces by the sun's rays is much to be preferred, it is evident that, unless we are able to apply the laryngoscope under other circumstances than those of sunshine and a convenient window facing the sun, etc., the instrument is of but little practical value. Garcia employed only the sunlight in his observations; and it was Czermak who first conceived and carried out the idea of concentrating diffused daylight and the light from a lamp, so as to make it available for illuminating the larynx. There are two distinct plans for concentrating the light: the first, when the patient is placed with his back to the source of light, the rays from which falling upon a concave mirror placed in front of him are thus concentrated and reflected into the pharynx; the second, where the lamp is placed in the front of the patient, and the light passes through a lens or other concentrating medium direct into the mouth of the patient. The concentrating apparatus of Czermak consists of a slightly concave glass mirror, about three inches in diameter, and having a small hole in the centre of it, through which the observer looks, when the mirror is held before the eye. This mirror may be supported in the hand, as is the ophthalmoscope; but it is much more conveniently attached to the head in some method. Czermak at first used it attached to a strap which he buckled round the forehead; but he now employs the mirror set on a short metallic stalk, which is fixed by a screw to a short piece of wood, the mouth-piece, held between the teeth at such a height that the hole in the centre is on a level with the pupil of the eye. None of our associates should be tempted by the circumstance that this contrivance bears Czermak's name, to choose it as the one they will employ. Even those with perfect teeth will find the fatigue of holding the jaws firmly closed, the interference with speech, and other inconveniences, sufficiently great to check them at the very outset of their laryngoscopic re-

searches. Much more convenient than this apparatus is that of Semeleider, in which the mirror is attached to a spectacle-frame by a stiffly working ball and socket joint; in the eyes of the spectacle-frame, glasses can be inserted to suit every sight. A plan, which I suggested in 1860 to a Viennese instrument-maker, which has since been carried out, is to have the mirror attached by a ball and socket joint to a spring which fastens on to the head; one pad having the mirror attached pressing on the forehead, the other resting at the back of the head as in a fencing mask.

In all of these instruments the mirror is of glass coated with amalgam and backed with metal; it is slightly concave, so that the most brilliant illumination is obtained when the object is placed about eighteen inches in front of it. In using this mirror the patient is placed to the side and a little in front of the lamp or other source of light, the rays from which, passing by his shoulder, strike the mirror in front of the eye of the observer, and are concentrated by it in the pharynx. Much to be preferred, for reasons which I shall subsequently give, to this mode, of illuminating the fauces by reflected light, is that in which, the light from a lamp or candle being placed in front of the patient, its rays are concentrated and fall directly on to the fauces, without the use of a reflector to alter their direction. This was the plan adopted by Dr. Stoerk of Vienna, and also by Tuerck; the concentrator they employed being a globe of glass about six inches in diameter, and filled with water.

The engraving (Fig. 3) shows the mode in which I have had this fitted into a frame of metal, which is much

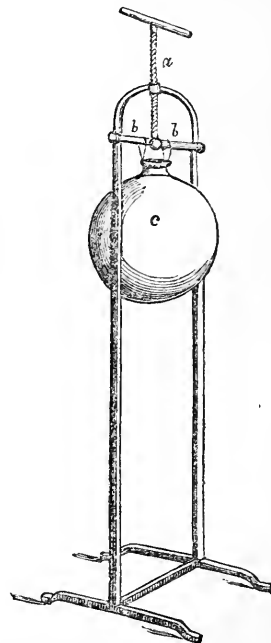


Fig. 3.—Apparatus for concentrating light.

more convenient than the cumbersome wooden affair used by Stoerk. By means of the screw (*a*), the cross-bar (*b, b*), and with it the globe (*c*), which constitutes our lens, is raised or depressed. This globe must be placed close to and immediately in front of the lamp placed on a table behind the observer. A very brilliant light is thus obtained, which is most concentrated at about twenty inches from the globe, but is sufficiently bright to light up the larynx, both much



nearer to and at a greater distance from the globe; of course, by altering the relative heights of the lamp and the concentrator, we can cause the rays of light to fall higher or lower as we please. The objection to the use of this concentrating lens in place of a reflector is simply that it is too cumbersome to carry about with us to our patients' houses; we may, however, often replace it, when the examination does not take place in our own consulting-rooms, by a plain water-bottle, which, when filled and raised to the level of the lamp and placed in front of it, on a box, or books, or something equally within reach at the majority of houses at which we visit, is an efficient substitute for the globe and frame.

The practical advantages of the direct illumination of the fauces as compared with that by means of a reflector attached to the head of the observer are very great. In the first place, the illuminating apparatus being altogether independent of the body of the operator, he can, as long as he does not bring his head immediately in front of the lamp, move his head and body as may be required, and he can bring his eye nearer to, or remove it further from, the object he is examining, as he wishes. On the other hand, with the reflector attached to the head, the observer cannot move without withdrawing the light from the fauces, and he cannot bring his eye nearer than about eighteen inches to the pharynx without diminishing the intensity of the illumination; and, since the part of the larynx which he is examining is still further from him than the laryngoscope, it must be beyond the range of ordinary accurate vision—a circumstance which interferes seriously with the observation of minute points of difference in structure, colour, &c. Secondly, even supposing that the reflector did not labour under the disadvantages just alluded to, there is the fact that the same flame will give, with the concentrating apparatus to which I give the preference, a much more brilliant light than when concentrated by the reflector.

The inconveniences attached to reflectors for illuminating the larynx, have induced Dr. Moura-Bourouillou, the author of a work on *Laryngoscopy*, to employ a concentrating lens of glass. This is about two inches in diameter, and has its principal focus at about three inches distance. It is attached to a lamp by means of a collar of copper, on which it is supported by an arm having two joints. The lamp, of course, in employing this instrument, is placed in front of the patient as with the globe of water above described; but the focal distance of the lens being so short, not only the concentrating lens, but the lamp itself, must intervene between the mouth of the patient and the eye of the observer; hence a screen is necessary to prevent the bright light of the lamp from interfering with the view of the larynx seen beyond it; this is attached to the collar of copper on the opposite side to that to which the arm supporting the lens is fixed. Although I have no practical experience of this instrument, it appears to me that it possesses many disadvantages as compared with the globe concentrator which I have described. A perfect apparatus would be a glass lens properly mounted, the focal distance of which should be the same as that of the globe of water, which should condense the light to an equal degree, should be as cheap, more portable, and altogether more convenient than the apparatus I have described. Although I have thought it right to mention the several modes of illumination employed by those who are devoting special attention to the laryngoscope, I recommend only certain instruments for purchase by those who wish to pursue the examination of the larynx.

As I have already said, the brightest image is obtained when the sun's rays are thrown into the larynx. For examination with such light, we require simply our laryngoscope, and a common looking-glass to change the direction of the rays. The sunlight failing us, we should employ the glass globe of water, supported in a

convenient frame. And, lastly, in cases where we can neither employ our own globe of glass, nor extemporise a similar condenser from a water-carafe, we must avail ourselves of a concave reflector, which should be either that attached to the spectacle-frame of Semeleder, improved as it has been by our own and the Parisian instrument-makers, or that attached to the spring crossing the head, as suggested by myself.

[To be continued.]

## Reviews and Notices.

STATISTICS OF INSANITY; EMBRACING A REPORT OF BETHLEM HOSPITAL FROM 1846 TO 1860 INCLUSIVE. By W. CHARLES HOOD, M.D., Resident Physician of Bethlem Hospital, &c. Pp. 122. London: 1862.

THIS work is an amplification of a decennial report presented to the Governors of Bethlem Hospital in 1855. The statistics of the subsequent five years have been added; and those already given for the preceding ten years have been carefully revised.

The tabular statements and commentaries given in this volume refer to the following subjects: Patients admitted as Curable; Age; Sex; Domestic Condition; Social Condition; Education; Religion; Residence; Apparent and Assigned Causes; Duration of Disease before Admission; Number of previous Attacks; Influence of the Seasons; State of the General Health of the Insane; Form of Insanity; Causes of Death and *Post-mortem* Appearances of the Insane; and the Treatment of Insanity.

During the fifteen years embraced in these statistics, we find that 3668 patients were admitted as curable, of whom 2018, or 55.01 per cent., were cured; while 222, or 6.05 per cent., died. In the last five years—1856 to 1860—the admissions were 939; the cures 539, or 57.40 per cent.; and the deaths 48, or 5.11 per cent. These results show a favourable contrast with the aggregate of the hundred years ending December 31st, 1860, in which the recoveries were 43.45 per cent., and the deaths 7.53 per cent. of the total number of admissions—19,649.

Dr. Hood has given, as the most correct, although only approximative, standard of comparison at his disposal, a table drawn up in 1854 by Dr. D. H. Tuke, exhibiting the comparative statistics of various asylums in Great Britain and several continental countries. From it we gather the following data as to recoveries.

Eleven Dutch Asylums for pauper and private patients, gave 1000 recoveries in 3087 cases, or 32.40 per cent.

Nine English County Asylums receiving paupers only, 5746 recoveries in 15,548, or 36.95 per cent.

Six English County Asylums receiving private and pauper patients, 3627 recoveries in 7738, or 46.87 per cent.

Metropolitan Licensed Houses, 1839-43 (more than half paupers), 1501 recoveries in 5850, or 25.65 per cent.

The York Asylum (one-third paupers), 1814-44, 475 recoveries in 1375, or 34.54 per cent.

The York Retreat, 1796-1847, 292 recoveries in 593, or 49.24 per cent.

Seven Scotch Chartered Asylums (more than half

pauper), 3021 recoveries in 7130, or 42.37 per cent.

Ten Irish Asylums (pauper), 4957 recoveries in 10,255, or 48.33 per cent.

Five American Asylums (private and pauper), 4062 recoveries in 8675, or 46.82 per cent.

Charenton (private patients), 1826-33, 518 recoveries in 1557, or 33.26 per cent.

Siegburg, 1825-40 (only curable patients), 347 recoveries in 1129, or 30.73 per cent.

It must be remembered, that the results would be probably more favourable if the statistics of these institutions were brought down to the present day. Still the proportion of recoveries at Bethlem Hospital is great; and this result is in part accounted for by the rules of the institution, which

"Render ineligible all applicants who have been insane for more than twelve months; all who are afflicted with paralysis, epilepsy, or any other form of convulsive disease; all who have been discharged uncured from other hospitals; and all aged and weak persons, and pregnant women."

Another regulation provides for the discharge of the patients, if uncured a year after their admission. Dr. Hood informs us, however, that practically this rule is often set aside on the recommendation of the resident physician, so as to allow those whose cases allow a hope of recovery to remain in the hospital fifteen or eighteen months. He believes that many patients discharged uncured would recover if allowed to stay in the hospital above twelve months; and gives in support of this view a table from Esquirol, who has shown that, of 2005 patients, presumed to be curable, admitted into the Salpêtrière during a period of ten years, 604 recovered during the first year, 497 in the second year, 71 in the third, and 46 during the succeeding seven years. Sometimes even more patients were cured in the second year than in the first. After some further observations on the subject, Dr. Hood expresses his opinion that

"There is no doubt that the rule which limits the time of recovery must operate unfavourably with regard to the interests of some of the patients now discharged uncured, a considerable number of whom might possibly have recovered, if an indefinite time of residence in the hospital had been allowed them."

The book contains much more valuable statistical matter, which, however, we must be content with commending to the study of those who are interested in psychological medicine.

A SYSTEMATIC HANDBOOK OF VOLUMETRIC ANALYSIS; or the Quantitative Estimation of Chemical Substances by Measure. By FRANCIS SUTTON, F.C.S., Professor of Practical Chemistry, Norwich. Pp. 282. London: 1863.

The volumetric analysis of substances is a process which, from its simplicity, promises to find universal favour among chemists in general, and especially to those interested in the determination of the composition and value of the agents and products used or met with in manufacturing processes, certain of the fine arts, medicine, pharmacy, agriculture, and general commerce. The author of the work before us, impressed with this idea, endeavours to describe the general application of a mode of quantitative analysis which has hitherto been in partial use among us. Volumetric analysis is indeed not alto-

gether unknown to the English chemist; for, as Mr. SUTTON observes, it appears to have been first suggested by Mr. J. J. Griffin and the late Dr. Andrew Ure; and our chemical treatises have for years past described partial applications of this kind of analysis, under the titles of acidimetry, alkalimetry, and chlorimetry. It has also been successfully applied to the determination of the quantities of various ingredients of the urine.

Volumetric analysis is then, according to Mr. Sutton, of English origin; but the working out of the system is due to continental chemists, especially Mohr of Coblenz.

"Mohr has worked out a most elaborate and extensive system of analysis, which must be an inestimable boon to all who concern themselves with scientific and especially technical chemistry. Not only has Mohr done this, but, in addition to it, has enriched his processes with so many original observations, and improved the necessary apparatus to such an extent, that he may with justice be called the father of the volumetric system. His *Lehrbuch der Chemisch Analytischen Titrimethode* is the most complete treatise on the subject, and well deserving the thanks of all students of the science." (P. 17.)

The process of volumetric analysis, as described by Mr. Sutton, consists in the determination of quantities by means of standard or titrated solutions. The word *titrated*, which seems likely to come into common use in chemistry, is applied to solutions whose strength or chemical power has been accurately found by quantitatively testing it by means of other solutions of known strength. In the processes of analysis by measure which we have hitherto employed—such as alkalimetry, acidimetry, etc.—a great variety of standard solutions have been used; but, in the present system, the titrated solutions are prepared on a uniform plan, so as to contain a chemical equivalent of the required test in a thousand parts of solution.

"For instance, suppose it is desired to prepare a normal alkaline solution for acidimetry; the atomic weight of carbonate of soda is 53, therefore 53 grammes of pure and dry carbonate of soda are weighed, introduced into a *litre* flask and dissolved, so as to make exactly the measure of one *litre*. It is manifest that every 100 cubic centimètres" (1000 c. c. being = 1 litre) "of this solution will contain 5.3 grammes of carbonate of soda, and every 10 cubic centimètres, 0.53 gramme. Therefore 100 cubic centimètres will exactly neutralise 4 grammes of anhydrous sulphuric acid; etc."

The standard solution may also be prepared on the ordinary English or grain system; the proportion in the case of the soda solution, for instance, being 53 grains in 1000, so that the solution would be chemically of the same strength as that prepared on the decimal system.

The solution, whether prepared on the grain or on the *gramme* system, should be of such strength that a thousand grains or a *litre* is exactly capable of neutralising or saturating an atomic equivalent of the substance to which it is applied as a test. Solutions of the strength described above are called *normal*; but, to obtain greater delicacy in certain cases, it is sometimes necessary to reduce the strength of the solution to one-tenth; and the solution thus reduced is termed *decinormal*.

The process of volumetric analysis is sometimes direct, sometimes indirect.

"The direct method includes all those analyses where

the substance under examination is decomposed by simple contact with a known quantity or equivalent proportion of some other body capable of combining with it, and where the end of the decomposition is manifested in the solution itself.

"It also properly includes those analyses in which the substance reacts upon another body to the expulsion of a representative equivalent of the latter, which is then estimated as a substitute for the thing required.

"Examples of the first kind are readily found in the process for the determination of iron by permanganate of potash, where the beautiful rose colour of the permanganate asserts itself as the end of the reaction.

"The testing of acids and alkalies comes, also, under this class, the great sensitiveness of litmus allowing the most trifling excess of acid or alkali to alter its colour. The second is exemplified in the analysis of binoxide of manganese, and also other peroxides and oxygen acids, by boiling with hydrochloric acid. The chlorine evolved is estimated as the equivalent of the quantity of oxygen which has displaced it. We are indebted to Bunsen for a most accurate and valuable series of processes based on this principle.

"The indirect or residual method is such that the substance to be analysed is not estimated itself, but the excess of some other body added for the purpose of combining with it or of decomposing it, and the quantity or strength of the body added being known, and the conditions under which it enters into combination being also known, by deducting the remainder or excess (which exists free) from the original quantity, it gives at once the proportional quantity of the substance sought.

"An example will make the principle obvious:—Suppose that a sample of either native carbonate of lime, baryta, or strontian is to be tested. It is not possible to estimate them with standard nitric acid in the exact quantity they require for decomposition. There must be an excess of acid and heat applied also to get them into solution, if, therefore, a known excessive quantity of standard acid be first added, and solution obtained, and the liquid then titrated backward with litmus and standard alkali, the quantity of free acid can be exactly determined, and consequently that which is combined also.

"In some analyses it is necessary to add a substance which shall be an indicator of the end of the process; such, for instance, is litmus in alkalimetry, chromate of potash in silver and chlorine, and starch in iodine, estimations.

"There are other processes, the end of which can only be determined by an indicator separate from the solution; such is the case in the estimation of iron by bichromate of potash, where a drop of the liquid is brought into contact with another drop of solution of red prussiate of potash on a white slab or plate, when a blue colour ceases to form, by contact of the two liquids the end of the process is reached.

"The latter is somewhat less reliable, in point of delicacy, than the others, but nevertheless, with care and practice, is susceptible in most cases of very tolerably accuracy." (P. 21-22.)

Having given a general outline of volumetrical analysis, Mr. Sutton proceeds to describe in detail its application to special instances, arranged under the heads of Analysis by Saturation (including acidimetry and alkalimetry); Analysis by Oxidation and Reduction—a process of very extensive application; and Analysis by Precipitation. He also describes at some length the applications of the volumetric system to the analysis of urine, soils, manures, and water.

We can recommend Mr. Sutton's book, as giving a very good explanation of a process which, if well mastered, will remove most of the difficulty which

has hitherto attended attempts to make quantitative analyses. The apparatus required are neither elaborate nor expensive. Care must, of course, be taken to ensure accuracy in the graduated measures, etc., and purity in the reagents. With these precautions, and with the application of ordinary mental accuracy on the part of the operator, volumetrical analysis appears likely to become extended in application, in proportion as its simplicity and utility become more widely demonstrated.

## British Medical Journal.

SATURDAY, MARCH 14TH, 1863.

### DEATH OF THOMAS SIMPSON, M.D.,

VICE-PRESIDENT OF THE BRITISH MEDICAL ASSOCIATION.

WE regret to learn the death, on February 28th, of Dr. Thomas Simpson of York, one of the permanent Vice-Presidents of our Association. Dr. Simpson filled the office of President during an eventful period in the history of the Association, and will be remembered by many for the ability and courtesy with which he conducted the proceedings of the meeting at York in 1855. Dr. Simpson was in his seventy-fifth year.

### LEGAL ACTIONS AGAINST MEDICAL MEN.

WE should have been glad to have heard that something in the shape of a protective medical association had arisen out of the late medical meeting which was held at Freemasons' Tavern. The persecution to which members of our profession have lately been subjected by actions at law most unjustly brought against them by individuals, who do or do not think themselves aggrieved in reference to medical treatment, etc., is really becoming a serious affair. Week after week, cases of this kind are brought under our notice. And who is safe from liability to such persecution?

The position of the medical man in reference to his patient, and the very nature of the services in which he is engaged with him, render the medical man most obnoxious to persecution of this kind. A patient with a broken leg rises from his bed with a leg not set to his taste, and brings an action at once against his medical man, who may be perfectly innocent of the bad cure; and yet how hard it is to persuade a jury that he is so! And still more, alas! how easy is it to bring half a dozen medical brethren into court to swear that, in their opinion, if the leg had been properly managed, it would not have been shortened, etc.!

A woman dies from apoplexy twenty days after delivery; during the delivery she suffered from severe

hæmorrhage; but made an excellent recovery, until struck down by the apoplexy. Hereupon, medical brethren rush to the coroner's inquest, and give their opinion that the *post partum* hæmorrhage had indirectly caused the apoplexy, and that a medical man, who was accidentally called in during the confinement, was responsible for the hæmorrhage which caused the apoplexy, which killed the woman! Hereupon the husband brings an action; the medical man, frightened at the possible results, compromises the action. Never was there more shameful persecution.

Now, again, we hear of another action to come off during this March assizes at Hereford, against Dr. Lingen. From what we can hear of the case, we believe it to be on a par with those we have already referred to—most unjust and without any kind of justification. We refer to it now, because we do earnestly hope that members of our profession will not be found to enter the witness-box and give evidence affecting the interest and character of one of their profession merely because they are summoned to do so. Heaven forbid that we should interfere with the due course of justice, when any member of our profession renders himself liable to be properly visited by the whips of the law. No; in such case, it would be our duty to assist in bringing the offender to justice. What we enter our strongest protest against is that thoughtless and ready way in which members of our profession are so often found to come forward and assist in the prosecution of a medical brother in distress, however unjust and unwarrantable that prosecution may be. We cannot but feel convinced that it is within the profession itself that we must look for the cause of this frequency with which actions have of late been brought against medical men.

Our conviction is founded on the facts which lie before us. How many of actions of this kind which have of late been brought against members of the profession are there in which the antagonistic finger of a medical man may not be seen? And an especial hardship to which the defendant is subjected in the case is this, that even if he wins his cause he is deeply injured in pocket; for the prosecutor is for the most part a pauperised individual, and the action not unfrequently what is called a lawyer's action.

What is the use of our calling out for Jove to assist us—complaining of defective medical Acts of Parliament and an inefficient Medical Council—so long as this want of *esprit de corps*, or rather as long as this intra-professional spirit of persecution, exists amongst us. What Medical Council or Acts of Parliament can provide us with brotherly love and the spirit of acting with fairness towards our medical brethren? We sincerely trust that we may not have soon again to record histories of the kind here alluded to.

## MEDICAL FRIENDLY SOCIETY.

THE correspondence which we receive on the subject of a Medical Friendly Society shows the interest which is felt about it in the profession. We cannot for a moment doubt that a society of this nature is one very much wanted, and to be desired by medical men. The reasons are obvious, and we have already mentioned the chief one.

The want, or rather the necessity for the thing, being granted, then comes the important question: How is it to be practically worked? What is the kind of machinery best adapted for the carrying into action and the working of such a society? Now it so happens that our Association is by its organisation admirably fitted for its promotion and its working. What we would therefore suggest is, that the Presidents and Secretaries of the different Branches should take the matter into consideration, ascertain the wishes and feelings of the profession in their several districts; and then, fortified by the information thus obtained, should endeavour to establish some joint central power for the purposes of carrying out the objects desired. It is clear that, if such a society is to answer well and thoroughly, it must be wide and comprehensive, and not limited to any particular locality. We shall, therefore, be very glad to learn from the Presidents and Secretaries of Branches any suggestions which they may think well to offer on the subject.

## PROFESSOR GANGEES ON DISEASED CATTLE.

PROFESSOR GANGEES, in the last number of the *Social Science Review*, gives us some interesting details about diseased cattle in this country, which will interest our readers:—

"Before 1842, the mortality amongst farm stock in this country was slight, and did not exceed one per cent. When the importation of foreign stock was sanctioned by Parliament, cattle plagues were prevailing on the continent, and one contagious malady, the foot and mouth disease, was first introduced. It was carried to the British Isles by breeding stock as early as 1840. The lung disease reached us in 1842, and the losses led to general alarm and the institution of insurance offices. These offices have been established in large numbers as mutual and as proprietary companies; but notwithstanding that every attention was paid in preparing proper tables of premium, in starting with a very large capital, and notwithstanding the encouragement given them, they have all failed. Insurance statistics prove that the general loss over the country amongst cattle amounts sometimes to seven per cent., and at least fifty per cent. of this loss depends on imported diseases. The money loss *per annum* in the United Kingdom varies from seven to eight millions sterling, and by pleuropneumonia alone stock to the value of between three and four millions is annually carried off.

"The dairy cows kept in all large towns in the United Kingdom die off at a rate varying from fifty to seventy-five per cent. *per annum*. In the city of Edinburgh, in one year, 1075 diseased animals were slaughtered out of

1800 head of cattle; of these, 971 were slaughtered as human food and 284 sold as pigs' meat. In London alone, the money loss by disease amongst dairy stock amounts to considerably above £80,000 *per annum*. The loss amongst eighty-eight dairymen in Edinburgh amounted to not less than £12,000 in one year. The importation of foreign stock into this country has been the sole cause of the losses by the lung plague, the foot and mouth disease, and the sheep pox; and the trade in diseased animals is disseminating these plagues and perpetuating them on British soil.

"The produce of diseased animals is sold all over the United Kingdom. It is only in exceptional instances that dying or dead cattle are buried. Good evidence\* is supplied to show that this produce is inducing a large amount of disease in man; but as no one buys diseased meat or milk from choice, and is always defrauded when such material is supplied, it is evident that a check should be put on the practices of dishonest tradesmen.

"The contagious maladies might readily be prevented by stopping the admixture of diseased foreign with British stock; and by prohibiting the exposure of diseased animals in our public markets.

"Government should have a Veterinary Department in connection with the Privy Council Office, through which all information as to diseases amongst stock at home, or in the countries with which we trade, should be made available.

"All slaughter-houses should have a professional inspector to facilitate this system; no private slaughtering places should be allowed; and all town dairies should be under a rigid system of professional inspection."

## THE WEEK.

THE appointment of the consulting (really consulting and examining) physician and consulting surgeon to St. Bartholomew's Hospital at Rochester will take place on April 7th. Upon what grounds are such appointments to be made without salary? We would strongly recommend the members of the profession in that city to memorialise the Lord High Chancellor, asking for a revision of the scheme in such respect that the medical officers may be duly salaried. At present, the trustees purpose, as we understand, to appoint the medical officers in accordance with the scheme propounded; pretending that the Lord Chancellor will expect them to try the scheme before applying for any alteration of its details. The Metropolitan Counties Branch of the Association is at present engaged with the subject of gratuitous medical services. Why should it not also memorialise the Lord Chancellor, asking him to alter the custom. Here is a new hospital, well-endowed. Watts's charity contributes £1000 a year at present to help St. Bartholomew's Charity; but Watts's Charity could contribute more if the Lord Chancellor should think proper. The present seems an excellent opportunity for attempting, at least, to do something in the way of breaking through the "villanous" custom of gratuitous medical services.

\* On this point we must beg to differ with Professor Gamgee. What he states *may* be true, but assuredly the *good evidence* of its truth has not yet been supplied. EDITOR.

OUR readers may remember that last year a Mrs. Gillespie was destroyed by a dose of strychnia, which had been accidentally supplied to her as medicine by the assistant of Dr. Fenwick of North Shields. Dr. Fenwick wrote the prescription, which did not contain strychnia. An action was thereupon brought against Dr. Fenwick; and it would seem that he was by law undoubtedly liable in this way for the mistakes of his dispenser. To save further litigation, therefore, Dr. Fenwick thought it well to come to an amicable arrangement with the plaintiff, paying £500 and costs. It thus appears that medical men are as much liable for the acts of their assistants and dispensers as railway directors are for the acts of their servants; and we suppose that the law holds good, whether the assistant be or be not a qualified man. On the face of it, the law certainly seems (as applied in such a case) most harsh and unfair; for what more can a medical man do than provide an efficient dispenser? He cannot be ever at his elbow to see that no errors occur. We apprehend that the fair solution of the case would be this: that no medical man should be liable for the mistakes of a dispenser or an assistant who was *legally* qualified to dispense medicines. The following report of the case speaks volumes in favour of the highly honourable feeling of Dr. Fenwick and his partner, Mr. Peart.

"Mr. Manisty remarked that he had the honour to appear for Messrs. Fenwick and Peart. His learned friend, Mr. Maule, had done justice to them, and had done it in terms which entitled him to the thanks of the defendants, although he had just done what he expected of him. A more painful case than the present had probably never occurred; and it was because of its painful character, and because of the feelings entertained by both his clients, and because of the sympathy which they had for the man who had lost a wife and the children a mother, it was upon those grounds, and those alone, that they had told him to arrange the matter with no niggardly or illiberal spirit. He might have exceeded the bounds; but he thought it right to deal liberally. He had also been instructed, at the same time, to express, on the part of the defendants, their deepest sorrow at the loss which had resulted from the act of some one whom they were responsible for. His learned friend had done that which he need not do now—he had acquitted the defendants of all personal negligence in the matter. He therefore trusted that their reputation would still be upheld, for there had not been the least shadow of a shade to implicate them. The prescription was right, but the medicine made up was wrong. His clients had considered their servants competent as they had proved them to be, but still they were answerable in the eyes of the law. They had agreed to give £500 as compensation, which would be apportioned, £400 to the plaintiff, and £50 for each of the children, one of which the deceased had by a former husband. He trusted that that would be satisfactory to all parties. The jury having given their assent to the offer, the case was concluded."

Among the candidates for the vacant Examinerships in the University of London, is our associate, Dr Birkbeck Nevins of Liverpool, who has applied for

the office of Examiner in *Materia Medica*. We do not know what other candidates come forward for this important post; but we may say without reserve, that we believe that no more competent man than Dr. Nevins could well be selected. Having distinguished himself as a student at the medical schools of Guy's Hospital, Leeds, and Dublin, he graduated at the University of London, taking honours in chemistry; and has subsequently been engaged in Liverpool for nineteen years as a lecturer on *materia medica*, chemistry, and botany. In addition, a hospital experience extending over fifteen years has afforded him ample opportunity for the practical study of therapeutics. Dr. Nevins is also the author of a translation of the *London Pharmacopœia* for 1851, and of numerous scientific and practical papers, some of which have appeared in the pages of this JOURNAL. There is every reason to believe that the duties of Examiner at the University would be efficiently performed by him.

THE *American Medical Times* tells us that when measures were lately brought before Congress to improve the defective condition of the medical department of the army, the senators, instead of fairly judging and advancing the measures,

"Played upon each other's sympathies by relating incidents of the cruelty of medical men to sick soldiers, of their incompetency, and even of their knavery. Not a surgeon was spoken of in a complimentary manner. Of the large number who have been killed while caring for the wounded on the field of battle, there was not a breath of praise. The narration of cases of amputation against the wish and judgment of the parties afforded more congenial topics for senatorial declamation."

THE treatment of the Indian medical officers has excited a feeling of universal disgust in the service. One gentleman, who has been about twenty years in the Medical Department of the Army, and has seen much service, writes:

"I can scarcely find words to express my feelings on the subject. I bitterly regret having ever entered a service in which one is subjected to such uniform want of consideration. It is useless to trouble you with a long string of complaints and grievances; all I ask for now, above everything else, is to be relieved from this state of uncertainty, that we should at once know what our fate is to be in the so-called amalgamation. One can then make up one's mind as to whether or not it is worth while to remain longer in India."

In his address, just delivered at the fifty-sixth annual meeting of the United States Medical Society, the President said:—

"Our profession is now, I believe, in a more sound condition than at any previous time. The standard of education in our principal medical schools is higher, and pupils go forth much more thoroughly educated than a few years ago. The war, with all its evils, is exercising a salutary influence in the medical profession. The examinations for admission to the medical service of the army and navy set up a high standard of excellence, and

as this service presents a most desirable career for young men, a strong inducement is held out to students to strive to come up to it. The benefit of these examinations is thus made to reach not only those who are successful in their application, but also all those who, though they fail, yet have tried to prepare for them. Their influence on the medical colleges is also most excellent, for students wishing to prepare for difficult examinations, will go to those colleges which afford the most instruction and not to those in which degrees are most easily obtained. They have already led to the establishment of a chair of hygienic and military surgery in some of our colleges."

THE mania for new medicines at the present day is surprising, especially when we consider how little we know of the actions of the hundreds we already possess. Here is another—*elatine*—an aqueous solution of tar. "It has a fine topaz-colour, a pleasant taste and smell, and is an energetic remedy."

Dr. Pauli of Landau, while engaged in an operation of strangulated hernia, in a case where the intestine was gangrenous, pricked his finger with a needle. The medius of his left hand began to inflame in the course of a few hours, and so also the lymphatics of the arm. On the following day his finger was amputated. Happily, he afterwards recovered from the unusual accident.

M. Boudin confirms the statement made by many observers before him respecting the influence of the relative age of the parents over the sex of the children. He finds that the male sex predominates when the father is older than the mother; and that the female sex predominates when the mother is older than the father; and that the sexes are about equal—that of the female, however, slightly predominating—when the father and the mother are of the same age.

M. Diday of Lyons has announced the delivery, in Paris, of three lectures on the Natural History of Syphilis.

Dr. Joret recommends the following way of administering croton oil internally. A drop of the oil is dropped upon a piece of sugar, which is then pulverised and mixed with a certain quantity of starch. The mixture is then divided into six or eight powders.

Professor Zippe, the veteran of Austrian mineralogy, died a few days ago at Vienna. The small band of mineralogists which Austria possesses is made still smaller by his loss.

A new journal has been started in Angoulême, entitled *Le Journal du Médecin de Campagne*—the Journal of the Country Doctor.

Dr. Guggenbühl, who lately died at Basle, has left a sum of 600,000 francs to the Moravian Brothers (*Frères Moraves*), on condition that they keep up the establishment founded by him for cretins, under the name of "L'Hospice Guggenbühl".



## Reports of Societies.

### EPIDEMIOLOGICAL SOCIETY.

MONDAY, FEB. 2ND, 1863.

B. G. BABINGTON, M.D., F.R.S., in the Chair.

ON DISEASES OF THE SKIN DEVELOPED IN SCHOOLS, WORKHOUSES, AND FACTORIES, FROM DEFECTIVE HYGIENE. BY THOMAS HUNT, ESQ.

THE author wished prominently to bring forward the effects of congregating and incarcerating many children or young persons under one roof, of feeding them on one and the same diet, and thus promoting locally the more or less permanent inroads of certain cutaneous diseases; which diseases often subside spontaneously upon the removal of the sufferer from the locality.

These diseases are chiefly the common ringworm (*porrijo scutulata*) and scabies; the former being usually aggravated by the presence of a vegetable, the latter by an animal parasite. He had never visited a workhouse, or a detachment of pauper children, or a large boarding-school occupied by the poor, without observing many cases of ringworm and scabies; one of these two diseases prevailing at one time, the other at another period, and both showing a tendency to pustulation.

These cutaneous plagues will often persist month after month, in spite of the most careful treatment and the most scrupulous attention to cleanliness and ventilation. He had already published an account of an endemic scabies, which infected, for many months together, a large girls' school in the neighbourhood of London, where cleanliness, ventilation, good drainage, good nursing, and good medical care, were conspicuously apparent; but nothing was of any permanent service until an entire change of diet was introduced, together with the daily exercise of the inmates away from the premises.

Accounts of similar endemic difficulties reached the author from medical practitioners who had the charge of institutions of the same character in different parts of the country, and the same kind of treatment proved equally effectual in all of them. In those factories where children are employed, and boarded and lodged on the premises, like occurrences are observed, involving the clean and the dirty, the well-fed and the ill-fed. The doctrine of contagion fails to explain the cause; nor, indeed, is any one imaginable cause to be named that is capable, *per se*, of accounting for all the peculiarities of the case. But it appeared to him that, by duly reflecting upon all the sanitary circumstances in which these children are placed, we may be able to discover an aggregate of influences, so to speak, which not separately, but concurrently, may combine to produce these morbid conditions.

Atmospheric impurity, unnatural diet, deficient exercise, and contagion, are the four conditions which appear to unite their several forces to perpetuate these loathsome affections of the skin. And yet not one of these causes alone ever presents a formidable difficulty in the treatment; neither does either of them exist in any prominent degree in these establishments. There is no sensible vitiation of the atmosphere, no bad smell, no defective drainage, no neglect of ventilation. The diet is excellent in quality, plentiful in quantity, wholesome in character, and correct in its chemical elements. Exercise is allowed and encouraged within the walls of the institution, and contagion is, for the most part, antagonised by care and cleanliness, and very often by individual segregation. So that, considered apart, these causes of disease exist, if at all, in scarcely an appreciable degree. And yet, together, they are

capable of establishing a most formidable cachexia. They poison the blood, producing not only their immediate effects in the form of parasitic skin-disease, but laying the foundation probably of more serious disorders, manifested in after life by the presence of lumbrici, ascariides, tape-worms, pediculi, fungi, hydatids, tubercles, and perhaps cancerous germs, in the various organisms which, under morbid changes, become capable respectively of nourishing these distinctive parasites.

The author then considered the causes referred to singly, and of sameness of diet he said: There is a daily dole of potatoes with boiled mutton, or potatoes without boiled mutton; there is the eternal pea-soup or oatmeal gruel, with so many ounces of bread and so many grains of salt. Oh, what a luxury would a red herring be to those poor creatures, or a lettuce, or an apple, or dish of greens, or carrots, or turnips. Man was made capable of living upon a variety of food, animal and vegetable, fish, flesh, fowl, root, leaf, stem, fruit, and seed. But no man can live on bread alone; nor on mutton chops alone; nor on any two or three articles alone. The life supported by half a dozen changes only, is in a feeble, imperfect, half-poisoned condition.

It appeared to the author, then, that these four causes, atmospheric impurity, sameness of diet, insufficient exercise, and contagion, all of them trifling in degree, are yet capable of working together for evil, and may thus become powerful agents in the promotion and perpetuation of disease. The blood becomes vitiated from the unvarying character of the diet, from impure and stagnant air, from deficient perspiration, and restricted activity of limb, and the agents of contagion triumph over the low degree of vitality which results.

If this be sound pathology, these combined evils will probably be found to play a busy part in the production or aggravation of other diseases, endemic or epidemic in their character. Fortified by an ample, generous, and varied diet, free ventilation, active exercise, and cleanly habits, our junior population might set at defiance cholera, diphtheria, dysentery, and typhus, and probably half the physical "ills which flesh is heir to."

Mr. FRENCH said that his experience of the itch in a London workhouse; viz., that of St. James, Westminster, did not accord with that of the author of the paper that the disease was produced by an uniform diet, or the other circumstances to which he alluded. In that establishment there were about 200, who were fed unvaryingly upon boiled mutton every day, and had been so dieted for many years, who took little or no exercise, and were, in every respect, so circumstanced as to favour the occurrence and maintenance of the disease according to the view expressed by the author; yet these were the very people among whom the disease did not occur. It was a disease frequently admitted into the workhouse for the purpose of being cured, and only spread when sufficient care was not bestowed on the separation of the infected, and this very rarely happened. On the other hand, at the Parochial School at Wandsworth Common, where the diet was varied, where fresh vegetables of every description were freely used, and exercise in the open air was abundantly taken, where no fresh comers were admitted with the slightest papulæ upon them, here the disease would continually break forth, unless the most rigid inspection were constantly observed, the patients with papulæ immediately separated, and active treatment adopted. It is true that neither vesicles nor pustules ever appeared, except in cases where the treatment was purposely deferred in order to afford conviction of its necessity; indeed, nothing but ample experience can convince the mind of a medical observer of the necessity of dealing preemptorily with symptoms of so slight a character as those which furnish the first evidence of itch. He thought that the author attached too much importance to some of the circumstances

which accidentally surrounded the patients as the cause of the disease; and the same remark applied to the conjectures which he hazarded as to cholera being influenced by the same causes.

Mr. HARRIS agreed fully with the author of the paper as to the primary importance of improved diet in all cases of scabies, when occurring in a large number of children, wherever collected. He also cordially subscribed to the opinion that next to an improved diet (especially avoiding all boiled meats), fresh air, and exercise in it, were of primary importance. Cleanliness was essential; but to prevent overcrowding was not less so. Mr. Harris resorted, as the correct treatment of what he believed to be true scabies (but only acknowledging a vesicular or pustular form), to the wash recommended by the Poor-law Board to their medical officers; but which he had used long prior to his reception of their printed formula, in preference to sulphur ointment either simple or compound. The form of wash was thus: "Two pounds of sublimed sulphur, one pound of quick-lime recently burned, and three pounds of water" (to which Mr. Harris added a small quantity of sulphuric acid and common salt when boiled); but the above three ingredients, in these specified proportions, were boiled together for one hour, or until a green colour was produced; then pour off without straining, and keep in stone jars well-stoppered; and this wash applied after a warm bath in which soap had been used would cure scabies in the vesicular form in two days, with only one dressing *per diem*, and the pustular form in four days; and no sheets, blankets, or clothes, would be messed or spoiled; for if rubbed in with a bit of sponge or tow before the fire, it would dry in ten minutes, causing some shrinking of the skin and a smarting warmth; but the cure was most satisfactory. Yet scabies becoming endemic in wards and schools compelled the non-return of the cured patients to their old ground or it would quickly recur. Mr. Harris alleged that numbers alone would not render scabies endemic; but the persistence of a succession of cases in the same ward; and he instanced the workhouse of St. Luke, to which he was medical officer. He was also medical officer to the Orphan School, Haverstock Hill, wherein, with nearly always 400 children, he had never seen a case of scabies, and very little ringworm, the other disease specially mentioned by the author of the paper. Ringworm, like itch, was another term so loosely applied that to Mr. Harris it appeared all children's eruptions were called either ringworm or itch; fifty per cent. of ringworm (so-called) was eczema of the scalp; thirty per cent. was impetigo; and twenty per cent. only was tubercular, strumous, or true favus; frequently commencing as the disease called porrigo decalvans, and passing on into true tubercular ulcers, minute, clustering, confluent. Of the treatment here, he would not speak under such uncertainty that each meant the same thing; but to corroborate Mr. Hunt's views, he would say that an improved diet of roasted and broiled meats was imperative; much exercise out of doors; and but few children in any one apartment, however large. These, conjoined with free ablutions with hot water and soap, would go a long way to effect cures; and the specific treatment might be safely left to each individual medical attendant; never forgetting that in strong solutions of nitrate of silver and iodine we possessed the main elements of local success, and that in steel we had a most energetic and valuable constitutional auxiliary.

Dr. Murchison, Dr. Buchanan, Dr. Hillier, Dr. Seaton, also took part in the discussion.

#### ON RECENT TYPHUS IN LANCASHIRE.

BY G. BUCHANAN, M.D.

Since the great typhus-epidemic in Lancashire at the time of the Irish famine in 1847-48, there has been scarcely any of this disease in the cotton towns. In

1862, however, positive maculated typhus has made its appearance. The disease has been most prevalent at Preston, and next at Manchester. Several cases have been met with in Chorley, a town not far from Preston, and more recently at Accrington, and scattered attacks, still of true typhus, appear to have been observed at Salford and Blackburn.

As the chief interest centres in Manchester and Preston, Dr. BUCHANAN confined his remarks to the outbreaks in these towns. He had visited Preston late in October, under the directions of the Privy Council. The earliest case of distinct typhus he could trace had occurred on July 7th, in a four-roomed cottage, 17, Castle Street, at some distance from the centre of the town. It was not known that the first patient had been exposed to contagion. In this cottage, eight persons had crowded by night into a room whose utmost cubic capacity was 800 feet. They were dirty, underfed, and the boy who first felt ill had also been much exposed to the weather. The boy was removed to the hospital, and returned home on his convalescence. In the last week of August, six other persons were attacked in this house. They were removed and the house closed. Meanwhile, new cases of typhus had occurred in another part of the town, apparently without communication with the former. These were in a district that was afterwards subjected to the chief violence of the epidemic. The locality consisted of very confined and dirty courts, lying low, near the canal, and densely inhabited.

At the end of August, a third neighbourhood, distant from either of the other two, became affected with typhus. A fourth outbreak, apparently unconnected with the rest, was seen in another central part of the town in the middle of September. By the end of this month, cases had occurred in five out of six wards into which the town is divided.

The general progress of the outbreak in the town may be estimated from the following return of reported cases of typhus:—Cases occurring in July, 2; August, 8; September, 23; October (five weeks), 109; November, 89; December, 38; week ending January 3rd, 13—a third more than in the previous week, and double the number occurring in the week ending December 20th; week ending January 10th, 15; and since then a still further increase, though not to any great extent.

At the time of Dr. Buchanan's visit, at the end of October, the House of Recovery (fever hospital), which was constructed for forty patients, contained fifty-two cases of typhus. Afterwards, there were upwards of sixty inmates at one time. In some wards the space for each bed fell short of 600 cubic feet, and the air was here very foul.

At the beginning of November, a wooden building was erected in contiguity to the House, capable of containing sixty patients, with a space of 1500 cubic feet to each. This building was put up in ten days; but there was a lamentable delay before the patients were removed into it at the end of December. In the meanwhile, upwards of twenty persons in attendance on the sick had caught the fever, the medical officer and the master of the House of Recovery being among the number.

It deserves mention, for the sake of those who refuse to acknowledge an epidemic influence that does not show itself on the general death-rate, that in the September quarter of 1862, the mortality from all causes in Preston was very markedly below the average, 464 deaths only being registered, against 607 in the corresponding quarter of 1861. This subsidence was entirely among children under six years, and resulted, there is reason to believe, from the greater care bestowed by mothers on their infants during the time of industrial depression.

The following returns from the parish fever hospital will indicate the progress of the outbreak of typhus in Manchester. In July, 7 cases of the disease were admitted; in August, 8; September, 12; October, 20;

November, 25; December, 17. From December 29th to January 13th, not one case; but on the last-named day, two cases, and since then a few who had contracted the fever in adjoining wards of the workhouse. Scattered cases of typhus have probably occurred in Manchester from time to time, but very rarely since 1847-48. The earliest instance of true typhus in the Infirmary occurred at the end of May, and two cases were admitted in June. At present there is very little typhus in Manchester; but it would be premature to reckon on the complete subsidence of the disease.

Dr. Buchanan referred to his recent report to the Privy Council, "On the Health of the Operatives in the Cotton Towns of Lancashire affected by the Prevailing Distress," for a detailed account of the circumstances contributing to the outbreaks of typhus in Preston and Manchester and other towns. He was at a loss to explain why the typhus influence should have fallen chiefly on Preston. Manchester was exposed to the danger of imported typhus. The limitation of the fever to these towns chiefly was to be ascribed to the strict removal of cases to hospital; the maintenance of a high standard of relief, increasing almost every month; the liberal distribution of bedding and clothing as the winter has advanced; and the almost unprecedented mildness of the weather since November. November, which was the coldest month since the distress began, witnessed the maximum of typhus cases both in Preston and Manchester.

Dr. MURCHISON observed that the society was under great obligations to Dr. Buchanan for the important facts which he had brought before it. The points of especial interest in the communication were two; viz., 1. The circumstances under which the epidemic of typhus commenced; and 2. The circumstances under which it began to subside. As to the first, he could corroborate Dr. Buchanan's statement that true typhus had not been met with at Preston and most of the other large towns of Lancashire for many years before the autumn of 1862. The fever which had prevailed in these towns was typhoid or enteric fever, which was very frequently confounded with, and, when fatal, returned to the registrar of deaths as typhus. In proof of this, Dr. Murchison read an extract from a letter, which he had received in May 1862, from a very intelligent surgeon at Preston, who was well versed in the distinctions between typhus and enteric fever. During four years that the writer had been in extensive practice among the poor of Preston, he had only seen a single case of typhus; but though typhoid fever was far from uncommon, the deaths from typhus, as returned to the registrar, far exceeded the deaths from typhoid fever. Characteristic cases of typhoid fever, which had come under the writer's own notice, had been reported to the registrar as examples of typhus. Dr. Murchison observed that the epidemic of typhus did not commence until after the population had been for many months in a state of great destitution, and that it was unquestionably the indirect result of this destitution. He did not pretend to say that any amount of starvation would in itself produce true typhus; but destitution led to overcrowding, and it was this which generated typhus. In the *Times* of October 13th, it had been stated that numbers of cottages at Preston were untenanted, from the inability of the inhabitants to pay the rents, and that it was the practice for several families to congregate into one house. As many as six different families had been said to be collected in one house scarcely above the ordinary size; and now the society had been informed by Dr. Buchanan that the first cases of true typhus observed at Preston had been in a family of four persons, who had been living in a small room with only 600 cubic feet of space, and who were in a state of extreme want. It was important to observe that there was no evidence that any of these persons had been exposed to the poison of

typhus, nor that typhus had been imported into Preston. In the next place, Dr. Murchison observed that the epidemic at Preston began to subside at the beginning of December, at the very time that the condition of the people began to improve, as shown by the diminished numbers in receipt of relief. Whether the disease, once generated, might not spread by contagion, remained to be seen; but every effort had been taken, on the part of government and of the local authorities, to prevent its spreading. The immense amount of pecuniary relief which had been sent to the distressed operatives in Lancashire, the ability with which this relief had been distributed, and the energetic measures adopted by Dr. Buchanan and others for arresting the spread of the fever after it had commenced, had alone prevented an epidemic of typhus like that which resulted from the Irish famine in 1847. The epidemic of typhus which had been raging for the last fourteen months in London would no doubt also have been prevented, if the condition of the poor in the metropolis had attracted the same amount of public attention as that of the suffering operatives in Lancashire.

Mr. Harris also took part in the discussion.

## LIVERPOOL MEDICAL INSTITUTION.

FEBRUARY 19, 1863.

JAMES HAKES, ESQ., Vice-President, in the Chair.

*Disease of the Tibia.* Mr. HIGGINSON shewed a specimen, for which amputation was performed. The whole shaft of the bone was very much thickened and the structure condensed; there was a history of syphilis many years ago, and mercury and iodide of potassium had both been given largely without success.

*Uterine Hydatids.* Dr. HANNAH shewed a specimen.

*The Stimulant Treatment in Inflammation.* Dr. VASE related two cases that had been recently under his care at the Royal Infirmary, as favourable examples of the treatment of inflammation by stimulants. The first case was that of a man, aged about 20, attacked with pneumonia involving the whole left lung. When brought to the Infirmary, he had been under no treatment, and the disease was in its first stage. The treatment adopted consisted of perfect rest in bed, wine, and carbonate of ammonium. Rapid recovery took place and the crepitating râles disappeared. The patient was here then a young man, in the prime of life, the subject of no exhaustion before, and he was treated with stimulants from the very first.

In the second case the patient was a female, aged 21, and was suffering from acute articular rheumatism. She had been under no treatment before admission to the Infirmary. Dover's powder at night, a mixture containing nitrate and bicarbonate of potash, and a little brandy were given. She did not improve, and in a few days a very strong and distinct friction-sound was heard in the cardiac region. The mixture was continued, and half-a-grain of opium every six hours, and a tablespoonful of Holland's gin every hour were also ordered.

After some days the friction-sound became fainter and less diffused, and has now disappeared, as have also all her other distressing symptoms. The case had not been meddled with before admission, and the patient had recovered under the use of stimulants.

Mr. STEELE said that from these cases we might infer that inflammatory disease may disappear under the use of stimulants; but may it not also disappear without their use? He thought we might come to treat cases with less stimulation.

*Fatal Cases of Jaundice in Early Infancy.* Mr. DENTON read a paper on this subject, and recorded several cases that had come under his care. In the first four cases the subjects of the disease were all children of the same parents. In each case jaundice appeared within two

days after birth, but there was no absence of bile in the stools. The fifth and sixth cases occurred in another family. In the sixth case an abscess formed in the arm, the bursting of which was followed by hæmorrhage, that was controlled at length by laying open the cavity, and applying the pernitrate of iron, but the child did not long survive. The remarkable features in all these cases were the presence of bile in the stools, and the number that occurred in the same family. The symptoms that manifested themselves in some or all of these cases were, jaundiced appearance, in a greater or less degree, drowsiness, languor, fainting, inability to suck, paralysis, twitching, convulsions, hæmorrhage, abscess and fatal exhaustion.

*Jaundice in an Infant.* Mr. HODGSON read a case. A lady, who had previously lost a child from jaundice and convulsions soon after its birth, was confined on November 22nd, 1862, of a fine healthy son, at 4 A.M., after an easy labour. At noon of the same day, the child presented a jaundiced appearance. His bowels had acted; a grain and a half of calomel was administered, and Dr. Grimsdale was called in consultation. No further medicine was given, but cold water was given occasionally for a drink, and the feet were placed in mustard and water, and afterwards wrapped in cotton-wool. He improved; but a month after birth an abscess of unhealthy aspect appeared on the right margin of the anus; at the same time a spot of blood exuded from the navel, to which the cord was still attached. The abscess was opened, and a dark bloody fluid constantly exuded from it; during the night the navel began to bleed freely, and caustic and compresses were applied in vain. Next day the navel, from which the cord had now separated, was transfixed with a needle, and secured with a worsted thread. The bleeding ceased; an ointment containing bismuth, and having powdered tannin sprinkled freely on its surface, was applied to the abscess. Chlorate of potash and a little tincture of muriate of iron were administered, and a few drops of brandy in the intervals of nursing.

In a week the needle came away, and left a healthy surface. The abscess gradually healed. A sudden effusion of blood took place into the left tunica vaginalis, and was slowly absorbed. The jaundice by degrees disappeared, and the child got well.

Dr. GRIMSDALE mentioned similar cases which he had seen, in two of which death took place from hæmorrhage. The cases in which there is a complication of jaundice with hæmorrhage are very fatal. In Mr. Denton's cases there seemed very little tendency to bleed, and in the one case where this feature was seen the bleeding was from an abscess, not from the umbilicus. These cases seem also distinct from the milder form we frequently see, where there is absence of bile in the stools, and from which recovery generally takes place.

Mr. DENTON, in answer to the Chairman, said that in one of these cases the mother was a highly nervous woman, with a tendency to heart-disease; the other was a very delicate woman.

Mr. INING mentioned the case of three children of the same parents who all died of jaundice.

Mr. DENTON drew attention to the remarkable feature in his cases, the presence of bile in the motions.

Dr. VASE said the want of uniformity in the alvine appearances in the cases of jaundice mentioned to-night, made any explanation of these cases almost impossible. In cases where there is any uncertainty as to the presence or otherwise of bile in the motions, it would be very well if an analysis were made.

Dr. WATERS said the pathology was very obscure. Is the bile formed in the blood or in the liver? If it is formed in the blood we may have the biliary apparatus free from obstruction, and still the system in general gorged with bile. The disease may be then in the blood itself.

Mr. SKINNER thought this a blood-disease connected with a hæmorrhagic diathesis.

Mr. HIGGINSON would suggest a remedy for some cases, viz., madder, for which we are indebted to the late Dr. Darwen. It increased the secretion of bile, and might be found useful where obstruction is caused by inspissated bile.

Mr. SWIFT spoke of the usefulness of turpentine in restraining hæmorrhage.

## Correspondence.

### THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

SIR,—I was much gratified to read in your impression of this week such an able leader on the *quæstio vexata* of the title of Dr. You have given a most clear and dispassionate *resumé* of this subject of discussion; and, as a member of the Irish College of Physicians, I have personally to thank you for having more than once in your article done justice to that time-honoured institution. You are perfectly correct in stating that the King and Queen's College of Physicians claims that its charter contains special powers, under which it is enabled to grant the title of Doctor of Medicine. You are also quite right in saying that the College has expressed its readiness, and indeed is quite prepared, to defend this privilege of its Licentiates, if any authority or individual desire to try the question legally.

The London and Edinburgh Colleges, on the contrary, have no legal right whatever to confer the title of Dr.; and still less, of course, to make use of the M.D. appendix; nor, as you justly observe, do these Colleges make any pretence to a claim of the latter kind. I believe I am correct in stating that the Licentiates of the London College have to sign a document, in which they promise not to use the title of Dr. unless they are graduates of an university. If this be true, the non-diplomatised Licentiates cannot surely grumble at their right to the title of Dr. being disputed or even denied; because they have, with their eyes open, accepted the parchment of the College with certain definite conditions that they shall not assume the title of Dr.

It is not, however, my wish to discuss the apparent inconsistency of the London and Edinburgh Colleges, who in former days allowed their Members and Licentiates quietly to assume a title to which they had no right, and now, since the year 1859, which has been aptly termed the year of (*dis*)grace, have suddenly withdrawn it. It is not my desire to comment on the way in which the herd with their £10 notes rushed into the gaping doors of those Colleges, and came out full-fledged physicians. Unquestionably, however, the older members of those Colleges (especially London), who had gained their license by a *bonâ fide* examination, have a just cause of complaint to feel that their names should be enrolled amongst a list of men who have gained the same honour for £10, by having it pinned on to the tail of some Scotch diploma during that famous—no, I should rather say that infamous—year 1859. But this is not my affair; the London and Edinburgh Colleges of Physicians have found themselves on the horns of a dilemma. This must be patent to the whole profession; let them get out of it as best they can.

My chief object now is to assure your readers that the Irish College has got into no such scrape; and if its charter contains privileges which the other two Colleges do not possess, it is only right that your readers should know that in many other ways it is very differently constituted. In the first place, it does not grant its diploma to Licentiates of any Apothecaries' Company. This

rule does not hold good with either of the other Colleges. Again, every Licentiate is required to promise solemnly and sincerely that he will neither "compound or dispense medicines for sale, nor engage in any trade in any part of the United Kingdom."

You know, Mr. Editor, probably as well as I do, that there are many Licentiates—at least, of the Edinburgh College—living in London, who not only dispense medicines for sale, but even trade in sponges and tooth-brushes, etc.; nay, more, I have seen an advertisement in such a "physician's shop", where the letters have been composed of rotten teeth tacked on to a blue card-board. Happily, the King and Queen's College of Physicians have kept aloof from all this; and they do not obtain practice or attract public notice by any unworthy means. They have kept themselves undefiled; and it cannot be denied that the Irish College is now the only pure College of Physicians in the kingdom.

Lastly, without wishing to make any invidious distinction as to the examinations of the respective Colleges, I may perhaps be permitted to say, and it is only just that I should do so, that the King and Queen's College has never opened its doors to Licentiates without examining them; and if any one doubts the nature of the examinations, let him go and try them. The numbers of those who have been rejected out of those who have been examined for the diploma, will contrast strongly with the "low mortality," as it has been called, of the great St. Andrew's rush, and will further show, I believe, a higher ratio than, perhaps, any examining board in this country. The total number of those examined at the King and Queen's College in 1861 was thirty-eight, out of whom seven were rejected; and out of forty-eight who were examined last year, eleven were rejected. Whenever, therefore, you meet a member of the Dublin College of Physicians, you may be sure, that he is not a tradesman, and that he has at least once visited the Irish capital; you may also be certain that he has obtained his diploma by having gone through a more searching examination (even if he were already M.D. of the London University) made by some of the most distinguished and leading members of our profession; for who would not feel proud to have such names as Corrigan, Stokes, Fleetwood Churchill, Neligan, and Hudson, on their diploma?

In conclusion, I will merely congratulate those who, like myself, possessing the diploma, must feel that they have gained one of the first, if not the first, medical qualification to be obtained in the United Kingdom.

I am, etc.,

EMERALD ISLE.

February 23rd, 1863.

SIR,—Permit me, through you, to thank those gentlemen who have replied to my letter, respecting the alleged powers of the King and Queen's College of Physicians, Ireland, to confer the degree of M.D. It is not my wish or intention to cast the slightest discredit upon the Licentiates of this College, who must be regarded as persons misled by representations commonly received and acted on, which they could not fairly be expected to investigate before paying their money for a supposed medical status. I have only one object, and that is truth. I trust, therefore, that both Dr. Foster and L.K. & Q.C. will assist me in eliciting it.

I started with the assertion, that the K. & Q.C.P.I. had assumed the power to confer the degree of M.D., which was not warranted by their charter, nor had they the right to confer such degree by any Act of Parliament. Also, that their license *per se* gives no medical status in England.

The object of the charter was to create a corporate body, which should examine into, regulate, and correct the practice (including that of physicians) and sale of physic in Ireland, and not elsewhere, and nothing more. I found these assertions on the following grounds.

1. That their charter contains no clause giving to this corporation the power to create a Doctor of Medicine or Physic. [An abstract of this charter will be found in a letter published in our JOURNAL of April 27th, 1861.]

2. That the medical corporations have no power to confer degrees. [Vide Judgment of Lord Chief Justice, in case of Mr. Barker.]

3. The form of the license of K. & Q.C.P.I. is worded: "To grant, so far as rests with them, full license to exercise the art of medical science so long as he (the Licentiate) shall well conduct himself." Not saying whether as physician or apothecary, because originally framed so as to suit both.

4. The pseudo M.D. of this College was struck out from the *Medical Register*; and K. & Q.C.P.I. failed by their mandamus to get it restored, or even to shew any right to the title, or that they had or could confer it.

5. I have seen a letter from a late Registrar of K. & Q.C.P.I., in which, in reply to an inquiry touching this question, he says that the prefix of Dr. is merely a courtesy title; but as such, it has never been refused.

6. Sir Hugh Cairns, the late English Solicitor-General, gave it as his opinion, that this College had no power to confer the degree of M.D.

7. In the judgment that was delivered in the Court of Queen's Bench, Ireland, when the K. & Q.C.P.I. tried the question (the Lord Chief Justice and Justices Hayes and Fitzgerald being on the bench), the Lord Chief Justice said: He (Mr. Barker) contended that there was a diploma which entitled him to what he sought; but suppose there was, and supposing the College of Physicians had a right to grant a degree of M.D., they had not granted it.... The applicant had failed to show primary qualification as a Doctor of Medicine by virtue of a degree, and a mere titular qualification would not do.

1. The Acts of Parliament, though they regulate the number, etc., of the Fellows and Professors and their salaries, and appoint visitors of the College, yet they give it *no power* to confer degrees; so that the result clearly deducible is, that the College was not intended to have, and have not lawfully, the power of *creating* physicians, apothecaries, or druggists, but merely of ascertaining that persons so practising were sufficiently skilled to prevent injury to the public health.

The Lord Chief Justice calls the applicant throughout Mr. Barker; and I feel sure that so high a legal authority would not do this offensively. Besides, he says that K. & Q.C. had not conferred a degree in this instance. Now, as this was the case, the College selected for a mandamus to compel the Registrar to restore the letters M.D., signifying Medical Doctor, it is fair to infer that all they could confer, and all that their charter empowered them to enforce, was done in this particular instance; and that if from any cause the College had failed from any technical error, they would have applied for a mandamus in the case of another Licentiate.

Let us turn for a moment to the only published authority upon which the College claims this, to a College unique power, the thought of the Attorney General for Ireland, "I think, etc." This is not sufficient to satisfy, and ought not to satisfy, the medical profession or the public; what we require, and what alone can set this question at rest, is the publication of those clauses in the charter upon which this College claims the power to confer the degree of M.D. As your correspondent L.K. & Q.C. & M.D.I. offers to afford me every facility to try this point in a court of law, I trust he will not object to meet the question fairly by the more satisfactory and far readier course; which is, to publish in your pages those clauses in the charter of K. & Q.C.P.I. upon which the expression of the Irish Attorney General is founded and alleged claim of College based.

I have honestly, and I hope fairly, given the grounds upon which I made my statement. I have no wish to detract from the merits of Fellows or Licentiates of this

College; but I believe it a duty to bring this question before the profession, and I have done so.

I am, etc., A.

March 1863.

### THE TITLE OF DOCTOR.

SIR,—If the vexed question of medical titles admit of being settled on the side of the Licentiates of Royal Colleges of Physicians, your editorial remarks of last week must certainly attain that end; for truly you have not failed to make use of every possible argument which can be adduced in support of their claim. I think, however, you will find that so much remains to be said and felt on the other side, that the difficulty will still longer remain *sub judice*.

There can be but two ways by which non-graduated Licentiates of Colleges of Physicians can claim the title of Dr.: either by right or by courtesy. Dictionary meanings of words, and comparisons between the professional merits of graduates of medicine and Licentiates of Colleges of Physicians, I hold to be altogether idle and foreign to the question.

With regard to the claim by right. It is now generally admitted that no one can legally assume the title of Dr. unless he have obtained the degree of Doctor of Medicine (or of some other branch of study) from a University capable of granting such degrees. The College of Physicians, at least of London and Edinburgh, distinctly acknowledge that they possess no such power; and consequently, that their licentiates have no legal claim to the title or Dr. Hence, the idea of settling the dispute in a court of justice, as has been proposed, seems to me simply absurd. The battle would be between the Universities on the one hand, and Colleges of Physicians on the other, on the ground of a corporate right for which the latter set up no claim.

The claim by courtesy rests on the fact, that it has long been a custom with the public to designate all physicians, even if non-graduated, by the title of Dr. But really, are the circumstances which gave rise to such a custom in any way comparable with such as surround our present difficulty? The non-graduated physician, or, as they are more commonly called, Doctor of Advice, who then received our courtesy, was the exception rather than the rule; he had to undergo an examination and agree to a certain mode of practice which at once shewed him to belong to a different order of the profession from the general practitioner. He was a physician indeed, not only in name—a totally different genus from the Edinburgh Licentiate of the ever memorable year of (aptly called) *disgrace*. As matters now are, the title of Dr. in the eyes of the public gives to its holder a sort of professional superiority; and, when we reflect upon the circumstances and mode in which the Edinburgh qualification was obtained; when we know that many of those who received it were men with but one qualification, and not in any way worthy of a superior designation than their less ambitious neighbours; when we find that the qualification was sought after, not so much to enable its holder to practise as a physician, as for the title with which they believed it to be associated; and when we know that their only claim to the title rests upon our courtesy—can you wonder that we look upon such a custom as “more honoured in the breach than in the observance,” and that we decline to connect a title of so much honour with a qualification of so little worth?

The case of the members of the Royal College of Physicians of London, who received their diploma before the recent changes is altogether different. They, I confess, deserve our sympathy; and, I doubt not, will continue to receive our courtesy. I am, etc., M. B.

February 22, 1863.

SIR,—Notwithstanding the emphatic denial of L.R.C.P.Ed., and F.R.C.S.E., I still believe that I was

substantially correct in the statement I made that “the Manchester Medico-Ethical Association some time ago resolved that a licentiate, not having a degree, was not entitled to be called Doctor.” Although no formal resolution was proposed on the occasion alluded to, when Dr. Stone the Honorary Secretary, brought the subject of the assumption of a medical title without legal claim for discussion before the society, the opinion was all but unanimous against any one without a degree assuming the title; and I appeal to the honorary secretaries to state whether they in their official capacity recognise the rights of licentiates to the title of Doctor. In reply to your editorial note appended to my former letter, I am still unable to comprehend how any honourable licentiate can assume the title of Doctor in the face of the positive statement made by his college that it “never directly or indirectly claimed the possession of any power to confer the title of Doctor; and applicants for its license have been, in every instance in which inquiries were made on the subject, informed, in the most express terms, that no such title was granted by this college” (quoted from the Annual Report for 1861, of the Manchester Medico-Ethical Association.) I cannot think that any one is endowed with much self-respect, who insists upon having what is not his of right; and to my mind there would be a littleness approaching to the ridiculous in the title of “Courtesy Doctor,” were it not that I know it to be assumed, not from a little pardonable vanity but for a purpose not so innocent.

I do not see that the London and Edinburgh Colleges of Physicians are to blame in this matter; the above extract from the “Explanatory Minute of the Council of the Edinburgh College” showing distinctly that it does not sanction the use of the title of Doctor by its licentiates. And we have the Registrar of the London College stating in the JOURNAL that “No [physician as such can properly have rank or title, no claim to these being recognised by authorities treating of precedence, except as founded on the possession of an University degree,” therefore, if any one unjustly uses the title of Doctor it is for the profession—as the colleges have no power to check its abuse—to act, and refuse it to those who have not a legitimate right to it.

As a contrast to your leading article of Saturday last, you will perhaps allow me to give some extracts from two of your former ones. In the JOURNAL of March 1, 1862, you say “We cannot suppose that gentlemen who supply medicines to their patients can claim the rank conventionally ceded to what are called physicians, although they actually by having become licentiates of a college are *de facto* physicians by title.” Also, in the JOURNAL of March 22nd, 1862, you write, “For our own part, we must candidly say, arguing on the principle of a stick being a stick, that we object to give the title of Doctor to those who possess not the doctorate.” Will you inform us, Mr. Editor, what has occurred since you wrote the passages quoted to account for your recent change of opinion? I am, etc., F.R.C.S.

February 23rd, 1863.

### THE DELIVERY OF TWINS.

LETTER FROM JOHN JONES, ESQ.

SIR,—I have read with much interest your observations on the late inquest at Leamington, and think with you that, although the verdict given by the coroner's jury on the case of Dr. Philbrick was not altogether unfair, yet the medical evidence was too hardly pressed and strained against the doctor, and that he is fairly entitled to the sympathy of his professional brethren.

From the evidence, it does not appear whether the placenta belonging to the first child was expelled before the birth of the second. If this were not the case, there would be great liability to hæmorrhage; and the accou-



cheur would not be justified in leaving his patient till the labour was completed by the birth of both children. But if the placenta should follow the child to which it belongs, it might become a question, how long it would be proper to wait before manual interference for hastening the delivery of the second child would be justifiable.

The following case, which came under my notice soon after I commenced practice, was published in the *London Medical and Physical Journal*. It excited much interest at the time, and is noticed in Dr. Ramsbottom's obstetrical work.

A young medical friend called to request me to accompany him to a patient whom he had delivered on the Friday preceding—it being Sunday when he called. He stated that nothing particular occurred to his patient at the time of her delivery; but, on visiting her that morning, he had discovered there was a second child. We found his patient, a strong robust woman, without any unfavourable symptom: the child was a remarkably fine boy. On examination, there was a second child *in utero*.

No doubt, if the existence of twins had been ascertained at the time of delivery, the accoucheur should have delivered before he left his patient. But what was the right practice under such anomalous circumstances? Although the best obstetrical authorities are opposed to a protracted delay in delivering the second child in cases of twins, as no untoward symptoms had occurred in this case, I thought we were not justified in interfering, and decidedly recommended that we should patiently wait and carefully watch for the further operations of nature; and unless hæmorrhage, convulsions, or other dangerous symptoms should occur, not to interfere, however long before the termination of the labour. The passive treatment was accordingly adopted. The patient continued uninterruptedly to improve without the occurrence of any unfavourable symptom. This state continued a fortnight, when labour recommenced, and was speedily followed by the birth of a second boy, healthy and vigorous, but smaller than the first, and about the size of an eight month's fetus. The mother had a very favourable recovery; and it was remarkable that the secretion of milk did not occur till after the second birth.

I am, etc.,

JOHN JONES.

Derby, February 25th, 1863.

### TREATMENT OF TWIN-CASES.

LETTER FROM J. SPROULE, ESQ.

SIR,—Having observed some remarks in your JOURNAL as to the period of time a second child should be allowed to remain after the birth of the first, I am induced, from thirty years experience and constant practice, to forward you a few remarks, which are as true as they are plain.

In the first place, when a second child is in the uterus, and no hæmorrhage occurs, there is no occasion to interfere for twenty minutes, or, if you wish, forty minutes; but at the end of that time, if the uterus did not show some symptom of tonic contraction, I would give a dose of ergot, which will almost in every case bring on a healthy action.

On the other hand, if there be hæmorrhage, sudden or continuous, I would turn, and with success both to mother and child in almost every case. At all events, there would be no danger to the woman, and less to the child, than in allowing it to remain any length of time. Moreover, the parts become more irritable, and the woman weaker and more nervous.

There is no trouble at all in turning the child at an early period; and no danger, for the parts are all in a fit state for the operation. The child is strong; and a good operator will run through with his case in less than an hour, at the outside, from the time when the first child is born.

Most decidedly, if there be no alarming symptoms, a woman may have more time; but if the symptoms were bad, and hæmorrhage continuous, delivery should be instantaneous.

I am, etc., J. SPROULE.

Arvagh, Co. Cavan, February 18th, 1863.

### THE MEDICAL ACT.

LETTER FROM JAMES HEYGATE, M.D., F.R.S.

SIR,—There is so much of truth in a letter from "An Old Associate" on this Act, in last week's JOURNAL, that I crave a space to urge upon the Medical Council the absolute necessity of moving in this matter.

During the presidency of my friend Dr. Robertson (now many years ago), a special and very influential meeting of the Association was held in this central town to promote a Medical Reform Bill; and all the old members must recollect how constantly this subject was mooted at our annual meetings—none advocating it more warmly and more successfully than our excellent friend Sir Charles Hastings. No doubt we were (as an Association) mainly instrumental in securing the Act; but, alas! what a failure as a protective measure to legitimate practitioners!

It seems to me that, according to the decisions come to, any one may assume, without let or hindrance, the title of doctor or surgeon, and practise in any way he likes, provided he do not pretend or profess to be upon the registry. Even the slight barrier of the Apothecaries' Company will probably now be in abeyance.

My object, however, in writing this, is thus publicly to urge upon the Medical Council the propriety of seeking new powers to do away with this anomaly. Sir Charles Hastings is one of this body; and if he will kindly use the same eloquence and cogent arguments, in the Council, he has frequently done on former occasions, I do not despair of good coming of it.

I appeal to the Medical Council as the only body likely effectually to gain the ear of Parliament; and my firm conviction is that, if they will move in full conclave, they will not find much difficulty in securing an amendment of the Act.

I think petitions to Parliament from the Branches of the Association, or from the profession generally, would now have no effect. The Government would naturally say, "There is a governing body appointed by the Medical Act, what do they say?"

Let the public avail themselves of empiricism as much as they like; but surely the line of demarcation should be so clear that people may know whether they are employing legitimate practitioners or not. All I ask is, that a man should not be allowed to assume a title he does not legally possess.

I am, etc.,

JAMES HEYGATE, M.D.,

Vice-President of the British Medical Association.

Derby, March 2nd, 1863.

### MEDICAL HEALTH ASSURANCE OFFICES.

LETTER FROM JOHN M. BRYAN, M.D.

SIR,—Since my recent communication (with the insertion of which you favoured me in our JOURNAL), I have received letters from several gentlemen in different parts of the kingdom; showing that there is a widely spread interest in the subject of a Health Assurance Society. I have also received a pamphlet from an assurance company established in 1855, containing a sick benefit table, with scale of ages and payments, allowing £1 weekly, in case of sickness or incapacity, for the first six months; half benefit to 60 years of age; and one quarter after that time. For example: "For a person of 50 years of age, the annual premium would be £4:2"; so that I am disposed to think that with an

annual premium of £5, or rather more, a society might safely be established.

To this end, I should be happy to act *pro tempore*, and to receive the names of those gentlemen who might feel disposed to join, with the understanding that rules should be formed and satisfactory treasurer or treasurers and secretaries appointed; and it might then be seen how far it would be supported. I still think that it might be commenced and worked through the medium of the honorary secretaries of the British Medical Association, if those gentlemen would feel disposed so to act; and if you would kindly cooperate, and allow the names of correspondents to be inserted in the JOURNAL (and the valuable leading article you gave in last week's leads me to suppose you would do so) you would thereby be conferring a great benefit on those of the medical profession who are desirous at once to have an association formed.

I am, etc.,

JOHN M. BRYAN.

Northampton, March 2nd, 1863.

P.S. Perhaps those gentlemen who write to me personally, and desire an answer, will favour me with a stamped envelope addressed.

### MEDICAL HEALTH ASSURANCE.

LETTER FROM H. GRAMSHAW, ESQ.

SIR,—As a member of the British Medical Association, I feel indebted to you for calling attention to the question of medical health assurance in your leading article of the 28th ultimo. I do not wish to monopolise your space on the subject; and you have placed it so forcibly before a portion of the profession that surely it will come home to them; for to me it appears the want of the present day. Instead of being mulcted £2 each for a very doubtful advantage—to wit, registration—what a splendid investment that would have been towards a mutual medical health assurance society. The various professions have their various clubs; but the poor hard-worked doctor, spending much of his time in the pestiferous atmosphere of dirty courts and fever-stricken alleys, can boast of no friendly society of which he is a member. We form a great company of Poor-law medical officers; but we do not strike hand in hand for mutual aid and support; though of a surety there is no superfluity of salary that we can carry to the bank. And though I have seen a surgeon's children in the work-house, I cannot say I should like my own to be similarly provided for.

In my last note I mentioned Mr. Cubitt of Norwich. That gentleman was to have been the manager of a company called the East-Anglian Equitable Provident Insurance Society. The company was formed; the rules of the society and the tables of rates printed; but the scheme was not carried out because, owing to our legal code, any society of the sort must be a mutual one, or incur personal liabilities, to which no directors would consent. I now forward for your inspection the rules and tables to which I allude; also three letters from Mr. Cubitt to me on the subject; and I hope you will allow him to speak for himself as far as space will permit. He is thoroughly conversant with the subject, and it touches him personally, as he has a son who is not only in the profession, but an ornament to it.

In a scheme of health assurance, it becomes a question, are we to make it one that will provide against: 1. Sickness only? or 2. Sickness with a deferred annuity, commencing say at 60 or 65? or 3. Sickness with deferred annuity and life assurance also? The second scheme appears to me the best.

Any one interested in the matter will find much valuable information in Mr. Alexander Glen Finlaison's report, entitled *Friendly Societies Sickness and Mortality* (printed by House of Commons, Aug. 16th, 1853, price

1s.); also in a *Treatise on Life Assurance Societies and Friendly Societies*, by Arthur Scratchly, M.A., F.R.A.S. (Shaw and Sons, Fetter Lane); and *Observations on the Rate of Mortality and Sickness among Friendly Societies*, by Henry Ratcliffe (printed by George Falkner, King Street, Manchester).

I have only to remark, in conclusion, that the tables on which the East-Anglian Equitable Provident Insurance Society would have acted were approved by an eminent actuary; viz., Robert Tucker, Esq., London.

I am, etc.,

HENRY GRAMSHAW.

Laxfield Villa, near Framlingham, March 2nd, 1863.

To H. Gramshaw, Esq.

SIR,—My attention has been directed to your letter in the BRITISH MEDICAL JOURNAL of February 28th, on the subject of health insurance. I think it one of vital importance to nearly every class of the community; but to none so much as those whose incomes depend upon the power of healthy exertion. If I should be asked to select that profession which stands most in need of protection, or rather, whose moral duty it is to make provision against the hour of sickness, I should point to that of the medical world generally; but, in addition to this portion of the community, there is much fallow ground that requires to be worked. A wide and fertile expanse is before us, only requiring that culture which a common knowledge of statistics and prudential motives urging on to action offers not only a fair remuneration to investment, but would be the harbinger of comfort and consolation to thousands, when stretched on a bed of sickness.

It must not be supposed that your profession stands alone with regard to the need of this provision. The clergy, the commercial travellers, the clerks of various denominations, and a host of others, may and should be brought to guard against the contingency of sickness. Every one knows with what anxiety the day-labourer, the artisan, and the mechanic selects a club for this purpose. Others, in a better grade, make provision for their survivors by a life insurance; and, though many among the medical profession may have insured, yet even that provision is left in peril, should it unhappily occur that they are unable from sickness to continue their early avocations.

I am fully aware of the difficulty that presents itself to provide sufficiently against both contingencies (sickness and mortality); but the one is so intimately connected with the other, that they should generally be united.

Let us for a moment say that the first is deemed imperative; that the assured has only his professional income on which he can depend, and that not very ample. Years glide on with an even current, and his professional income barely meets the demand of a man who is by education and position a gentleman. Allowing that his income has been steadily improving, in all probability his family demands have increased in the same if not in a larger ratio, thus preventing any solid provision. The day of sickness comes at last, for come it will to all. No longer able to perform his wonted duties, he falls back, from necessity, on extraneous aid. Increased expense and diminished income are nearly the certain result. The foundation on which he might have relied has not been provided. The provision against sickness would have met the extra expenditure, kept in force the insurance upon his life, been a balm to his anxious feelings, and probably a valuable auxiliary to his recovery.

I need not attempt to describe in its entire result the consequence of not providing against sickness where much depends upon physical energy, a sound judgment, and the power of carrying conviction to the minds of others. In health alone can these powers be retained in full vigour. We cannot ward off the calamity, happily unseen by our feeble vision; but one thing most can do, and, if it be left undone, a duty is neglected,—we can by

care and frugality, by a reasonable restraint exercised over our inclinations, provide in the days of health that which would prove a rich harvest in the period of sickness.

I am, etc., G. CUBITT.

17, Market Place, Norwich, March 1863.

#### LETTER FROM GEORGE CUBITT, ESQ.

SIR,—Will you kindly permit me space for a few remarks relative to health insurances? It is with satisfaction that I see this question about to be agitated by a class of gentlemen whose intelligence and influence cannot be disputed. If I can be instrumental in promoting their views, as far as certified tables and regulations are concerned, I shall be happy to forward a copy of each to any address where they may be useful.

In addressing you at this time, my wish is to make a few observations relative to your remarks in the JOURNAL of February 28th. In suggesting the annual division of the surplus, to the reduction of future premiums, you would be taxing the society very heavily. During the early period of existence, you would not have attained a fair average in numbers; and hence deduction, apportioning profits on so short an experience, would be likely to mislead. The appropriation of the entire savings would be certain destruction, as the excess for cost of sickness as the age advances is far greater than the premium paid. There can be no doubt that a considerable reserve, during the first twenty-five years, is essential to the stability of the society in after years.

I feel that it would be unwise to confine insurances to medical men—decidedly not the best lives. The statistics on sickness are from combined employment; and, to be safe, I think it desirable that insurances should be accepted on the same basis. My own impression is, that the door should be opened wide, if you desire fully to meet the wants of the community. If your object is to satisfy only a clan or class, the scope is insufficient; if you desire to erect a superstructure worthy of commendation, you must have space sufficient. You have to treat with an enlightened public, and must act on liberal ideas.

The means as well as the requirements of the different grades are numerous, and utterly opposed to uniformity. This is, I think, a sufficient argument against confining the allowance to an uniform sum; and I confess I cannot discover an extra risk in accepting £5 per year for an allowance of £3 per week, as compared with £2:10 for one of thirty shillings.

If you confine your allowance to sickness only, it will, I fear, never take root. Our information on that head is insufficient beyond the age of sixty-five. *The future provision should, I think, be a deferred annuity, commencing at that time or before; all payments to the society ceasing when the annuity commences.*

I am, etc., G. CUBITT.

**EFFECT OF SYRUPS ON LINEN.** Dr. Dore has sent in a paper to the French Academy of Science on the effects of syrup dropped on linen. All syrups, and those of sugar especially, when dropped upon cotton or linen stuffs, and exposed to a moderate temperature, deprive these stuffs of their flexibility and tenacity, and the threads break very easily under their influence. At first sight, the rent has the appearance of having been produced by some corrosive substance, weak sulphuric acid, for instance. A similar effect is produced when wet linen is exposed to a certain degree of cold; the linen becomes brittle. Dr. Dore observes that it is highly important to notice such facts, because they might sometimes, in ignorant minds, generate suspicions injurious to the reputation of a chemist, or of a physician, or else furnish ill-disposed persons with a weapon against those who attend the sick.

## Medical News.

**ROYAL COLLEGE OF SURGEONS** The following members of the College, having been *elected* Fellows at previous meetings of the Council, were admitted as such on March 11th.

Barrow, Benjamin, Ryde, Isle of Wight: diploma of membership dated June 27, 1836

Cathrow, William, Weymouth Street, Portland Place: November 5, 1830

Gilson, John Thomas, Chelmsford: September 2, 1825

#### APPOINTMENTS.

ANDERSON, William, M.D., appointed Resident Physician and Medical Tutor to the Birmingham General Hospital.

BALDOCK, Stottfold, Esq., appointed Resident Apothecary to Bethlem Hospital.

COWELL, George, Esq., appointed Surgeon to the St. George's and St. James's Dispensary, in the room of W. F. Teevan, Esq.

DUKE, Stephen, M.D., appointed House-Surgeon to the Great Northern Hospital.

JONES, John, Esq., appointed House-Surgeon and Secretary to the Royal Isle of Wight Infirmary.

KRAGGS, S., Esq., elected Surgeon to the Huddersfield Infirmary.

NEWTON, Henry W. P., Esq., appointed House-Surgeon to the Chesterfield and North Derbyshire Hospital.

OLLARD, John F., Esq., appointed Medical Officer to the Royal Isle of Wight Infirmary.

FENTON, John, Esq., appointed Surgeon to the Liverpool Constabulary.

PINNIGER, Broome, Esq., appointed Medical Officer to the Royal Isle of Wight Infirmary.

POPE, John R., Esq., elected Surgeon to the East Sussex Infirmary.

RHODES, George W., Esq., elected Surgeon to the Huddersfield Infirmary.

SHEPHEARD, Philip C., Esq., appointed Assistant Medical Officer to the Three Counties Asylum.

\*SWIFT, Henry, Esq., appointed Surgeon to the Liverpool Constabulary.

TEEVAN, W. F., Esq., appointed Surgeon to the West of London Hospital.

WHITHAM, John, Esq., appointed House-Surgeon to the Male Lock Hospital.

#### POOR-LAW MEDICAL SERVICE.

ALLDAY, Francis, Esq., appointed Medical Officer of the Merthyr Tydfil Union Workhouse.

ELLISTON, Wm. A., M.D., appointed Medical Officer to the Claydon District of the Bosmere and Claydon Union, Suffolk.

GRIFFITHS, Griffith H., M.D., to be medical officer to No. 4 district of the Church Stretton Union.

HAMMOND, Samuel, L.R.C.P.E., to be medical officer to the first district of the Midhurst Union, Sussex.

KELLY, Frederick, Esq., appointed Medical Officer to the South District of the West London Union.

LAYCOCK, Robert, Esq., to be Medical Officer to No. 1 District and the Workhouse of the Bramley Union, Yorkshire.

MORRIS, John P., M.D., to be Medical Officer to the Heyford District of the Bicester Union.

NEWETT, Robert H., Esq., to be Resident Surgeon to the Belfast Union Workhouse.

PARK, James H., M.D., re-elected Medical Officer to the parish of Monifeth, Forfarshire.

WESTMACOTT, Joseph V. L., Esq., to be medical officer to the Ardwick district of the Charlton Union.

WIMBERLEY, Conrad C., M.D., appointed Medical Officer to the Bedworth District of the Foleshill Union, Warwickshire.

YATES, James, Esq., to be Medical Officer to the Newcastle District and Workhouse of the Newcastle-under-Lyme Union.

#### ARMY.

FORTEATH, Surgeon A. M.D., 1st Dragoon Guards, having completed twenty years full-pay service, to be Surgeon-Major.

#### ROYAL NAVY.

NIVEN, James, Esq., Surgeon, to the *Pembroke*.

#### MILITIA.

MACIAREN, P. H., M.D., to be Assistant-Surgeon Edinburgh County Militia.

#### VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

MOTT, Charles G., Esq., to be Surgeon 20th Middlesex R.V.

#### DEATHS.

CAUTLEY. At Hedon, Holderness, on March 4th, aged 61, Mary Ann, wife of \*Henry Cautley, Esq.

HOPKINS, Wm., M.D., at Boulogne-sur-Mer, aged 86, on March 6.  
LEWINS. On February 26th, at Clifton, the widow of the late Robert Lewis, M.D.  
\*PROWSE, John, Esq., at Nuneston, aged 43, on February 26.  
\*SIMPSON, Thomas, M.D., at York, aged 74, on February 23.  
VENABLES. On November 29th, 1862, at Melbourne, Australia, aged 31, the wife of George A. Venables, M.D.

THE DR. SEMPLE FUND. This fund is now closed. Upwards of £500 have been subscribed.

NEW ODONTOLOGICAL SOCIETY. The College of Dentists and the Odontological Society have united, and the society which they now form, has taken the title of "The Odontological Society of Great Britain."

BRITISH ORPHAN ASYLUM. The building of the British Orphan Asylum at Clapham Rise has been taken by the trustees of the Hospital for Incurables. One of the trustees, Mr. C. Wood, has promised an annual subscription to the charity of £300.

ROYAL EDINBURGH ASYLUM FOR THE INSANE. The president of the Royal College of Physicians, Edinburgh; the president of the Royal College of Surgeons, Edinburgh; Professor Simpson, Professor Syme, and Dr. David MacLagan have been appointed the medical board of the Royal Edinburgh Asylum for the Insane during the ensuing year; Dr. Skae has been appointed resident physician, and Drs. Clouston and Yellowlees assistant physicians.

FOREIGN ACONITINE. A correspondent of the *Chemical News* writes: "This alkaloid is generally regarded as a most powerful poison. The foreign article, however, I fancy is a comparatively harmless one. I gave a small dog three grains of a substance, labelled 'Pure Aconitina Exot.,' and obtained from a very respectable source, but it had not the slightest effect on the animal. A few days afterwards I gave three grains of another sample, not said to be 'exot.,' at least that was not on the label, and it was a very different looking article. This made the dog dreadful sick; he vomited and retched almost incessantly for more than an hour, and then he got better, and the next day was quite well."

MEDICAL SOCIETY OF LONDON. The ninetieth anniversary meeting of this society was held at the Albion Tavern, on the 7th instant. The annual oration was delivered by Dr. Habershon. A silver medal was presented to Mr. W. C. Calthrop, of Withern, Lincolnshire, for a paper on Spontaneous Closure of the Axillary Artery. There was no award of the Fothergillian medal. The following officers and council were elected:—President: E. Canton, Esq. Vice-Presidents: J. Bird, M.D.; T. Bryant, Esq.; C. J. Hare, M.D.; and G. Lawson, Esq. Treasurer: C. H. Rogers Harrison, Esq. Librarian: J. Palfrey, M.D. Secretaries in Ordinary: G. D. Gibb, M.D.; and E. S. Thompson, M.D. Secretary for Foreign Correspondence: V. de Méric, Esq. Councilors: J. Althaus, M.D.; R. Barwell, Esq.; J. Birkett, Esq.; W. Camps, M.D.; W. Cholmeley, M.D.; A. Clark, M.D.; J. Cockle, M.D.; T. C. W. Cooke, Esq.; W. Coulson, Esq.; T. Davidson, M.D.; S. O. Habershon, M.D.; A. Henry, M.D.; J. W. Hulke, Esq.; J. Jephson, M.D.; A. Leared, M.D.; H. P. Roberts, Esq.; F. Sibson, M.D.; W. Smiles, M.D.; J. S. Stocker, M.D.; J. Townley, Esq. Orator: H. Thompson, Esq. The proceedings terminated with a dinner.

DEATHS FROM NITRIC ACID. A very painful sensation has been caused in Edinburgh by the death of Mr. Stewart, one of the masters, and also of the janitor of the Edinburgh Institution, a large educational establishment in Queen Street. Mr. Stewart was in the laboratory of the school preparing for some chemical experiments, and while carrying a jar of nitric acid across the room, it fell on the floor and was broken. He called the janitor to his assistance to wipe the floor, and to endeavour to save a portion of the fluid. In this effort both unwittingly

inhaled its deadly fumes. Mr. Stewart went home to dinner unconscious of the injury he had received. After an hour or two he began to experience difficulty of breathing, and sent for medical advice, but he very rapidly became worse, and expired at two o'clock on Wednesday morning, about ten hours after the accident. The janitor was also taken ill, and, though he rallied for a time on Wednesday, he afterwards sank, and expired at five o'clock on Thursday morning. Several of the most eminent medical men in the city were called in to the unfortunate patients, but their skill proved unavailing.

DEATH OF A CHILD FROM CAMPHOR. A teaspoonful of camphorated oil was given by accident to a child at Peckham, two years old. The child soon after vomited twice; and then Dr. Griffith was sent for. The deceased was ordered to be put into a bath. She rallied at first, but died in thirteen hours. Dr. Griffith said at the inquest, that he went to the parents' house, and found the deceased in its mother's lap. He was informed what had taken place. The child was greatly convulsed. Owing to the jaws being fixed, he gave stimulating injections to the bowels, and applied mustard poultices to the spine and cold to the head. About twelve o'clock, on his next visit, he saw that the convulsions had ceased, and the pulse had resumed its regularity. Seven hours afterwards he found the child again terribly convulsed, and he detected a strong smell of camphor from the mouth. The child died at eleven o'clock. The bottle, labelled "camphorated oil," was brought to him the next day by the constable. The contents consisted of oil and camphor. Camphor taken in large quantities was injurious. It acted upon the nervous system. He considered that a teaspoonful of camphorated oil was too much to give to a child of a year and eight months old. Convulsions sometimes came on from natural causes. He could not say that the mixture had caused the death, although the symptoms were precisely the same as would be produced by camphor; but if it was the cause of death, it was the smallest dose on record known to destroy life. After some further evidence, the jury returned a verdict, "That the child had died from the administration of camphorated oil, given by misadventure and not from any design."

EXPENSE OF LIGHT. The comparative cost of light is shown in a table exhibiting the comparative cost of the light of twenty sperm candles, each burning ten hours, at the rate of 120 grains per hour:—

	s.	d.
Wax . . . . .	7	2½
Spermaceti . . . . .	6	8
Tallow . . . . .	2	8
Sperm oil . . . . .	1	10
Coal gas . . . . .	0	4½
Cannel gas . . . . .	0	3
Paraffin candles . . . . .	3	10
" oil . . . . .	0	6
Rock oil . . . . .	0	7½

Paraffin and rock oils are the best sources of light for domestic purposes, inasmuch as they give the largest amount of light with the least development of heat. The amount of carbonic acid generated, and heat evolved, per hour, in obtaining a light equal to twenty sperm candles, each burning 120 grains an hour, is as follows:—

	Carbonic acid in cubic feet.	Units of heat.
Tallow . . . . .	10·1	100
Wax . . . . .	8·3	82
Spermaceti } . . . . .	6·7	65
Paraffin . . . . .	5·0	47
Coal gas . . . . .	4·0	32
Cannel gas } . . . . .	3·0	29
Paraffin oil } . . . . .		
Rock " } . . . . .		

(Dr. Frankland. *Chem. News.*)

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Clinical Discussion. The President, "A Case of Successful Excision of the Elbow-joint"; Dr. Greenhalgh; Dr. Abbott Smith; Dr. Gibb; and Mr. Henry Lee; and other communications.—Asiatic.

TUESDAY. Statistical.—Pathological.—Ethnological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Chambers. Lumlilan Lectures. "Formation of Mucus and Pus."—Meteorological.—Society of Arts.—Geological.

THURSDAY. Zoological.—Royal.—Antiquarian.—Linnæan.—Chemical.—Harveian.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Chambers. Lumlilan Lectures. "Formation of Mucus and Pus."—Royal Institution.—Western Medical and Surgical, 8 P.M. Mr. Rouse will read a paper "On Rheumatic Iritis."

SATURDAY. Association Medical Officers of Health.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—MARCH 7, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 957 } { Girls .. 875 }	1832 1370
Average of corresponding weeks 1853-62 .....	2075	1456
<b>Barometer:</b>		
Highest (Sun.) 29.787; lowest (Fri.) 29.314; mean, 29.561.		
<b>Thermometer:</b>		
Highest in sun—extremes (Thur.) 108 degs.; (Sun.) 64 degs.		
In shade—highest (Tu.) 64 degs.; lowest (Th.) 35.2 degs.		
Mean—47.3 degrees; difference from mean of 43 yrs., 4.3 degs.		
Range—during week, 28.8 degrees; mean daily, 19.3 degrees.		
Mean humidity of air (saturation=100), 80.		
Mean direction of wind, S.W. & S.E.—Rain in inches, 0.24.		

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

PHYSICIANS AND DOCTORS.—SIR: Sincerely desirous as I believe you are to be impartial in the expression of your opinion relative to Physicians and Doctors of Medicine, your sentiments, as enunciated in your various "leaders", are draped, so to speak, with the university "toga", from beneath which the cloven foot of impartiality for your first medical love, the University, incontinently peeps forth. Your "slaughter of the innocents", the poor suffering physicians, appears to be insatiable and somewhat indiscriminate; and, in your evident desire to chastise the Edinburgh fledglings of the year of "grace", you lay about you with such over-zealous goodwill as to prostrate the whole species beneath the force of your editorial ferule.

In simple justice, therefore, to the physicians who have obtained their diploma after a fair and legitimate examination, I would beg to ask why, if the title of "Dr." (accorded from ancient times) be disallowed, except as an act of courtesy, to physicians—the highest professional title recognised by the law—why should simple Doc-

tors of Medicine in so many instances assume, and affix to their signatures after the ebalistic letters M.D., the superior title of Physician to .... Hospital? to which they have no legal claim! Why, I would also ask, if, as your readers must inferentially conclude from the leader in the JOURNAL of the 21st ult., the title of Physician is to be regarded as inferior to that of M.D., did so many eminent pure and simple M.D.s—such as Sir H. Cooper, M.D. Univ. Lond.; W. H. Ranking, M.D. Cantab.; W. Ogle, M.B. Oxon.; and many others, seek admission into the London College during the year of grace? Would such men seek for an inferior title?

Again: How, if pure and legitimate "Physicians" are inferior to "Doctors of Medicine", is it that a student can or could graduate at the age of 21, but cannot present himself for examination at the Royal College of Physicians until he is of the mature age of 25 or 26, and after an extended period of practical study? As a Fellow of the College, you can probably throw a little light on the subject, and oblige  
Yours, etc., M.R.C.S.

February 28th, 1863.

[Our correspondent does not keep pace with the times. He regards the Doctorate and the Physician's License from a twenty-years ago point of view. But these things have been revolutionised since the year of grace. He ignores, moreover, the fact that physicians have been of late years made by the score, and are still being made, at the mature age of 21. We were quite unaware of having said anything to exalt the Doctorate over the License, or the License over the Doctorate. The fact is, there are physicians and physicians, and there are doctors and doctors. No doubt that a physician made at 21 and a physician made at 25, are made under different conditions; but they are nevertheless both physicians in the eye of the law. We may say of them, as Lord Dunsyre does of woman: One physician is as good as another—perhaps better. But members made at 25, and licentiates made at 21, are still equally physicians. EDITOR.]

CONSULTATIONS WITH NON-REGISTERED PRACTISERS OF MEDICINE.—SIR: In my letter to you concerning the non-registered medical practitioner, I said a "physician of high repute had met him in consultation." As you seem to doubt it, I hardly know whether to give names or not. It will look personal if I do; as I have been for twenty years a personal friend of one. I can only repeat that the practising doctor I was first asked to meet in a case; on my declining, a physician (magistrate and mayor) did. Not but what he did the thing adroitly; after meeting him twice or so, he gave him the cold shoulder, and took the case himself. The other would, I fear, be a more serious charge, and, of course, would be a painful case to inquire into, and in which I should be one of the last to proceed; because it would turn upon the question, Is a physician, sent for urgently, to refuse going, because a non-registered man is attending? It must come to that; although I have no more doubt myself that the physician knew as well as I know the circumstances, and whom he was to meet.

I regret to say that the physician has held a distinguished post in our Association, and that the consultations have been more than once.

If it would serve any purpose, I am happy to give the whole of the names; but I do not see that it would. I am, etc.,

March 10th, 1863.

AN OLD ASSOCIATE.

COMMUNICATION OF SYPHILIS BY THE BLOOD. M. Vienneu insists on the contagious character of the blood of syphilitic patients, which is denied by Ricord, who says:—"It is very remarkable that the blood, which evidently serves as the vehicle of the poison, and which is itself subjected to the influence of syphilis, does not possess any contagious quality, and cannot communicate the disease to a healthy person."

COMMUNICATIONS HAVE BEEN RECEIVED FROM:—DR. THOS. KING CHAMBERS; MR. CATTLEY; DR. HARDWICKE; MR. J. BARKER; MR. NEVINS; AN OLD ASSOCIATE; MR. HUGH NORRIS; MR. BENJAMIN THOMAS; MR. J. VOSE SOLOMON; DR. T. J. WALKER; MR. THOMAS BRYANT; DR. LIONEL BEALE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. ROBERT H. POWELL; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; MR. G. F. BODINGTON; MR. T. M. STONE; MR. RIVINGTON; MR. HAYNES WALTON; and MR. BENJAMIN THOMAS.

## BOOK RECEIVED.

The International Aspect of Quarantine Legislation. By Gavin Milroy, M.D.

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**Royal Medical Benevolent College, EPSOM.**—Notice is hereby given, that no applications on behalf of persons desirous to become candidates for admission to the College as FELLOWS or FOUNDATION SCHOLARS at the next ensuing Election can be received by the Council after the Morning of the 18th of March inst., when the list of candidates will be finally closed, in order that the Balloting Papers may be printed. The Election will take place, as usual, in May.

By order of the Council,

ROBERT FREEMAN, Secretary.

Office, 57, Sobo Square, London, March 4, 1863.

**Royal College of Physicians OF LONDON.**—FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE. The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, April 7th.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, April 14th.

Registered Medical Practitioners qualified before January 1861, are admitted to Examination under special Bye-Laws.

Candidates are required to give fourteen days notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-Laws are to be left at the same time.

H. A. PITMAN, M.D., Registrar.

Pall Mall East.

**Royal College of Surgeons of ENGLAND.**—Notice is hereby given that PRIMARY or ANATOMICAL EXAMINATIONS for the Diploma of Member of this College will commence on the 4th, 11th, and 25th of April next respectively.

Certificates from Students completing their Anatomical Studies at the termination of the present Winter Session must in ALL CASES BE TRANSMITTED THROUGH THE POST not earlier than the 31st of March next.

And that PASS or SURGICAL EXAMINATIONS will commence on the 18th of April and 2nd of May next, respectively.

Certificates from Students completing the Curriculum of this College at the termination of the present Winter Session must in ALL CASES BE TRANSMITTED THROUGH THE POST not earlier than the 4th of April next.

Particulars relating to these Examinations may be obtained at the College.

25th February, 1863.

EDMUND BELFOUR, Secretary.

**Apothecaries' Hall.**—The next EXAMINATION in ARTS will be held at the Hall, on FRIDAY and SATURDAY, the 24th and 25th of April, 1863. A Syllabus of the Subjects for Examination may be had on application. An Examination in Arts will again be held in the month of September 1863.

R. B. UPTON, Clerk to the Society.

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# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—The diseases of children have from an early period of the practice of the healing art monopolised a considerable portion of the attention of the practitioner; although it has been reserved for men of the present century to enter more scientifically into the subject, to search out the peculiarities of the child's diseases, and to elucidate the differences which are to be observed between the affections of early and adult life. Hence it is only within the last few years that the diseases of children have been shaped into a speciality, and have exclusively occupied the attention of some of the leading members of our profession.

It can be scarcely doubted that we are indebted to this sudden increase in our knowledge of such an important branch of medical and surgical study, to the rapid advance of physiology as a science; for how could men comprehend the differences between the diseases of childhood and of the adult, when they were comparatively ignorant of the processes by which health was maintained, and more particularly of the means by which the development and growth of the infant structure passed on to the perfection of mature life?

To this advance in physiological study may be fairly attributed our more correct knowledge of pathology; and it is upon this solid and sound basis that our present improved acquaintance with the diseases of early life has been unquestionably reared.

The Council of this old and honoured Society, recognising the importance of this subject, have been led to believe that the interest of its members might be promoted and the profession benefited by having their attention drawn from the broad field of general medicine and surgery to the comparatively small one occupied by that of the diseases of children; and, on the strength of this belief, have been induced to abandon the custom by which they have been hitherto bound, and have defined the subjects for their Lettsomian Lectures before nominating the lecturers who were to be selected for their delivery. In carrying out these intentions, the Council have nominated me to deliver their surgical course; and they will not, therefore, be surprised that I should confine my attention exclusively to the surgical aspect of the subject; they well knew also that my attention had not been more particularly devoted to the diseases of early life than to those of the adult; and I therefore take it that they believed the subject would be the most advantageously illustrated by

one whose experience embraces the broad field of surgery, and had not been narrowed by the contracted view which is too often engendered by the special practice of any one class of medical or surgical diseases.

I propose, therefore, in carrying out these assumed intentions of your executive body, to occupy your attention during these three lectures by more particularly pointing out the differences which are to be found between the surgical affections of early and adult life. Having, in the first place, glanced at the differences in the physiology between the two classes, and shown how the pathological processes are modified by such conditions, I shall, lastly, endeavour to point out in what way this knowledge should influence our practice both in the treatment of disease and injury. I shall review the subject systematically, taking up the various systems in rotation, after having dwelt, as far as time will allow, upon some of the special surgical affections of early life.

### THE DIFFERENCES BETWEEN THE PHYSIOLOGY OF THE ADULT AND OF THE CHILD.

I doubt whether I shall be deemed to be departing far from the truth when I assume it to be a physiological fact, which all men readily admit: That in *adult life* the vital forces, started, supported, and maintained by the nervous, respiratory, circulatory, and glandular systems, are mainly employed for the simple preservation of man's physical structure; or, in other words, for the maintenance of what has already attained its perfect growth and complete development. I do not deny that these forces may exist for other subsidiary, or perhaps higher purposes; but it is for the maintenance of the body that they are doubtless principally concerned; and, for the present, this fact alone is one which I would have you bear continually in mind during the consideration of the subject upon which we are now engaged.

The second point, which I would also wish to be impressed with equal force upon your minds, may be thus aphoristically expressed; and I believe that it will be accepted as readily as the last: That in *infant and child life*, the vital forces, originated, supported, and maintained by the nervous, respiratory, circulatory, and glandular systems, are mainly directed for the purposes of growth and development of the being's physical structure; a portion only of their power being employed for its preservation or maintenance.

The grand distinction between the two classes rests upon the fact, that in the child the vital forces are directed for its *growth and development*, whilst in the adult they are mainly employed for the *maintenance* of man's physical structure.

Under these apparently diverse physiological conditions, it can be no subject of surprise that there should exist a material difference between the diseases of early and of adult life; and that the pathological processes should be somewhat modified by the physiological principles. For in man's high nature, in which the physical forces are so wonderfully correlated, the influence of growth and development upon *diseased* processes are too great to be passed over without attention; for it is to the abnormal direction given to these *natural* processes that most of the special affections of infancy are to be attri-

buted ; and in no single morbid action in young life can their influence even for one moment be disregarded. For, although the forces which are employed in the building up of the body, and in maintaining it when completed, may be mere different expressions of the same power directed in different directions, growth, development, and maintenance are so distinct in their several natures, and so uniform in their ends, that it might be excusable if, for a moment only, we were to regard them as originating from independent sources, and to be expressions of distinct powers. Daily practice proves to us that the growth of a part may go on in all its completeness, whilst its development may be arrested, or progress in an abnormal direction ; or we may witness the development progressing in its normal channel, with growth showing itself either in excess or in diminished force ; and yet during this time the maintenance of the whole body may be preserved. All malformations are, therefore, but results of some defective power either in the process of growth or of development, or of both ; and they are always to be explained by the preponderance, diminution, or abnormal manifestation of one or of the other. Harelip, fissured palate, monsters, cerebral tumours, and spina bifida, etc., are to be explained by some defect in the natural development of the child ; its growth and maintenance being, in the majority of instances, perfect of its kind ; whilst instances may presently have to be recorded in which growth alone has proved defective, development remaining perfect.

#### THE GREATER ACTIVITY OF INFANTILE DISEASES.

We will now pass on to the consideration of another distinctive feature of infantile diseases, which characterises one and all ; and that is, their greater activity when compared with those of adult life.

This pathological fact is doubtless to be explained by another physiological truth, which is applicable to adult as well as to child life, although it may be more particularly exemplified in the last :

That the activity of disease appears to be in direct proportion to the activity of the vital processes going on in a part ; that in highly vascular organs, morbid processes progress more rapidly than they do in others less favoured ; and that in proportion to the extent of action going on in a part will the development of morbid phenomena be manifested, when once originated.

In early life, therefore, the well known activity of the vital processes in all the organs renders them particularly prone to morbid phenomena ; and those parts in which development is progressing the most actively are the most liable to become the seat of morbid action.

Again : During development and growth, cell-life is necessarily active ; for it is needless to dwell upon the fact that it is through such cell-growth that all development and increase must be carried out. In morbid actions, therefore, when once originated, a like cell-growth and multiplication is to be observed ; and this point is well exemplified in the case of tumours. For such tumours, when once developed in children, are generally of rapid growth ; and, whether simple or malignant, their peculiar characteristic is cell-structure : the simple tumours being a rapid repetition of their original elements ;

and the malignant consisting almost entirely of a cell-nature, being invariably of the so-called medullary character ; the vital processes manifesting their power by the rapid growth and repetition of the original cell, which had gone astray and become a prodigal, in lieu of developing into a structure of a more perfectly organised nature. Their growth also is generally rapid, being in accordance with the activity of the other functions ; healthy and diseased processes having, in this respect, a strong analogy.

As I proceed with my subject, I shall have the pleasure of illustrating more fully the truth of these remarks ; and I propose, therefore, to pass on to discuss more particularly the specialities of the surgical diseases of children, commencing with such as are to be explained by some defective power either in the growth or development of the infant structure ; the defects which are to be found in the digestive system having our primary attention.

[To be continued.]

## Remarks

ON

### DR. CHAMBERS'S ASSERTION THAT DISEASE IS IN ALL CASES A DEFICIENCY OF ACTION.

BY

LIONEL S. BEALE, M.B., F.R.S.

No wonder Dr. Chambers is alarmed. I spoke of weakening the life of the *cancer*, not the life of the *patient* ! He says : " Of course, he (Dr. Beale) goes on to infer that the aim and intention of a physician should often be to weaken *life*" ; and, towards the close of his spirited remarks, observes with seriousness : " This is not a mere question of verbal criticism ; it is a matter of life and death to our patients". Let me at once dispel his fears. The patients are safe. My colleagues, surgical as well as medical, are, with myself and a very large majority of British practitioners, fully conversant with the necessity of giving support to patients suffering from exhausting diseases ; and the pupils have daily opportunities of observing the advantageous effects of the practice.

I cannot but think my friend's fears with regard to the use of lowering treatment by practitioners in the present day are almost groundless. I would ask him if, in his experience, he knows of a single case of " pneumonic consolidation " treated by a British practitioner, during the last ten years, by " weakening life by bleeding *coup sur coup*, or by starvation" ? The practice undoubtedly existed in days gone by ; but, as a practice, it is now most assuredly extinct.

Dr. Chambers fears I am tending towards the condition of mind of " a certain strong-minded and strong-limbed young lady", who had no pity for people who were " out of health " or " ill", but only for those who suffered from definite disease like apoplexy or measles ; and asks me if I have " never heard of people being ill of the doctor". The tendencies of my friend's mind are not in this direction. It is evident he sees every where defenceless patients suffering from nameless ailments, or " ill of the

doctor". He grapples with grave medical errors which to ordinary observers seem to have been corrected long ago. Unhappy mortals who are being killed "by bleeding *coup sur coup*, by antimony, by starvation", beg for his protection; and, like a certain ancient knight who lived but to redress the wrongs of the helpless and unprotected, the champion of "restorative medicine", bearing "life-giving oil" for the "renewal of life", rushes valiantly forth, and instantly restores them by "life-supplying food, warmth, moisture, etc."

As to the scientific questions, I would remark—

1. That I must still hold the opinion, that "when our bowels act a little more than usual; when we pass four pints of urine instead of two in the twenty-four hours; when we perspire freely; if we apply a turpentine stupe or a mustard poultice to our sound and healthy skin,"—we do not "necessarily become ill". Such actions are merely increased healthy actions, and take place in perfect health.

2. The author of the *Renewal of Life* should define what he means by life. To say that we "supply life by food, warmth, moisture, etc.," and to speak of the "life-giving" properties of cod-liver oil, seem to me incorrect expressions. Instead of "supply" and "life-giving", I conclude Dr. Chambers means simply "support" and "life-supporting". The terms "vital", "more vital", "less vital", "general life", "local life", all need explanation.

3. It is a misapprehension to suppose that I regarded "augmented general or local life" as necessarily associated with "augmented bulk"; nor would I maintain that there was "more vitality in a jelly-fish than in a sprat, in a mushroom than in a flea"; but, to take the same striking examples the author of the *Renewal of Life* has selected for discussion, I would maintain that in a living growing mushroom there is a far greater amount of matter in a *living state* than exists in the last named insect.

4. Dr. Chambers says: "Disease is a deficiency of action." I answered: "Disease may consist of an *excess of action*, or there may be *deficient action*." Dr. Chambers rejoins by saying that I uphold the "converse proposition" to his!

It is certain that a cancerous growth lives much faster than the normal tissue from which it has proceeded; so does pus. In a given weight of these morbid products, there would be a far greater amount of matter in a *living active state* than in an equal weight of growing cuticle, for example. In the case of cancer and pus, a much greater quantity of inanimate pabulum would be converted into living matter within a given time, than in the normal tissue. Hence, it seems to me, the *vital processes* are *more actively* carried on in these morbid structures than in healthy cuticle. In disease there may be excess, and there may be deficiency, of action; and I submit that Dr. Chambers has not shown that disease is in all cases a NEGATION, a DEFICIENCY of action, or PARTIAL DEATH.

GREAT EASTERN RAILWAY (NEW METROPOLITAN STATION AND BRANCHES) BILL. The Ophthalmic Hospital lies close to the proposed site of the station, and the governors, medical officers, and subscribers in their petition presented by the Earl of Shaftesbury, pressed very earnestly that the bill should be thrown out.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### CHESTER GENERAL INFIRMARY.

OBSERVATIONS ON THE EFFECTS OF LEAD UPON OPERATIVES.

By ROBERT H. POWELL, M.D. Lond., Physician to the Infirmary, etc.

THE neighbourhood of lead works and mines to this hospital affords occasional opportunities for observing the pernicious effects of saturnine emanations on the human system. Those who have inspected the preparation of white and red lead, may well feel surprised that the health of the workmen and women is not more generally impaired, and severe disease speedily induced. That it is so in several instances, however, those who are called upon to treat the ailments of the sick poor of this locality are well aware.

The deleterious influence of the salts and oxides of lead presents itself at the hospital mostly in the form of muscular paralysis. The familiar affection, painters' colic, has not been so frequently noticed as one might expect. Perhaps this may be accounted for by the fact that the respiratory organs constitute the main channel of contamination. The house-surgeon, Dr. Fyfe, informs me that he has met with six or eight cases of lead-colic attacking persons engaged at the lead-works. In most of these cases, previous or present palsy was experienced; and in all the blue line on the gums was well marked. He found that purgatives, opiates, sulphuric acid, and iodide of potassium, in succession, were appropriate remedies.

The workrooms in which the manufacture of white lead is completed are every where pervaded with fine particles of lead-compounds, which must necessarily be inhaled in more or less quantity. A visitor is struck with the resemblance there presented to the quarters of the "dusty miller"; whose jocund look and hale complexion, however, sadly contrast with the wan appearance of the lead-operative. It is to be hoped that the inventive bent of our day may eventually devise some more effectual safeguard to the health of those engaged in such employment, than the imperfect contrivances at present adopted. Meantime, we have to apply ourselves to overcome as far as possible the disease thereby induced, and to trace its precise seat and pathological results.

There is now a man under treatment in this hospital for partial palsy of the upper and lower extremities, who had been engaged for two years at the lead manufactory. He states that his general health has been good until a year and a half ago, when he first suffered from lead-colic, or, in familiar terms, had been "lead-ed". He complains of no special disorder, save this local weakness of arms and legs, commencing five weeks ago. The man is aged 28 years, of slight build and well formed; presents a pallid aspect. The gums are universally marked with the characteristic blue line. No disturbance of the digestive organs is complained of; the appetite being good, and the bowels acting well. Urine normal. Progression was much retarded; but the man can stand and bear upon the lower extremities. The sensibility is increased in the lower limbs. He complained of nocturnal restlessness, sleeping only three or four hours, and then waking up with painful "startings" in the lower limbs, which are much wasted. His pulse, save being rather feeble, is otherwise unaf-

feeted. The skin is cool. He is using the iodide of potassium, with a dose of Dover's powder at bedtime. The renal secretion is increased; and he says he feels much improvement in his power of moving his legs, though only in the hospital ten days; and it may be hoped he will be speedily restored to health and strength.\*

There is another somewhat similar, but more severe, case in the hospital now under my care, that of a man who had been engaged for many years at the lead-mines in North Wales. He has paralysis of motion of the lower extremities, but the sensibility is increased. He speaks slowly, but is intelligent. His pupils, especially the left, are rather sluggish on the approach of a lighted taper. He has no blue line on the gums. He complains of constriction of the abdominal muscles, and is obliged to attend speedily to the desire to evacuate the contents of the bladder and bowels. The presence of lead in the system was made manifest by the reaction of the urine with the sulphuret of potassium test. The man is progressing favourably under the use of purgatives, iodide of potassium, and strychnia, with occasional friction to the lower extremities, and the application of galvanism and acupuncture.

A much graver form of lead contamination came under my notice in the out-department a short time past. A stout woman, aged 35 years, applied for relief from general debility and oppressive breathing and pain in her side. She had been engaged in the lead-works for many—I believe over twenty—years. Her health failed her of late, and she became much troubled with dyspnoea—in part, probably, from spasm of the respiratory muscles. Her aspect was anxious; the conjunctiva pearly white; and the skin slightly tinged yellow. Her pulse was frequent, small, and feeble; bowels constipated, with occasional abdominal griping; urine turbid; appetite indifferent; tongue pale and flabby. In fact, her general state was that of modified anemia. The woman suffered from palpitation; and there was a well marked systolic *bruit* audible over the base of the heart, and to the right of the sternum. Severe paroxysms of angina were occasionally experienced. This poor woman has been treated for the present more with reference to her immediate sufferings, than with the view of removing, as in the preceding cases, the saturnine contamination from the body, which has evidently been deeply impressed with the baneful effects of lead compounds.

Anatomical research has revealed no characteristic or special change in those who have died from saturnine influence; but the above, and other cases which I might cite, pretty clearly indicate the nervous system to be the primary seat of disorder, whether evinced through lesion of the sympathetic or cerebro-spinal division of that system. We may suppose that the metal or some of its compounds permeates the nervous tissues, interfering with the due performance of their functions, and selecting certain functions in preference to others, for reasons which we can only surmise. M. Piorry suggests that perhaps lead, being an indifferent conductor of electricity, opposes the free transmission and play of its analogue, the nervous fluid or influence. However this may be, the disturbance of nervous function is chiefly manifested through the muscular system, and in the form of paralysis of motion, whether attacking the voluntary or involuntary muscles. Neuralgic affections are, however, not uncommonly observed, though not usually so prominently witnessed in these cases as a lesion of motor function. The flexor muscles of the extremities, being the more powerful, longer resist the saturnine action than do the extensors, which first give way under its influence. No doubt, ultimately, the blood becomes im-

poverished, and the muscular nutrition is defective. This condition is very apparent when the muscles of the forearm lose power in the so-called wrist-drop.

The precise nature of the disease consequent upon the saturnine contamination it may be difficult to determine; but, as far as one may infer this from the symptoms and course of the affection, it may, I think, be deemed non-inflammatory, and essentially one of defective innervation. I have not met with any epileptiform seizures in connexion with lead-taint, although their having been elsewhere observed further goes to show nervous lesion to be at the root of the disorder. But we require more precise and closer attention to be given to the subject, and the aid of modern appliances, before we can with any certainty determine the intricate questions arising in connexion with this and allied morbid phenomena. Meantime, I trust that these fragmentary remarks may not prove without interest or utility.

## Original Communications.

### ON A CASE OF DISEASED RIGHT HEART; AND ON "CARDIAC APNŒA."

By JOHN K. SPENDER, ESQ., Surgeon to the Eastern Dispensary, Bath.

IN the number of the BRITISH MEDICAL JOURNAL for November 15th, 1862, there appeared a practically useful paper, by Dr. Stephen Monckton, on Incompetence of the Right Heart. Some years ago, I laid upon the table of the (then) Bath Pathological Society a specimen of diseased heart, which illustrated a common cause of apnœa in children, and the symptoms arising from which during life derive new interest when collated with other varieties of cardiac difficulty.

CASE. A female child, about 11 years old, in rather poor circumstances, and of lymphatic temperament, came first under my care on account of difficulty of breathing and palpitation of the heart. The essential point in her history was that, four years previously, she had had whooping-cough in a severe and protracted form. The cough left her tardily, and when at last it did go away, she found herself unable to move about in the agile manner natural to a child, and unable to play at school or to run upstairs. Disordered function probably soon passed into organic lesion; and when I saw the patient, there was abundant physical evidence of dilatation of the heart, with hypertrophy of at least some of its chambers.

But the heart-disease was merely the sequel of pathological changes in the air-tubes and lungs. What those changes are, and how they are brought about, have been aptly described in a clinical lecture delivered by the late Dr. Todd, when I was a student at King's College Hospital. Referring to a case not unlike the one I am now relating, he remarked that "After the cough has lasted for some time, changes occur affecting the lungs and general appearance of the patient. The countenance becomes full and bloated, and the capillaries distended, especially of the conjunctive, which look watery and swollen; and some of these minute vessels often burst, giving rise to some chemosis. All these changes result from the circulation in the capillaries being retarded, in consequence of the violence of the cough. The pulmonary circulation becomes similarly affected; the secretion of the bronchial tubes is altered; the lungs become congested and œdematous, and more or less crepitation is heard in different parts of those organs. Percussion elicits a duller note than usual, as the obstructed

\* This case was discharged "cured" since the above report was written.

bronchial tubes impede, more or less, the ingress of air."

Now, all this morbid anatomy of pulmonary and bronchial apparatus produces a greater or less departure from sound function. And when the duties of the lungs are badly performed, the heart always responds, sometimes by way of sympathy, generally as a measure of compensation. An extra force is required to get the blood to permeate the partially blocked air-cells, and to circulate it through a less aerating area of lung tissue.

In the case of the little girl whose history has been given, an autopsy disclosed a heart, the wall of whose right ventricle was at least twice as thick as the wall of the left. The right cavities were full of blood; the left were nearly empty. The cubic capacity of the right chambers was augmented, and so was the calibre of the veins entering those chambers. And all this was just what might have been expected. The right side of the heart was over-worked, the left side was under-worked; owing entirely to a portion of the capillary system existing between the two, being in a state of blockade.

Concerning this case, there were two points of special interest:—(a.) the etiology; and (b.) the therapeutics.

(a.) The cause of the hypertrophy and dilatation of the right heart was the functional uselessness of a portion of the lungs, and the cause of this was the severe and protracted whooping-cough. Not that there is anything peculiar in whooping-cough as a causative agent, for a similar result may be produced by any other cough in which the spasmodic element predominates, and which is characterised by long "fits" of coughing at irregular intervals. The cough attending influenza in children is very much like whooping-cough; and any ordinary "cold" in a scrofulous child may be accompanied by spasmodic cough, owing probably to the irritation of enlarged bronchial glands.

(b.) What is the correct treatment of a case of this kind? A portion of the lungs is virtually in a state of atelectasis; the right heart is over-burdened with blood, which it struggles to get rid of; the abdominal viscera, and venous system generally, are similarly overloaded; and normal respiration is changed into habitual dyspnoea, aggravated always by anything which makes a demand upon cardiac and pulmonary functions. On one occasion, I was called to my patient on account of very sudden and alarming orthopnoea; and, drawing a rapid conclusion that the right ventricle was most likely temporarily paralysed from engorgement with blood, I took away ten ounces of blood from the arm. The relief was very striking; the heart's beats became regular, and the breathing tranquil. Another time an attack of terrible dyspnoea came on while I was in the room; and before I had time to put a lancet into a vein, the girl was dead.

Now, venesection did good here in a very simple mechanical fashion. The child had no fever, and no inflammation; and therefore, in any other sense than a purely static one, she did not require to lose blood at all. Indeed, in a dynamic point of view, loss of blood could have done only harm, since the remaining blood in the body must have been, to that extent, quantitatively and qualitatively degraded. The success of the practice must be the best apology for its correctness. There was no time for theorising—there seldom is in vital emergencies; but, if we have a knowledge of right principles, we shall almost always find them a key to right action. In other respects, the therapeutical management of this case was for several years a very simple affair. Wholesome nutritious food, warm clothing, and daily out of door exercise, were the hygienic facts rigidly carried out. And, if a perpetual supply of mild dry air could be secured in this climate, this child would probably not have perished in the way that she did. She died on a bleak rainy day in winter—on a day when respiration

would be tasked beyond its normal rate, and when a compensative cutaneous function would be checked, if not altogether impeded. She had a small measured quantity of alcohol daily, in the form of good beer; but, beyond an occasional aperient, little in the shape of drugs was either taken or required.

In the clinical study of heart-disease, it is of great moment accurately to discriminate those forms which are likely to cause sudden death. We should welcome every scrap of information which we can get during life, about the state of the *cardiac walls*—and the degree, if any, in which they are invaded by atrophy, hypertrophy, or degeneration. Mischief is latent in all these. The first two conditions are the recognised "sequelæ" of diseases of the valves of the heart, and of certain diseases of the lung and of the kidney. A degenerated state of the fibrillæ of the heart-muscle is generally a local expression of a general dyscrasia, like the "arcus senilis;" but, whatever its origin, it is an element of physiological weakness, perhaps of sudden and mortal failure.

The symptom which appears to point most distinctly to the existence of degeneration of the cardiac walls, either wholly or in part, is what Dr. Richardson has so elaborately described as *cardiac apnoea*, and Dr. H. Hyde Salter as *cardiac dyspnoea*. So far as I can judge, the groups of symptoms expressed by these titles respectively are identical, or nearly so; and if differing at all, solely in the fact that the first denominates a more transient condition, like the so-called "angina pectoris," and the latter an abiding difficulty of the respiratory act.

I offer short sketches of two cases which I watched with care for some time, and these will be probably better than an abstract description of a state of heart which it is very important to diagnose and to treat rightly.

1. A retired tradesman, aged 67, a man of active and temperate habits, has suffered for two years from slight dyspnoea. This winter, the dyspnoea has been more severe, and has been characterised chiefly by inability to move, and inability to sleep. The air-tubes and lungs are healthy; the heart's action is feeble, and the rhythm irregular. Physical examination tells us nothing else, and so the case appears to be a typical one of cardiac weakness, the apnoea, or the feeling of *want of breath*, being caused by the languid pulmonary circulation. The patient has received great benefit by the long administration of sulphate of iron.

2. The wife of an innkeeper, was under my care for erysipelas of the face, and constant dyspnoea. She was 55 years old, and I suspect had been not always very temperate. Examining the region of her heart one day, I discovered a pretty loud aortic regurgitant murmur. She had numerous purpuric spots on the skin, and appeared a most unhealthy person. I supported her by good food and good physic, but she got scarcely any better. One evening, when I was visiting her, she fell off her chair and died; and when her huge body was picked up from the floor, we found that her face, which during life was suffused with a deep erysipeloid blush, was now as white as marble.

There was an insuperable hindrance to my making an autopsy of this woman. But my reading of the case was as follows:—Aortic incompetency, causing a compensative hypertrophy of the left ventricle; but this over-nourished muscle being *bad* muscle, degenerated and partly worthless, was of no permanent service to the heart, and so the organ stopped one day, and caused sudden death.

Note the sudden blanching of the surface in these cases. Dr. Richardson lays stress on this as a posthumous element of diagnosis. It may be assumed to arise from a stoppage of the supply of blood to the capillary vessels, which, in the moment before death, have emptied their contents into the veins. And this phenomenon

affords a clue to the proximate cause of death during the inhalation of chloroform. The first symptom denoting danger is, generally, a sudden paleness of the face; and this may be accepted as a certain index of approaching paralysis of the heart, involving an absolute arrest of function, if immediate means be not taken to avert it. (See a case, taken at random, recorded in the *Lancet*, November 15th, 1862, p. 533.)

There is a condition of the heart, anatomic and congenital, which furnishes another intrinsic cause of cardiac apnoea. A girl, aged about 18, suffers from constant palpitation; the pulse is normally 120, and very weak; her skin, and especially that of the face, is always dusky; she cannot ascend a hill without much difficulty. Physical examination detects no murmur, and no dilatation of the heart. My friend Dr. Coates, (formerly Physician to the Eastern Dispensary) kindly investigated this case. The only explanation I can give of it is, that the fetal communication between the auricles did not become quite obliterated, and that a little venous blood perpetually filters through the septum, irritating the endocardiac surface of the left heart, and exciting, by reflex sympathy, hyper-action of its walls. This overaction takes a rhythmic form, and is never irregular.

Pure pathology awakens little—far too little—interest, unless it bears upon practice. And patients care for correct diagnosis usually only so far as it is a guide to correct prognosis and treatment. From these two stand-points—prognosis and treatment—it seems that the more common diseases of the heart may roughly be divided into three groups.

(a.) *Disease, Degenerative or otherwise, of the Muscular Wall of the Heart.* Death often sudden; scarcely ever can it be hoped that the heart will regain its healthy tone and power. Unless contraindicated by any complication or intercurrent malady, iron must be given perseveringly, and in good doses. Trust not to those transient props, ether and ammonia; they may weather a patient through half-an-hour's distress, but they have no further value whatever. Iron is the one and only element endowed with the property of regenerating blood, flesh-making food and pure air being, of course, allowed at the same time. Some form of alcohol is almost always advisable. By the use of these means much benefit may often be obtained, and apnoea lessened in severity.

(b.) *Disease of the Aortic Valves.* Death not often sudden. Dr. Stokes remarks that a general morbid state accompanies incompetency of the aortic valves; "a state of deficient hæmaturia, apparently that which favours the deposition of fatty, atheromatous, and tubercular matter." This points to the same principles of treatment as in the last case; the details being varied to meet individual exigencies. Iron is the unfailing medicinal remedy; its good effect being exercised in sustaining the compensative hypertrophy of the left ventricle, and in nourishing the overworked heart itself with good blood.

(c.) *Disease of the Mitral Valves.* Death sometimes sudden, and seldom long delayed. Tonics, especially of the ferruginous kind, are rarely well borne. The chief indication appears to be to unload the over-full venous system, especially that of the abdominal viscera, by saline purgatives (especially the potassio-tartrate of soda, usefully combined with senna or aloes), aided now and then by small doses of mercury. Elimination from the intestinal and renal mucous membranes should be favoured in order to discourage dropsy. A selection of digestible food, taken in small quantities at frequent intervals, is essential; and in this as in all other diseases of the heart, repose of the organ should be promoted by abstinence from unnecessary bodily exertion.

## THE LARYNGOSCOPE AND ITS CLINICAL APPLICATION.

By THOMAS JAMES WALKER, M.D. (Lond.), etc., Surgeon to the Peterborough Infirmary and Dispensary.

### II.—INSTRUMENTS EMPLOYED IN LARYNGOSCOPY.

[Concluded from page 269.]

ALL the instruments I have described are available alike for the examination of the larynx, and of the upper part of the pharynx and the nares; the face of the laryngoscope in the examination of the latter being, of course, turned upwards instead of downwards. As, however, the uvula and soft palate would prevent our seeing the mirror, unless they were artificially held out of their natural position, the little instrument figured in the margin (Fig. 4) becomes neces-

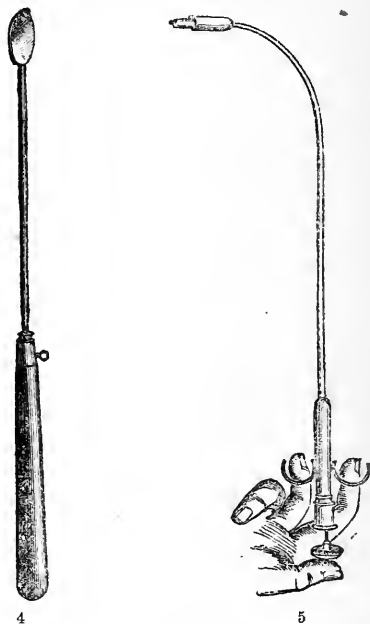


Fig. 4.—Spatula for raising the uvula and palate.  
Fig. 5.—Caustic-holder.

sary. This consists of a broad leaf-like portion turned up at the end, and a stalk, both of metal; the stalk being fixed in a wooden handle. Its use is to raise the uvula and soft palate; and no better example can be given of the difficulties which must be encountered, in their attempts to apply the instruments practically, by those who derive all their knowledge of the laryngoscope from the instrument-makers, than the fact that the traveller from one of the principal London instrument-makers carried this palate-spatula about with him, exhibiting it as an instrument for depressing the tongue. When we are examining the nares, this little instrument is held in the left hand, while the right is occupied with the mirror. Consequently we are not able, when using these instruments, to apply caustics, or adopt any operative procedure, in the regions disclosed to us. I have seen several models of instruments combining the palate-spatula and the mirror in such a manner that both may be worked with one hand, leaving the other at liberty for whatever manipulations may be requisite in the treatment of the diseased conditions revealed by the rhinoscope, as an instrument combining the mirror and palate-spatula is called. The best rhinoscope which I have yet seen is that of Stoerk; and I am at present



getting a model made by Mr. Matthews of an improved form of this instrument, which will, I hope, prove of real practical value.

In the local treatment of the various affections of the larynx and pharynx, many instruments are required which it is unnecessary to describe; but, one of the chief advantages derived from the laryngoscope being the power it gives us of applying caustics with accuracy to the interior of the larynx, no description of the laryngoscopic apparatus would, I think, be complete which left unnoticed the proper form of caustic-holder. Several forms of this instrument have been proposed; and I have employed those of Stoerk and of Leiter. (The latter of these were to be seen, with a large collection of laryngoscopic instruments, in Leiter's case, in the Austrian Court of the International Exhibition; the instruments which I use and recommend are exhibited by Mr. Matthews of Portugal Street.) Both of these, however, have faults in their construction, which have induced me to endeavour to improve upon them; and the instrument here figured (Fig. 5) is the one which Mr. Matthews has invented and constructed, embodying all the suggestions which I made to him as to what was requisite to make the instrument as nearly perfect as practicable. The stalk of the instrument being slender, and at the same time rigid, we are able to direct the caustic accurately to the point desired, without so completely obscuring the image in the mirror as when we employ Stoerk's instrument; and, the extremity of the instrument being expanded, it admits a much larger piece of caustic than any of the foreign instruments I have seen, which will scarcely contain a piece larger than the fenestrum through which it is applied, so that there is risk of the caustic falling into the trachea. I have made the absolute security of the caustic a *sine qua non* of this instrument. The caustic, being concealed when we introduce the instrument into the larynx, is pushed forward by the pressure of the thumb on a button at the end of the instrument; and, the pressure being taken off, it returns to its case by the elasticity of a spring, when opposite the point we wish to cauterise. The whole is perfectly manageable with one hand.

The ordinary sponge-probangs, mounted on whale-bone suitably curved, are of course not superseded by the instruments for holding solid caustics; and no set of laryngoscopic instruments is complete without one or two of these. On precisely the same principle as his solid caustic-holder, Mr. Matthews has constructed an instrument with a sponge for the application of liquids; and regarding, as I do, the solid caustic-holder of incomparably greater practical value, for its convenience and security, than any that has been previously constructed, I should recommend the instrument for applying liquids to those who wish to have every instrument they use neat and elegant, as well as useful.

Together with the instruments I have described above, Mr. Matthews has submitted for my inspection a pair of forceps, or perhaps one should rather describe them as tweezers, which, projecting from the end of a long tube constructed with rings, etc., as is the caustic-holder figured above, are closed by the pressure of the thumb, and open again by their own elasticity when the pressure is removed. These Mr. Matthews, no doubt, intends for the purpose of removing such small foreign bodies as a fish-bone, etc.; and for this purpose they might, I think, be very useful.

Certain instruments, which I have had constructed for the treatment of special cases, I shall describe in connexion with the cases themselves.

Those who are anxious to make a special study of laryngoscopy, and who are able and willing to devote much time to the study of the laryngoscope, cannot do better than study its application on their own persons.

Autolaryngoscopy is quite possible by the aid of simply a small mirror held in the left hand, while the right is used for guiding the laryngoscope; but this practice is very difficult, without the use of some apparatus especially adapted for it.

Although, from a fear of being tedious, I shall not here describe the instruments necessary for observing or demonstrating one's own larynx, I may mention the apparatus of Czermak, which is the one I have used. In this, by means of one mirror, the light from a lamp or the sunlight is reflected on to the laryngoscope held in the pharynx; while in another mirror, placed high enough to admit of the light reflected from the first passing beneath it, the operator observes the image of his own mouth with the laryngoscope, and its reflection of the larynx. Another apparatus, which I have not yet seen, appears from the description given by its inventor, Dr. Moura-Bourouillon, at least as good as that of Czermak, simply for purposes of autolaryngoscopy. The pharyngoscope, as it is called, consists of a mirror which may vary from six to eight inches in diameter; this is pierced in its centre by a hole an inch and a half in diameter; and in this opening is placed a lens of glass; the whole is mounted on a frame, which may be fixed to a lamp in such a position that the lens is immediately in front of the flame, the back of the mirror being directed towards the lamp. The light concentrated by the lens falls into the open mouth of the observer; and he, holding the laryngoscope in the proper position, sees what it discloses, reflected in the mirror of the pharyngoscope. The illumination in this instrument, being obtained by concentrating the light instead of reflecting it, is probably better than that obtained by Czermak's apparatus; but for demonstration to others the pharyngoscope of M. Moura-Bourouillon seems to me very inferior to Dr. Czermak's laryngoscope for self-observation; and I should, therefore, advise those who wish to take the judicious step of applying the laryngoscope and studying the laryngeal image on their own persons, before practising upon others, to purchase the apparatus of Professor Czermak, directions for the use of which I will give when speaking of the mode of applying the laryngoscope. Previously to discussing this, I shall, in my next paper, describe the appearance of the parts brought into view by the mirror, as seen during life.

[To be continued.]

THE IDIOTS AT EARLSWOOD. Some idiots are much affected by changes of weather, the state of the barometer somehow remarkably influencing their nervous system. In short, the phases of idiocy are illimitable, both bodily and mental, and the pointed remarks idiots make are perfectly inexplicable. For instance, one of them had heard that I had said in a speech they could not play at cricket; so he criticised me by observing, "It is very easy for a man to speak, but he often says what he does not know." However, he certainly could not play at cricket, though that game has now been achieved by many. A clerical friend of mine was showing some of the little ones his hunting-watch, which he blew upon, and then touched the spring, as if it opened by his breath; some larger boys were looking on, and said, "He looks like a clergyman, but he practises deceit." In fact, it is necessary to be most careful as to what is done or said before them, for they often remember everything and make strange observations, especially as to any promise the fulfilment of which may have been forgotten. Yet I have seen a nice little fellow who spoke well enough, but could not recollect what he said for a moment; the impression was gone directly. It should be known by all visitors that they are frequently much pained by thoughtless remarks upon themselves. ("Earlswood and its Inmates," by the Rev. E. Sidney.)

## Reviews and Notices.

CLINICAL MEMOIRS ON DISEASES OF WOMEN. By ALFRED H. M'CINTOCK, M.D., F.R.C.S.; late Master of the Dublin Lying-in Hospital; Hon. President of the Dublin Obstetrical Society, etc. With Engravings. Pp. 435. Dublin: 1863.

PRACTITIONERS who apply themselves to the treatment of the diseases special to females will, there can be no doubt, receive with pleasure, and with expectations of instruction, the announcement of a clinical work by an ex-master of that famed institution, the Dublin Lying-in Hospital; and, when they have read the book, we think they will agree with us in pronouncing that Dr. M'CINTOCK has done credit both to himself and to the Dublin school of obstetricians, in laying before the profession "some of the fruits of eleven years experience in the gynecological wards of the Lying-in Hospital."

The book consists of sixteen memoirs; and, to use the author's words, "is based on clinical observation; aims at clinical utility; and is illustrated by original clinical histories."

We will now give, according to the capabilities of the space at our disposal, an outline of the contents of the book.

The first memoir is on Pelvic Cellulitis. Dr. M'Cintock's experience of this disease is derived from seventy cases, of which two only were fatal—death taking place from dysentery, produced apparently from the bursting of an abscess into the colon. He finds the disease to be more common in first than in subsequent labours—twenty-eight cases out of sixty-one having occurred in primiparæ; and while he agrees with Dr. West that cellulitis is rarely the result of true puerperal fever, he supports the opinion of Dr. Bennett that it often follows an attack of metritis or metro-peritonitis. In thirty-four cases out of sixty-two, the development of cellulitis was preceded by "well-marked symptoms of uterine or abdominal inflammation, more or less severe, within the first week of childbirth."

An important point is here noticed by Dr. M'Cintock; viz., the occasionally insidious development of pelvic cellulitis after metritis. The existence of the disease may be unsuspected until the patient begins to get up and go about.

"It is a very important rule, therefore, in all cases of convalescence from uterine or peritoneal inflammation, to examine the iliac regions day by day as regularly as to feel the pulse. By so doing, I have on several occasions detected the presence of latent cellulitis, when all the other symptoms indicated the complete subsidence of morbid action." (P. 3.)

After further commenting on the causes and describing the symptoms of the disease, Dr. M'Cintock notices the situations in which, if the inflammation goes on to suppuration, the abscess may burst. The cases that have come under his observation give the following results:—

"Of seventy cases, thirty-seven ended in suppuration with discharge of pus; twenty-four of these burst or were opened externally; viz., twenty in the iliac region, two above the pubes, one in the inguinal region, and one beside the anus; six were discharged *per vaginam*; five by the anus; and two burst into the bladder." (P. 9.)

He has never known a puerperal pelvic abscess to burst into the peritoneum; though he has seen this occur sometimes in non-puerperal abscess.

As to the relative advantages of the different modes of bursting, he finds that the escape of the matter externally, in the iliac or suprapubic regions, is most favourable. This opinion is contrary to one which is held by some other writers, especially M. Becquerel, who says that, when the abscess opens externally, "the suppuration goes on longer, weakens the patient more, and is more frequently complicated with alteration of the pus and with putrid infection." Whatever may be the results in a very large number of cases, Dr. M'Cintock's experience certainly justifies him in expressing an opinion at variance with that of the eminent French surgeon; and it is moreover to be noted, that the only two fatal cases in Dr. M'Cintock's practice occurred in patients in whom the abscess burst *internally*—into the bowel.

Here there follow the records of thirteen cases illustrating various points in the history of the disease; and the author concludes the memoir with some remarks on its treatment. In opening this subject, he insists strongly on the necessity of the recumbent position.

"The first thing is to impress on the patient and her friends that recovery can only take place very slowly; that she, therefore, must have patience, and be willing to observe the strict confinement to the horizontal position, which is the most important part of her management, and without which all treatment will prove nugatory. These cases almost always issue in the recovery of the patient; but they extend over a long period—from three to four months being their average duration. Until resolution has taken place, or, at all events, until the tumour has become chronic in the fullest sense of the word, the patient should observe a recumbent posture. I am anxious to urge this point, again and again, on the attention of the practitioner, for I do not think its importance is sufficiently dwelt upon by writers; and it has been my lot to witness sad, nay, even fatal, consequences from inattention to it." (P. 29.)

The plan of treatment recommended by Dr. M'Cintock may be explained as follows. In the acute stage, local bloodletting by leeches applied over the tender part stands first in efficacy; leeching the vagina or os uteri he thinks of less value, unless the inflammation be limited to these regions. Linseed-meal poultices applied over the lower belly; small doses of Plummer's pill or blue pill, with James's powder (Newbery's); rest and mental quietude; low diet; small opiates if the patient's rest be disturbed; a warm hip-bath in the evening (very great care being of course taken in moving the patient); and, if delivery have occurred recently, syringing the vagina with warm water twice a day (unless pain be produced)—are the remaining remedial means in the acute stage.

In the subacute stage, the author has sometimes seen benefit derived from the administration of doses of from one-tenth to one-sixteenth of a grain of bichloride of mercury three times a day in a drachm of a mixture containing equal parts of tincture of bark, tincture of henbane, and distilled water; a little muriate of morphia being added if there were tendency to diarrhœa. Of other remedies for the disease in this stage, or as it approaches the chronic stage—such as the application of strong mercurial ointment or of tincture of iodine, or the internal ad-

ministration of iodide or bromide of potassium in decoction of sarsaparilla—he does not seem to have a very high opinion, although he says that they “may be tried.”

Here again, and even when the disease is assuming the chronic stage, he insists on the necessity for the exercise of great prudence with regard to allowing the patient to rise from bed, and remarks that

“It is certainly desirable to keep the patient under treatment as long as any obvious swelling remains; for, whilst the inflammatory products which form the bulk of the tumour are present in any quantity, they will form a starting point of inflammatory action under any exciting cause, however trivial.” (P. 32.)

In the chronic stage, Dr. M'Clintock relies most on sulphate of quinine, iodide of iron, and cod-liver oil; each being used according to particular circumstances. Pure air, however, “is the best of tonics,” if the patient can be safely put in a condition to enjoy its benefits. Sexual intercourse must be strictly prohibited as long as any vestige of the disease remains.

If the disease assume the suppurative stage, the treatment must be directed “with a view of hastening forward the abscess, supporting the woman's strength, and alleviating any prominent symptom (such as pain, diarrhoea, sweating, etc.) that may be present.” With regard to opening the abscess, Dr. M'Clintock observes:—

“When the abscess points externally, an artificial opening is desirable, but this should not be made till the matter is near to the surface. It is not always necessary, however, to wait till the skin becomes adherent to the tumour; though it is generally advisable to do so. A free opening should be made with the lancet; and it is best to let the matter exude spontaneously from the abscess, or at least very gentle pressure only should be exerted on the latter. The contents of the abscess is usually thick greenish-yellow pus. Where the case proceeds satisfactorily, the discharge rapidly diminishes in quantity, becomes thinner and thinner, and finally presents the appearance of limpid yellowish serum. If the abscess tend toward the vagina, be prominent and distinctly fluctuating and causing much distress, the bistoury may be used; but in the ordinary run of cases I believe it better to let it burst of itself when pointing in this situation; and this was the course almost invariably pursued in my cases, and which I would recommend as a general rule.” (Pp. 34-5.)

The memoir which we have just noticed refers to inflammation of the pelvic cellular tissue, occurring in puerperal women; and in the second memoir, Dr. M'Clintock comments on Pelvic Inflammation and Abscess in the Non-Puerperal State. Under this head he includes a group of cases which are assimilated more by their clinical than by their pathological characters; including cellulitis analogous to that which occurs after labour, together with pelvic inflammation consecutive on uterine or ovarian disease. The remarks of Dr. M'Clintock on the affections here noticed may be advantageously considered in connection with those of the French writers who have of late so ably investigated the subject—such as MM. Bernutz and Goupil, Valleix, etc. Several cases are related, which illustrate how insidious and dangerous pelvic or abdomino-pelvic abscesses may be, and how important is their diagnosis when any operative procedure is contemplated, as for the removal of an uterine polypus.

“They further supply us with some hints which may

assist in diagnosing obscurely developed cases. The symptoms which should excite suspicion are:—1. A persistent hardness and swelling in one or other iliac region, not distinctly referable to uterine or ovarian enlargement. . . . 2. A persistent uneasiness here, with more or less tenderness on pressure. These symptoms alone should be sufficient to create an apprehension of some deep-seated collection of matter, and to prompt to closer and more connected inquiry in the same direction. We shall then most likely discover that the patient has had occasional attacks of abdominal pain, more to one side than the other, accompanied by febrile symptoms and by vomiting or diarrhoea. These illnesses she will, perhaps, describe as having been merely ‘bilious attacks.’ Her appearance will be more or less cachectic, and the pulse be somewhat above the normal rate; her appetite bad, she may perspire rather freely at night, and occasionally experience slight chills. She may be up and about; still she is only equal for slight exertion, and has a constant *malaise* and feeling of indisposition, which deprive her of all enjoyments, and unfit her for active duties.” (Pp. 49-50.)

These symptoms, Dr. M'Clintock admits are not absolutely diagnostic of pelvic abscess; for they may arise from other causes. When present, however, they should “suggest the possibility of a purulent collection existing in the neighbourhood of the uterus, and should incite to careful investigation.”

In the third memoir, the subject of Procidencia Uteri and the Use of Pessaries is very fully discussed. In cases of procidentia of long standing, attended with great difficulty—or apparent impossibility of reduction, Dr. M'Clintock has derived satisfactory results from strapping the tumour circularly with adhesive plaster; the strips being left on for two days, and then applied anew. In a case which he relates, reduction of the tumour, which had at first been impossible, was effected, though with some difficulty, after the removal of the fourth relay of the plaster. Great sensibility, or ulceration, of the procident uterus, of course, contraindicate the employment of strapping.

To remove impacted pessaries, Dr. M'Clintock uses a simple instrument consisting of a piece of stout iron wire twisted like a corkscrew at one end. He rarely finds it necessary to break a pessary in order to remove it.

As to the merits of the different kinds of pessaries, he does not pretend to give a positive judgment; but inclines rather to allow to each kind its own advantages in particular cases. The India-rubber pessary is generally very satisfactory, but it is not durable. The air-pessary, with a tube attached for inflation, “has not proved satisfactory to my patients”—on account of the irritation of the vulva by the tube. The pessary with a stem, secured by bandages and tapes, presents both advantages connected with the pessary itself, and inconveniences connected with its accessory apparatus. But if the patient can remain quiet or tolerate the inconvenience, this form of pessary is very serviceable; and in many cases where the perineum is extensively injured, it is the only one that can be worn. Dr. M'Clintock agrees fully with Dr. West regarding the use of sponge as a pessary, that its employment demands scrupulous cleanliness, and that it should be confined to minor degrees of prolapse, being used there as a precautionary measure, which may, if matters go well, be soon dispensed with.

The subject of the fourth memoir is Inversion of the Uterus.

In the fifth memoir, the subject of Fibrous Tumours of the Uterus is very completely treated of. In speaking of the modes in which life may be endangered by these tumours, Dr. M'Clintock expresses his opinion that the three most common sources of danger are the production of peritonitis, of exhaustion, or of hæmorrhage. Peritoneal or pelvic inflammation he regards, from his own experience, as the most fruitful source of danger. The inflammation may arise without any obvious cause; or it may arise from the bursting of an abscess formed in the subserous cellular tissue; or from the giving way of serous membrane over a softened fibrous tumour. Hæmorrhage, though often profuse, is rarely the immediate cause of death; but by its frequent recurrence, with abundant sero-mucous or mucopurulent discharge in the intervals, the patient is liable to be brought into a fatal state of cachexy and debility.

In describing the treatment of the uterine fibroid, Dr. M'Clintock attaches much importance to the use of hæmostatic remedies—hæmorrhage being a symptom which often occurs. Among hæmostatics, he places in the first rank gallic acid, alum, tincture of Indian hemp, and iron. Of the Indian hemp, he says:—

"The hæmostatic properties of the tincture of cannabis Indica (Indian hemp) were discovered by Dr. Maguire of Castleknock, and made known to the profession by Dr. Churchill. I have repeatedly used it in the hæmorrhages depending on uterine fibroids, and can with confidence speak of its occasional marked utility. It does not always succeed—there is no one hæmostatic that will; but it disappoints less frequently, perhaps, than any other. It holds, I think, an intermediate place between the stimulating and depressing hæmostatic agents." (P. 145.)

Polypus of the Uterus forms the subject of the sixth memoir. In the treatment of this affection, Dr. M'Clintock gives a decided preference to removal by the knife, scissors, or *écraseur*. He does not absolutely condemn the ligature; but, while in removal by excision the principal source of hæmorrhage, which occurs at the time and may be met, in the operation by ligature it is the secondary or remote effects that are to be dreaded. These are thus enumerated by the author:—

"1. Death may occur before the ligature has cut through the neck of the polypus, even in cases where this has not been unusually delayed, and where no part of the uterus has been included in the ligature.

"2. In some cases, a fatal termination has been brought about by the supervention of peritoneal inflammation.

"3. In other cases, uterine phlebitis, ending in death, has succeeded the application of the ligature.

"4. In not a few instances, the fatal issue has apparently been attributable to a low kind of toxæmic fever, or constitutional irritation.

"5. Pelvic abscess, with its attendant dangers, is a result to be apprehended from the operation of ligaturing uterine polypi.

"6. Phlegmasia dolens of one or both legs may follow the employment of the ligature.

"7. It would seem possible for a patient to be carried off by tetanus after this operation." (P. 185.)

In support of his preference of excision over deligation, Dr. M'Clintock mentions that the only fatal

cases in thirty-four of uterine polypus which came under his notice, occurred in three out of ten after (he guards himself from saying positively as a result of) the application of the ligature; further, that in fifty-nine cases of ligature reported by Dr. Robert Lee, death took place in nine; while, according to the same eminent obstetrician, not one case was fatal among thirty-five in which polypi were removed by torsion or excision. Hence Dr. M'Clintock has evidently ground for opening his remarks on the ligature by saying that he believes "the use of the ligature alone, as a means of extirpating uterine polypi, is destined ere long to become nearly obsolete."

The remaining memoirs contain some valuable practical observations; the notice of which, however, we must defer to our next number.

[To be continued.]

**ANATOMY OF THE PARTS CONCERNED IN FEMORAL RUPTURE.** By GEORGE W. CALLENDER, Assistant-Surgeon to, and Demonstrator of Anatomy at, St. Bartholomew's Hospital. Pp. 51. London: 1863.

Nor much, indeed, remains to be said of the anatomy of femoral hernia; nor does Mr. CALLENDER pretend to bring forward anything remarkably novel. His object has been to test the accuracy of the descriptions now generally accepted; and at the same time "to trace the extent to which they have been derived from the writings of yet older authorities, whose writings deserve more general notice than has been accorded to them of late years."

Mr. Callender has laboriously examined the literature of femoral hernia, and has brought together the views of all who have written on its anatomy from the Hippocratic period to the present day; and has thus produced a very interesting monograph, which we commend heartily to the perusal of surgeons and anatomists.

## Progress of Medical Science.

**TUBERCULAR DISEASE OF THE URINARY ORGANS.** Tuberculosis of the urinary apparatus, Professor Kussmaul observes, may occur as a part of general tuberculosis, manifested either in the acute or in the ordinary chronic form. In general, the deposit is limited to the cortical substance of the kidneys; the secreting tissue being capable of performing its function, and becoming only hyperæmic and ecchymosed when a copious tubercular deposit suddenly takes place; the affection being attended by catarrh of the urinary passages. In very rare cases, the tubercular deposits become confluent, and form, by softening, small caverns in the substance of the kidney; and still more rarely, the morbid process extends to the urinary passages, causing ulceration and thickening.

Of greater clinical importance than the manifestation of urinary tuberculosis as a part of a general affection, is a class of cases, much more rare, in which tuberculosis of the mucous membrane of the urinary passages appears either as a primary affection, or extends to the bladder and urethra, generally from the seminal passages, but in exceptional cases from the prostate.

Tubercle of the male genital organs is generally primary, and its extension to the urinary organs is either

limited to the bladder or to the bladder and urethra, or extends on one or both sides to the ureter and pelvis and calices of the kidney, sometimes even attacking the renal structure itself. In primary tubercle of the urinary passages, on the other hand, the degeneration generally proceeds from the calices of the kidney to the bladder; but both the renal calices and the bladder may be independently affected; or the bladder may be the starting point of the degeneration.

In women, the combination of tubercular disease of the urinary passages with tubercle of the genital organs is as rare as it is frequent in men. Dittrich, in forty-five cases of tubercle of the genital organs in women, observed it once to be combined with tubercle of the urinary apparatus. In this exceptional case, there was extensive tubercular ulceration of the urethra—perhaps, Professor Kussmaul thinks, the only recorded instance of tuberculosis of the female urethra. As a rule, then, tubercle of the urinary passages in women is primary, while in men it has generally first appeared in the genital organs.

Phthisis of the urinary passages seldom attacks the entire urinary apparatus, but is generally limited to particular points. As has been shown by Rayer and J. F. Meekel, one kidney may be extensively diseased, while the other, with its ureter, is quite or nearly free from tubercle and performs its function. This explains the infrequency of uræmia in phthisis of the urinary organs.

The kidney may be so far destroyed by the confluence and softening of tuberculous deposits, and the tubercularisation of the products of diffuse nephritis may advance so far, that scarcely any part of the gland remains beyond the thickened capsule.

The tubercular kidney is generally enlarged; sometimes it is of its normal size, or even smaller. Professor Kussmaul has seen a case in which it was as large as a child's head; the patient was a female servant. Such a great enlargement always arises from the distension of the kidney and its pelvis and capsule by retained urine and pus, if the ureter be narrow or frequently and for a long time obstructed. Moderate enlargement may be ascribed to inflammation of the parenchyma of the organ, preceding the deposits of tubercle.

As more rare conditions under which tubercle of the urinary passages is met with, Dr. Kussmaul refers to the following. Dr. Basham saw, in one case, a fistulous communication between the bladder and rectum. Lundberg has described a case in which the renal purulent collection broke into the abdominal cavity. Passavant describes an instance where the *trigone* of the bladder was destroyed by tubercular ulceration.

Phthisis of the urinary passages is a very rare disease. Willigk has arranged in order, according to the frequency in which the disease was found in them, the organs in which tubercle was observed in 1317 cases. The order is as follows: lungs, intestines, mesenteric glands, larynx, lymphatic glands, peritoneum, spleen, kidneys, pleura, liver, air-passages, bones, genital organs, brain, cerebral membranes, *urinary passages*, pericardium, stomach, tonsils, skin, muscles, tongue, pharynx, œsophagus, pancreas, and heart. The kidneys thus occupy the eighth, and the urinary passages the sixteenth place. Among the 1317 cases of tubercle, the kidneys were affected in 74, or 5.6 per cent.; viz., in 44 (or 5.8 per cent.) of the men, and in 30 (or 5.3 per cent.) of the women; while the urinary passages were tuberculous in 12 cases only, or 0.9 per cent.; viz., in 7 men and 5 women.

Tubercular disease of the urinary passages is observed at all ages; but rarely before the tenth or after the sixtieth year. Ammon saw it in a female child aged 3½ years, the left kidney being enormously enlarged; and Dittrich saw a man aged 71 with tubercle of the bladder, ureters, and kidneys, the disease having extended from the genital apparatus.

The diagnosis of the disease, according to Dr. Kussmaul, depends on the following phenomena and circumstances:—

1. The patients become rapidly emaciated. This emaciation depends on hectic fever; on the discharge of pus and frequently also of blood with the urine; on night-sweats; on disturbances of the digestive function; and occasionally on diarrhoea, which does not necessarily depend on tubercle of the intestines.

2. There are symptoms of chronic inflammation and ulceration of the urinary passages. Among these, as direct results of inflammation and ulceration, are burning, heavy, and dragging pains, generally severe, but varying in intensity in the bladder, in the course of one of the ureters, and in one or the other loin, corresponding with the extent of the tuberculous inflammation. Pressure on the vesical region, or below the false ribs according to Christensen, may increase the pain. The pain in the inflamed bladder is increased in micturition; there is urgent desire to pass urine, and sometimes even incontinence. Ammon noticed pain in the leg of the affected side in a lad aged 19; König has noticed numbness of the thigh.

Another symptom is the discharge of blood and especially pus with the urine. Sometimes the discharge of blood appears first, and that of pus at a later period. Frequently a purulent deposit only is observed; and in a case described by Rayer blood alone was discharged by a patient suffering from tubercle of the genito-urinary apparatus. In a case described by Christensen, the urine at the commencement of the disease was clear, but contained albumen. The urine has been observed to be sometimes acid, sometimes alkaline. The fluid may remain clear in spite of ulceration of one kidney, if its ureter be obstructed by any cause, and the mucous membrane below the obstruction remain healthy.

The epithelium of the bladder may be thrown off extensively, and discharged either in single scales or in large flakes. Epithelial casts of the renal tubules may also be occasionally discharged with the pus.

Elastic fibres, granular *detritus*, and shreds of cellular tissue may be discharged with the urine. This discharge denotes deep-seated loss of substance of the mucous membrane, but does not absolutely denote tuberculous ulceration, unless it be of long duration.

The presence, to the naked eye, of larger or smaller cheesy-looking deposits, together with the discovery by the microscope of tubercle-corpuscles insoluble in acetic acid, with granular *detritus* and elastic fibres, render the existence of tubercle very probable, inasmuch as these cheesy-looking products are rarely observed except in tubercular ulceration.

As more indirect results of the chronic inflammation and ulceration there have been observed diminution of the urinary secretion, and the presence of a swelling in the region of the kidney. The urine may be diminished by destruction of the secreting apparatus or by obstruction of the urinary passages. Dr. Kussmaul believes, that the retention of urine on the pelvis of the kidney by the blocking up of the ureter through the impaction of tuberculous masses or shreds of tissue increases the lumbar pain, which again decreases when the impacted mass is carried away. The absence of urea and urinary salts, observed in one case by Rigler, is to be ascribed to the destruction of the secretory apparatus. Signs of a renal tumour have been observed by Ammon, Rayer, König, and others, sometimes on the left, sometimes on the right side; but they are generally absent. In one case, recorded by Lundberg, the renal abscess opened into the abdominal cavity. The pus became enclosed in a cyst, which was punctured, after which the patient (a female) lived half a year.

3. The diagnosis is further aided by the exclusion of other causes which may give rise to chronic inflammation and ulceration of the urinary passages. In none

of the cases collected and compared by Dr. Kussmaul was there gravel, calculous deposit, or echinococci in the urine, or any of the colicky pain which is observed in cases of calculous pyelitis and sometimes in hydatid disease of the urinary passages. The diagnosis is further grounded on the absence of ramified fibres or of cells from the urine, denoting the non-existence of cancer; as well as on the absence of any tumour projecting from the wall of the bladder into its interior. If a tumour be observed in this situation, the larger it is, the more likely is it to be cancerous. Another point in diagnosis is, the absence of urethral stricture or of enlargement of the so-called third lobe of the prostate, which may be attended by chronic inflammation of the urinary passages.

4. There is hereditary predisposition to tubercle, or evident tubercular deposit in other organs, in the lung or testicles. Tubercular degeneration of the testicles, from which in the male sex tubercle of the genito-urinary apparatus usually extends, is readily recognised. When no positive signs are elicited by examination of the testes, an exploration *per anum* is indispensable, as the disease may have been developed from the prostate and vesiculæ seminales. In many cases, pulmonary tubercle appears at an early or a late stage of tuberculosis of the urinary organs; sometimes, however, no signs of it can be discovered, even on *post mortem* examination.

Tubercular disease of the urinary passages rarely continues more than one or two years. Death is usually brought about by marasmus, terminating in diarrhoea, pneumonia, etc.; more rarely there is uræmia. Sometimes death occurs from pyæmia; or the concomitant tubercular disease of other organs.

The treatment of tuberculosis of the urinary organs is altogether confined to symptomatic and palliative measures. (*Würzburger Med. Zeitschrift*, Band iv, Heft i.)

**HYDRONEPHROSIS FROM OBSTRUCTION OF THE RIGHT URETER BY A SUPERNUMERARY RENAL ARTERY.** In a woman who died of pneumonia, Dr. Kussmaul found the pelvis of the right kidney dilated into a large sac containing urine. The cause of this appearance was the following. From the abdominal aorta there passed at a right angle two renal arteries towards the hilus of the right kidney. The upper artery, which was the larger, and of the size of a goose-quill, divided into two branches, and sank into the upper part of the hilus; the lower, which did not divide before reaching the kidney, entered the hilus at its lower and posterior part; so that the ureter was embraced between the two arteries and compressed by them. Dr. Kussmaul is aware of one similar case only; it is recorded by Rokitsansky in his work on *Pathological Anatomy*. (*Ibid.*)

**URINARY PARAPLEGIA.** Dr. Kussmaul gives a *resumé* of the opinions held by Leroy d'Etiolles, Friedberg, Gull, Stanley, Graves, and Brown-Séquard, regarding the paraplegia which sometimes attends diseases of the bladder and kidneys; and, after reciting and commenting on a case, enumerates certain conditions to which, in the present state of our knowledge, attention should be directed in such instances of urinary paraplegia. These are:—1. Inflammation of the spinal cord and of its membranes at the lower part. 2. Inflammation (myositis) propagated from the kidney to its capsules and to the psoas and iliacus muscles. 3. Inflammation (neuritis) propagated from the kidney or bladder to the lumbar or pelvic cellular tissue, and so to the lumbar and sacral plexus of nerves. 4. Inflammation of the pelvic arteries, and consequent interference with the nutrition of the sacral plexus. (*Ibid.*)

## British Medical Journal.

SATURDAY, MARCH 21st, 1863.

### LAW *versus* MEDICAL SCIENCE.

On each occasion of the circuit of the Judges, we have to note a deplorable struggle between science, legal phraseology, and humanity. The subject is ever the same, and is involved in the unanswerable question: What is insanity? Assuredly a definition of the term which will fit all cases is an impossibility. The learned judges of the land, at the request of the House of Lords, once tried their hands at a legal explanation of it, and completely failed in the impossible attempt—differing, of course, like doctors, among themselves.

Such being, then, the actual position of the question, it becomes to common sense manifest, that each case of insanity must be judged of by its own particular signs and symptoms. We have no defined measure by which we can gauge and estimate the sane or insane condition of a man's mind. The whole history of the man's life must be taken into the calculation, and form the basis upon which our conclusions should be founded. For example, the hereditariness of insanity is an undoubted fact; and is one which cannot be ignored. Insane acts committed long ago by an individual, who has subsequently led a sane and consequent life, must of necessity be taken into consideration, should he again show signs of insanity, and commit a criminal act.

But all such positive facts are ignored by the law when it comes to deal with the criminal. The law says: Did the man know he was doing wrong when he murdered his fellow-man? If he did, he dies the death by the hangman. Such is the law, as laid down the other day and put in practice by Sergeant Shee, acting as Judge. If ever there was a madman, according to evidence given at his trial, the man, who has been left for execution by the Sergeant, is mad. But, says the Judge, I care nothing about all the facts of his previous irregular life, and of his mad ways. I want to know only whether he knew he should kill his man when he shot at him. The Judge asked Dr. H. Tuke—

"Do you think that a man who for the last three years has had the constant use of firearms and never attempted homicide before, is under the influence of homicidal mania?—I do not think this was a case of homicidal mania. It is ordinary mania, with only an occasional tendency.

"You have heard all the evidence, do you, as a man of science, from what you have heard, undertake to say that it is your opinion when he raised his gun at Mr. Stone he did not know if it went off it would kill him?—My opinion is that he did know that it would kill him, but that he had not the power to restrain his will—that he pulled the trigger against his mind. I have



seen my own patients regret with tears their tendency to commit suicide, and yet directly afterwards attempt it.

"Will you undertake, as a man of science, and with a due regard to your oath, to say that it is your opinion that at the time he fired that gun he did not know that what he was doing was wrong?—I have the greatest difficulty in answering that question. He knows now that it was wrong; but I believe that he was under an uncontrollable impulse."

Now we would ask the learned Judge whether, on due consideration, he thinks it possible that any living soul can give a positive answer to the question which he asked? Supposing for a moment that the man really was of lunatic mind (as asserted of the prisoner in this case), what human being could pretend to have the power of entering into that man's thoughts, and of describing the ideas—morbid, or sane, or conflicting—which were raging in his (as pre-supposed) lunatic mind, at the moment when he committed the murderous act? It is manifest that one Only Being can proportion out the degree of real criminality which attaches to the act. To ask such a question of a medical man, is to ask him what he cannot possibly answer with certitude, as Dr. H. Tuke very properly stated. But yet on this answer is to rest the life or death of the man! On what cannot possibly be more than mere opinion and hypothesis—viz., that the man knew he was doing wrong—judgment of death is passed upon him! But surely this is an exhibition of deplorable, not to say unjustifiable, ignorance on the part of the law! Is it not admitted as an undoubted fact by lunacy doctors, that there are few if any lunatics who have not some sense of right and wrong still left in their unhappy minds? Is it not a fact, that one of the greatest improvements in the modern treatment of insanity is the system of rewards and punishments which is introduced amongst lunatics? Are not many lunatics restrained from certain improper acts by moral discipline? Do not many lunatics often know and feel conscious that they are doing wrong acts? Are they not induced to refrain from the commission of wrong acts by promises of rewards, and so on? And does not this prove that undoubted and accepted lunatics may commit criminal acts, knowing them to be criminal acts? If this condemned man, indeed, of whom we are now especially speaking, had been the inmate of a lunatic asylum, or under medical inspection, when he committed the murder, who would have thought of asking the vain question, Did he know right from wrong when he did the deed? In all this the dry unfeeling law utterly ignores the rage and conflict tearing in the lunatic's mind. Who can say that, when the lunatic commits some horrid atrocity either on himself or on others, he is wholly ignorant that he is doing wrong? No living man can enter into the secret of that contest which is going on in his brain, or define the power of the impulses which are stirring him to savage acts or dissuading him from their perform-

ance. To pretend to decide upon the responsibility of such a mind as this, is to entrench upon the domain of the Allseeing and the Allwise.

The course of a just, a benevolent, and a scientific dispenser of justice in such a case is, to our mind, very clear. It should inquire whether the man's general acts and life had been the acts and was the life of a sane or of an insane person; and, if insanity were plainly stamped upon the general tenor of his life, ascribe this last—this murderous—act to the same infirm and irresponsible condition of mind. In this particular case, if the evidence given on the trial, as reported, may be accepted as correct, it seems to us that there was long ago abundant evidence to have justified the putting of this man under restraint. He was the subject of wild and mad fancies; such, indeed, as would not only have justified, but required, his being put under restraint. And we would ask Sergeant Shee, supposing our statement that his previous acts were the acts of a lunatic to be correct, and that the man's friends had kindly put him under restraint, and that he had managed to commit this murder while under such restraint—we ask, would any judge in the land, or any jury, have ever dreamt of condemning him to death for murder? Most assuredly not. But where, in the eye of abstract justice and of reason, is the difference in the criminality attaching to the murderer, whether he did the deed as a lunatic under restraint, or as a lunatic loose upon society? And the conclusion is this: That this man, of lunatic mind, has been condemned to death because his friends had not the courage or the forethought to place him under restraint!

One word more. It is impossible not to note that justice is in this matter often tinctured with stern and extra severity, because it feels itself opposed by what we will venture to call the light of medical science. With a kind of Rhadamanthine sternness she hardens her heart against mercy, because she thinks herself assailed by medical theories. The law as laid down by the great judges of the land must be maintained. Their definitions and wise saws, though born of the cruel justice of fifty years ago, must not be upset by the subtle fancies of a lot of half-crazy mad-doctors! It is impossible not to dread that sentiments of this kind, fanned and fostered by the ignorance in this matter and brutality—we can use no other fitting term—of certain of a powerful public press, have their influence over judicial minds, and so lead even them to judge prejudicially all evidence which is offered in favour of the lunatic and irresponsible nature of the deed committed. What can justice want more, than that the murdering lunatic should henceforth be placed, during his life, where he can never again indulge his murderous inclinations?

These last words have received since they were

written, strong confirmation in a trial which occurred on the 18th instant at Maidstone. It is impossible to read the report of it and not feel that the learned judge who presided over it was, from the beginning to the end, biassed and prejudiced against the plea of insanity. We have no hesitation in saying that here again is another lunatic condemned and left for execution. A boy, eighteen years of age, selects a little lad for his victim, cuts his throat, and does this because he himself wishes to die.

"The young man himself stated that he had felt an impulse to kill some one; that he had sharpened his knife for the purpose, and went out to find somebody on whom he should use it; that the poor boy was the first person he saw; that he followed him to a convenient place upon the Lines, knocked him down, cut his throat, knelt upon him, and pressed the blood out of him until he was dead."

The crime is admitted; and witnesses are brought who, one after the other, show acts of mental aberration on the part of the prisoner. A surgeon at Chatham stated that he had twice sent the boy's mother to a lunatic asylum; she had attempted suicide; and that his brother was of weak intellect. The summing up of Judge Wightman is an extraordinary specimen of special pleading. Divested of phraseology, it propounds the extraordinary doctrine that a man of lunatic mind is not a lunatic. "Homicidal mania," the judge is reported to have said, "shows no delusion; it merely shows a morbid desire for blood. Delusion means the belief in what does not exist." What, are we to be gravely told that the ideas which guide the homicidal maniac when he attempts his acts of homicide are not delusions—are not, as the judge would put it, founded on a belief in things which do not exist? The judge will not listen to such a thing as "moral insanity" and "homicidal mania."

"The medical man," he says, "called for the defence defined homicidal mania to be a propensity to kill, and described a moral insanity under which a man, perfectly aware that it was wrong to do so, killed another, under an uncontrollable impulse. This would appear to be a most dangerous doctrine, and fatal to the interests of society and the security of life. Surely such a theory was as contrary to common sense as it undoubtedly was to law. The rule, as laid down by the judges, was quite inconsistent with such a view; for it was that a man was responsible for his actions if he knew the difference between right and wrong. It was urged that the prisoner did the act to be hanged, and so was under an insane delusion; but what delusion was he under? So far from it, it showed that he was quite conscious of the nature of the act and of its consequences. He was supposed to desire to be hanged, and in order to attain the object committed murder. That might show a morbid state of mind, but no delusion."

Will the judge, or any living being, explain how a man can have a morbid state of mind and not suffer under delusion? Are not the very words of the judge self-contradictory? Is not the very expression by which we judge of his morbid state of mind demonstrative of the delusion under which

the lunatic labours? And then, what a farce to tell us that, unless this miserable lunatic lad is hanged, "the interests of society and the security of life will be fatally damaged!"

High time, indeed, is it that the legal definitions of lawyers, their attempts to define in set terms that which is utterly incapable of definition—viz., insanity—should be swept away; when such manifest lunatics as the two of whom we are now speaking are left (apparently without hope of mercy) for execution, in order that the theoretical explanations of the term insanity laid down by learned judicial minds should not be ignored.

We have not space to follow out one other most serious conclusion to which these trials point; viz., the deplorable ignorance of the public, which interferes with science when it would seize upon these victims of insane delusions before they commit the fatal acts to which they are driven under their influence. "Mad-Doctors" are derided when they point out those early symptoms which to their practised eye are manifest signs of the future danger. "We will not allow you," says the public, "to interfere with the liberty of these homicidal maniacs. We prefer to consider them of unsound mind, and to hang them when they destroy life, which you tell us they one day assuredly will!" Spite of all legal subtilty and public ignorance, we venture to assert that Science and her sister Humanity will yet win the day in this unseemly struggle.

#### DISEASES PREVENTION ACT.

DR. BRADY, as he promised, has brought in a Bill to regulate the removal in hired or public carriages of persons labouring under infectious diseases in the metropolis. The Bill gives power to local authorities to provide and maintain carriages for the conveyance of persons labouring under infectious diseases, and to fix the rates to be charged for such carriages, and the penalty for using any hackney carriage for the removal of any person suffering from contagious disease. The fourth clause provides that it shall not be necessary, upon the hearing of any charge of such offence having been committed, in any such conviction to state or prove the disease under which such person was suffering; but it shall be sufficient to allege and show that such person was suffering from disease, and that the person using or employing the hackney carriage knew, or had reason to believe, that such disease was infectious or contagious.

We suspect that such a Bill as this will never pass the House of Commons; and, indeed, as we have already stated, the subject will be found, on examination, to be one of much difficulty to deal with. To enforce the penalty as proposed, it is evident that the cabman or any other medically ignorant in-

dividual may, for the purpose, give a diagnosis of disease. We must say, therefore, that it does not appear possible to deal with this matter by enforcing penalty. Fancy a cabman medically examining a sick fare to determine whether or not his sickness is contagious or infectious! With such a power as this Bill would give, a cabman might actually refuse to convey a respectable alderman to his destination—asserting, as his excuse, that his rubicund visage was manifestly a small-pox eruption. Besides, if people afflicted with infectious or contagious diseases are liable to penalty for riding in cabs, it is evident that persons suffering from syphilis, itch, etc., will be comprised under the penal clause of the Bill! Again, there are diseases—typhus and typhoid fevers, for example—concerning whose contagious nature even doctors still differ. Who, then, is to decide in such cases? Besides this, as we all know, contagious diseases may be contagious in stages during which no external signs exist to manifest the presence or nature of the disease. A cabman, moreover, might object to convey a fare whose face was swollen and distorted by erysipelas; and yet, who would venture to swear that the disease was communicable? To prevent sick people, not suffering from contagious diseases (on the other hand), from demanding the use of public carriages, would be an insufferable act of tyranny. Besides, where are the delicate-minded cabmen to be found, who would, *for a due consideration*, object to take the most virulent of diseases into their cabs?

These considerations assure us that it is impossible to carry out in practice the purposes of such a Bill as this. What Government can and should do is to enforce on parochial managers the propriety and necessity of their keeping conveyances for the purpose of removing those who are, or who are suspected to be, the subjects of infectious diseases. These conveyances should be placed, gratis, at the service of those who require them—of course, under certain due regulations; and would be of very great service in diminishing the evils which they are meant to meet. All public institutions, workhouses and hospitals, etc., would employ them. But it is vain to think that any persons above the class of hospital patients, or who could hire a conveyance of their own, would ever use them. The very fact of their being contagious-disease conveyances would be enough to stamp them with a bad character in the eyes of the class referred to. This is clearly one of those evils which the legislature may mitigate, but which it cannot cure. The cabman's diagnosis of the contagiousness or otherwise of the disease of any sick fare requiring his services will, as a matter of course, be regulated by the amount of the fee paid to him!

Since the above lines were written, Dr. Brady's Bill has met in Parliament the fate which we antici-

pated for it. The result will, we fear, not improve the already unfortunate character which doctors bear of being bad men of business.

"Mr. HENLEY said, that common sense ought not to be shut out from the discussion of the question. When he came to look into the enacting parts of this Bill, he had not the least conception where he was. The honourable member had not attempted to give them any definition of what the words "contagion" and "infection" meant. Most people believed that the itch was catching; and then, again, there was that class of diseases which some twenty years ago Dr. Edy was so famous for curing. [Laughter.] Well, but would either of those diseases come within the category of the cases provided against by this Bill?

"Sir G. GREY had already told the honourable member who introduced the Bill that, in his judgment, not only was it inoperative in its present shape, but that even in committee it could not be so altered as to give it practical effect. It certainly did not appear to him that they were arrived at such a condition of affairs that under no circumstances ought a public vehicle to be used for the conveyance to a hospital of a patient labouring under any of the diseases specified by the honourable member. He believed that in the cases where vehicles had been provided by the parochial authorities to meet the cases contemplated by the Bill, not a single application had been made for the use of such conveyance.

"Dr. BRADY agreed to withdraw his motion for the second reading, and to place it upon the paper for Wednesday, the 27th of May."

## THE WEEK.

In a valuable paper published in the last number of *Guy's Hospital Reports*, Dr. Wilks illustrates extensively the pathology of morbus Addisonii. He there shows conclusively that the criticisms, or rather scepticisms, which have from time to time been thrown upon Dr. Addison's discovery, are without any real foundation in facts. Dr. Addison's main statements are, as Dr. Wilks shows, founded on undeniable data; further experience has only more firmly established their truth. Dr. Addison thus stated his views.

"If he saw a patient who presented this peculiar discoloration of the skin, he offered no explanation as to where, or why, or how it came. He observed associated with that discoloration a certain train and combination of general symptoms—a pearly eye, a feeble pulse, a disposition of strongly marked anæmia, and a few other symptoms less constant and less urgent; and when he met with that combination, he said, 'There is a case in which you will find disorganisation of the suprarenal capsules.' The body is examined, and no other organs are found diseased."

In this paper Dr. Wilks gives us details of twenty-five additional cases, and draws from them the following conclusion:

"It will be observed that in this series of twenty-five cases, in only one of them was there a total absence of pigmentation of the skin. In four the discoloration was not sufficiently marked to attract notice, or the patient was not under treatment for a sufficient time so as to afford an opportunity for a correct diagnosis. In all the others the skin was observed to have been of a very dark colour. In some of the earlier cases, of course, the dis-

coloration had not been yet connected with disease of the capsules; but in the seventeen remaining ones the skin was very dark, and in all (save one) the correct diagnosis was made. In some of these an opinion was formed by those who had had some experience of the disease; in others a conclusion was arrived at by those who had only a written knowledge of it.

"If the fact be contemplated, that in so large a number of cases a disease was suspected to exist in a particular part of the body, and that this was found in every case as anticipated, a conclusion is arrived at, proving the connexion of the symptoms with that disease, which can admit of no doubt; indeed, it strikes the writer that more remarkable than any of the phenomena of the disease is the fact that any other conclusion than Addison's can be arrived at concerning it."

THE surgical qualification obtained by the license of the London College of Physicians is, we are happy to find, of practical utility to the possessor of it. We understand that a Licentiate of this College has recently obtained an order in the Durham County Court for the payment of two accounts for services rendered in surgical cases; he having no other surgical qualification than the one above referred to.

It would appear, from the following conversation which took place in the House of Commons, that there is a chance of the grievances of the Indian medical officers being, at all events, carefully inquired into:—

Captain JERVIS, who had a notice on the paper to move for a select committee to inquire into the alleged grievances contained in the various memorials and petitions of officers of the late East India Army, said that owing to his not having clearly understood last night what fell from the Secretary of State for India, he did not give notice of his intention to withdraw the motion which stood in his name. But, on perusing the exact words of the right hon. gentleman, he found that the Secretary of State was prepared to recommend Her Majesty to issue a Royal Commission to inquire whether the guarantee given to the officers of the late East India Army by parliament had or had not been departed from, and having that assurance he should not persist in his motion. (Hear, hear.)

Sir C. Wood thought that his answer was clear that such was his intention.

THE Fourteenth Report of the New England Female Medical College at Boston is not favourable to the idea of female physicians. In 1854, it tells us that its first diplomas, four in number, were granted. In 1857, it had seven applicants; in 1858, five; and since then the number has gone on *diminuendo*. At the present time the College is in debt.

Dr. Savignac speaks in high terms of praise of chlorine preparations as applications in cases of chilblains—chlorine-water; or of the dry powder of chloruret of sodium to ulcerated chilblains.

M. Rayer presented to the Academy, in the name of M. Giraldès, a biographical notice of Sir Benjamin Brodie. Whereupon the President observed that the death of Sir Benjamin Brodie has caused a vacancy amongst the foreign associates.

In a communication to the Academy, M. Pasteur states that a certain number of infusorial animalcules can live and grow without free oxygen and without contact with air.

Dr. Hullin, in his work on *Medicine and Surgery* lately published, tells how he got rid of a pencil five *centimètres* long and six *millimètres* thick from the bladder. He made his patient retain his urine for as long a time as he possibly could; and when he could hold it no longer, to lean over a table, to grasp its edges firmly, make a deep inspiration, and then force out the urine with all his might. On the very first attempt, the pencil flew out to some distance, and without causing any great pain. M. Hullin recommended this plan from a knowledge of a hydrostatic law. When a vessel with a narrowish opening at the bottom is filled with water, and the opening is suddenly set free, the liquid in escaping makes a whirling motion at the opening; in this whirl floating bodies are seized, and turned so that one of their extremities is presented to the opening. The bladder represented the vase in this case. M. Bousquet says that the former M. Sedillot relieved himself in a similar way of several small calculi.

M. A. Dumont, a young French physician, has sought and obtained permission to go to Mexico to study the yellow fever, which is decimating the French soldiers there. The Government minister has requested the Academy of Medicine to give their young *confrère* some useful instructions as to how he may best employ his talents in the study.

M. Boudet has just sacrificed a dozen secret remedies, whose authors sought for them the approbation of the Academy. His predecessor, M. Robinet, we read, generally scattered a few flowers over his victims before slaying them; he was the Saint-Just of secret remedies. M. Boudet is the Couthon—death without a word.

M. Cuzent has read a note to the Academy of Sciences, entitled, *Poisoning by Oysters taken on a Bank near a Copper Mine; and Demonstration of the Presence of the Copper in these Molluscs*. The oysters in question, he says, came from England; and were taken near Falmouth in the neighbourhood of a copper mine. These animals have occasioned, he adds, some symptoms of poisoning.

The French Medical Association, in the matter of medical fees, does not consider that it can fix any scale of charges. "The fees of medical men," the report says, "must be regulated by conditions which vary considerably; they depend upon a kind of tacit agreement made between the doctor and his patient; and to attempt to fix the fee would be to interfere with the independence of both the parties. The Association, therefore, should abstain from any general discussion on the subject, as being injurious to professional dignity."

# Association Intelligence.

## COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on Tuesday, the 24th of March, at 1.30.

Financial Report for 1862, and other business.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, March 16th, 1863.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [General.]	37, Soho Square.	Wednesday, March 25, 4 P.M.
MIDLAND. [Quarterly.]	Board Room of the County Hospital, Lincoln.	Friday, March 27th, 7 P.M.

## SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next of the present series of the above meetings will be held at the Old Falcon Inn, Gravesend, on Friday, March 27th, at 3.30 P.M. A dinner will be prepared at 5.15 o'clock precisely. Price of dinner ticket, 5s., exclusive of wine.

Mr. Durham, of Guy's Hospital, has promised to explain and exhibit the Laryngoscope.

Trains will leave for London and all stations on the North Kent Line at 8.19, and for Rochester and Maidstone at 8.17. JAMES DULVEY, *Hon. Sec.*

Brompton, Chatham, March 1863.

## EAST KENT DISTRICT MEETINGS.

THE seventh meeting was held at the Pavilion Hotel, Faversham, on March 5th; SILVESTER EASTES, Esq., in the Chair. Several members and other visitors were present.

*New Members.* Mr. Wm. Bateman and Mr. C. Egerton Fitzgerald, both of Folkestone, were proposed as members of the South-Eastern Branch of the Association.

*Next Meeting.* It was agreed that the next meeting should be held at Canterbury, on May 7th.

*Continued Fever in East Kent.* The Secretary called attention to the plan he had adopted for collecting information from members regarding continued fever, which had been so prevalent in East Kent during the last three or four months. He thought it one of the advantages of societies of this kind, that every member should be willing to contribute knowledge and facts from their daily experience. He was aware that some of the members thought that, as they had not taken notes of their cases, they could not fill up the *Return* he had sent to them; but he thought, if they would take the trouble to look through their prescription and day books, many of the columns in the *Return* would be easily filled. Some members had suggested it would have been better to have sent out the *Return* three months ago; but at that time the Secretary could not anticipate such an amount of disease as to deem a special inquiry necessary.

The members present agreed to the advantage of such an inquiry, and promised to do all they could to fill up the *Returns*, so that the Secretary may present an aggregate report at the next meeting.

*Communications.* 1. Mr. SILVESTER EASTES read

some remarks on the use of the Infusion of Digitalis in Dropsy depending on Disease of the Heart, with notes of two cases to illustrate its effects, which he had found very beneficial in several instances. He particularly pointed to the great advantage of using the infusion in larger doses than is commonly done. He had given six or seven drachms every four hours; and, in some of his cases, the infusion had produced a marked diuretic effect after the tincture had failed. He therefore recommended that, whenever digitalis was used, it should be the infusion of well dried leaves.

2. Mr. BOWLES read some remarks on Acute Hydrocephalus, with cases. To illustrate this disease, Mr. Bowles detailed two cases as typical examples—one death, and one recovery. It was shown that usually in this disease, after some disturbance of the economy, generally one or other of the diseases peculiar to childhood, the child never thoroughly rallies; an interval of feeble health supervenes, with impaired nutrition, of some weeks or months duration; and at last, to the surprise of the friends, brain-symptoms set in, and the child is lost.

In the first case, the symptoms were most insidious. The child, four years of age, had suffered from an attack of remittent fever in January 1861, and was sent away for change of air. After its return from a six weeks absence (April 15th, 1861), it was found to be a little ailing; it did not sleep well; its bowels were irritable; and it suffered from attacks of sickness. There was no thirst, and she took what was given her. The tongue was furred and red at tip and edges. All these symptoms did but indicate a little stomach derangement, arising possibly from the excitement of coming home and seeing her parents after a six weeks absence. But, in addition, it had a listless look, the pupils were sluggish, and the pulse was somewhat uncertain in force; yet even these symptoms, though they fixed attention to the brain, were so slight that they might easily have been caused by nervous exhaustion. On the 16th, the pulse was a little irregular; and there was slight knitting of the brow, but this was said to be natural. Until the 19th there was scarcely any change, and the friends would not believe that there was any mischief in the head. On that day, there was pain in the stomach, which they thought must have been induced by the cause of the other troubles (stomach derangement). On the 20th, however, the vomiting ceased, the pulse intermitted, and the eyes became more fixed; and on the 22nd, convulsions came on. On the 23rd, a marked improvement took place; the child was more conscious, spoke and expressed its likes and dislikes; the pupils were less dilated, and the eyes more mobile and natural. On the evening of the 24th, an attack of tetanus supervened; and from that time the child began to sink, though not without intervals of delusive improvement between this date and the 1st of May, when it died. During the attacks of tetanus, the child was invariably relieved by opposing the muscular spasms. The head was seized firmly, and forcibly carried forward. When this was done, the distressing cries so peculiar to tetanus and strychnine-poisoning immediately ceased, and the child was evidently relieved. This occurred so frequently, that Mr. Bowles was induced to believe that the cry which has been attributed to spasm of the glottis is due to pain, and to pain alone.

The *post mortem* examination showed, as is usual in such cases, a deposit of lymph at the base of the brain, and a few ounces of serum in the ventricles, with softening of the walls of the ventricles. There was a blood-clot, of the size of a filbert, on the floor of the ventricle, which might have given rise to the tetanic symptoms. The right lung contained one mass of tubercle, of the size of half a walnut; and several transparent milary tubercles.

The second case reported was that of a child three

years old, whose symptoms for the first three days were so like to those of ordinary typhoid fever, that it was impossible to come to a positive conclusion as to the true nature of the case. The child was very prostrate; had a dry glazed tongue, coated in the centre; sordes on teeth; tympanitic abdomen; dry skin; flushed face; rapid pulse; and relaxation of the bowels, with unhealthy motions. There was slight wandering delirium at night, but no other head-symptom. On the fourth day, there were symptoms of inflammation at the apex of the left lung, and a perceptible irregularity in the pulse. On the fifth day, the hands were bent upon the wrists, and the thumbs into the palms; and the day after this, the left pupil was fixed and dilated, and both eyes were congested and almost obscured with mucus; the left leg was in constant motion, and the mouth champing. In this state the child remained for several days, until the gums were touched by calomel; and from that time a gradual recovery took place. The power of speech did not return for a month from the date of the attack, and the power of locomotion not until some weeks later.

In addition to these two cases, six others were alluded to. Of these, two recovered, and four died. Of the latter, two were not seen until symptoms of effusion had set in, and one not until violent and fatal convulsions existed.

The result of these cases differs from the opinions of the most eminent authors on tubercular meningitis. Dr. West, M. Riiliet, and M. Guersant, all assert that recoveries from acute hydrocephalus have never taken place to their knowledge since it has been proved that this disease is in all cases dependent upon tubercle or the tubercular diathesis. In opposition to such powerful authorities, Mr. Bowles brought forward these eight cases to show that in this disease the prognosis is not quite so unfavourable; for, out of eight, three recovered. In the first case now related, which terminated fatally, no mercury was allowed by the friends to be administered; and the treatment consisted of salines, careful diet, repose, freedom from excitement, and all similar precautions likely to conduce to the child's welfare. Agreeing with the eminent authorities who attribute this disease to tubercle, he was little inclined to use antiphlogistic measures, and especially calomel, in the treatment of these cases; but, having on several occasions observed the extremely beneficial effects of calomel in some obstinate cases of strumous ophthalmia, not only in controlling the inflammatory action, but also in removing the consequent deposits, he was induced, in his later cases of acute hydrocephalus, to give calomel as early in the case as possible; and, as presumptive evidence in its favour, the last three cases treated in this way recovered.

In none of the cases were leeches applied; for in all the pulse seemed to be wanting in power, and the nervous system prostrated; indeed, in two cases of recovery, it was deemed necessary to give wine freely from the onset.

In conclusion, it was strongly insisted upon that the most scrupulous care should be taken, in the early stage, to appreciate the true value of every symptom, and thus to form an early and accurate diagnosis, without which no treatment can be effectual.

#### LANCASHIRE AND CHESHIRE BRANCH: ORDINARY MEETING.

An ordinary meeting of this Branch was held on Thursday, the 12th inst., at the Royal Institution, Manchester; G. SOUTHAM, Esq., President, in the Chair.

*Papers and Communications.* The following papers and communications were brought forward.

1. On the Effects of Magenta and Tannin on certain Animal Cells. By W. Roberts, M.D., Manchester.

2. Case of Popliteal Aneurism successfully treated by Digital Compression. By G. Southam, Esq., Manchester.

3. A Case of Iridectomy and Extraction of Cataract. By Thomas Windsor, Esq., Manchester.

4. A Case of Sarcinae Ventriculi. By J. Hepworth, Esq., Barton-upon-Irwell.

5. An Useful and Cheap Form of Gutta Percha Uterine Pessary. Shown by E. Lund, Esq., Manchester.

6. Case of Calculus associated with Hairs growing from the Fundus of the Bladder. By J. Hepworth, Esq., Barton-upon-Irwell.

7. On the Prevalence of Diphtheritic Complication in Acute Exhausting Diseases. By J. Thorburn, M.D., Manchester.

After the meeting, the members dined together at the Clarence Hotel.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ANNUAL MEETING, TUESDAY, MARCH 2ND, 1863.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

AFTER the ballot for the election of the officers and council for the ensuing year had been declared open, the Treasurer's Report for the year 1862, and the Report of the President and Council were read. The total number of Fellows, resident and non-resident, in the last Report was 630, and they now amounted to 642. The total ordinary income was £1,343:13:11, against an expenditure, ordinary and extraordinary, of £1,090:9:4d; leaving a balance of £253:4:7, which, added to a previous balance of £47:0:2, and the amount of composition fees in lieu of further subscriptions, £57:15, gave an entire balance of £357:19:9, in the hands of the Society's bankers. There had been a loss of six Fellows by death and of four by resignation; and the Society had received an accession of twenty new Fellows, thirteen of whom were resident, and seven non-resident. The Report referred to the excellent results which had followed the appointment of scientific committees by the Society, as shown in the valuable Report of the first Committee on Suspended Animation, and mentioned that the Council had recently appointed a second Committee on the Uses, Effects, and modes of Administration of Chloroform. The Council considered that the state of the income of the Society appeared to offer a further encouragement to extend as widely as possible the usefulness of the Society, and more particularly the labours of the scientific committees already so auspiciously commenced; by such means increasing the dignity of the Society, and realising the highest aspirations of the distinguished members of the profession who founded it, and of those who had since watched over and fostered its growth. It was stated in the Librarian's Report that 266 new works (independent of journals and continuations) had been added to the library, and, an increase of room for journals and serials being required, that shelving had been added, capable of containing 1800 additional volumes; also that a new feature had been added to the library, at the suggestion of one of the Fellows, Dr. H. G. Wright, in the shape of portfolios containing photographs of subjects of professional interest. A hope was expressed that Fellows possessing copies of such photographs would present them to the Society.

The adoption of the Report was moved by Dr. Burrows and seconded by Mr. CURLING; and on being put from the chair a discussion ensued.



Dr. GREENHOW drew attention to what he considered the still imperfect state of the ventilation of the meeting-room, notwithstanding the alterations introduced the year before last, and hoped that further steps would be taken to bring it to that state of perfection which a Society embracing so many Officers of Health amongst its members was entitled to expect.

Mr. CHARLES HAWKINS thought the only remedy would be the enlargement of the room, which had been proposed at several previous anniversaries of the Society, and for which plans and estimates had already been made.

After some discussion, in which differences of opinion were expressed as to the real financial status of the Society, as shown by the balance-sheet, an amendment was moved by Mr. CHARLES HAWKINS, and seconded by Dr. STEWART:

"That a meeting of the Society should be called on the subject, and that the plans and estimates obtained should be laid before the Society."

The PRESIDENT took the sense of the meeting on the amendment, and declared it to be lost.

After some further remarks, in which the speakers congratulated the Society on its flourishing condition, financial and otherwise, and more particularly on the successful introduction of the appointment of scientific committees, which were considered a most valuable addition to the Society's means of usefulness, the original motion for the adoption of the Report was put and carried.

*President's Address.* The PRESIDENT addressed the meeting, and after a few introductory remarks expressive of his regret at taking leave of his colleagues and of the Society, from whom he had received such courtesy during his term of office, proceeded to a biographical notice of those Fellows who had been removed by death since the last annual meeting. These were six in number: Mr. Eusebius Arthur Lloyd; Dr. George Darling; Mr. Edward Stanley, F.R.S.; Sir Benjamin C. Brodie, Bart.; Mr. Peter Bossey; and Mr. John Gunning. He alluded to the abortive attempt which had been made at the commencement of his presidency to effect an amalgamation of the Pathological, the Obstetrical, the Epidemiological, and the Royal Medical and Chirurgical Societies; and stated that, as a substitute for this proposed change, a new function had been bestowed on the Society in the formation by its Council of scientific committees for the investigation of subjects of special interest and importance. He enlarged the report drawn up by the first of these scientific committees, to which was allotted the subject of "Suspended Animation;" and augured favourably of the working of a second committee on "Chloroform," whose labours had just commenced. He characterised the creation of these new functions as a move in the right direction; and indicated two other modes in which, in his opinion, the flourishing state of the funds would permit the Society to promote the object for which it was founded—namely, the advancement of medical and chirurgical knowledge. These were—first, to present medals, under due regulations as to time and value, to professional men who should prove themselves most deserving of such distinctions; and, secondly, to aid by grants persons who needed funds for the publication of valuable works, or the prosecution of useful researches. He also made favourable mention of the suggestion of one of the Fellows of the Society, that a new order—namely, that of Corresponding Foreign Fellows, should be created, and gave reasons why such an order had become necessary. The President stated that the question of either changing altogether the locality of the Society or enlarging the present premises had been under consideration, but that neither the one proposal nor the other had been approved; that arrangements, however, had been made for the accommodation of more books by putting up new

shelves; and that an improved system of ventilating the meeting-room had been adopted. He finally craved permission, ere he took his leave as the oldest President who had ever occupied the chair, to avail himself of his character as a veteran, and advert to the impassioned tone of address which on some rare occasions he had observed speakers to adopt at the meetings, and to recommend that in future discussions those personalities, those ebullitions of emotion, those impugnments of motives, should be avoided, which were so unnecessary and so out of place in the consideration and discussion of scientific questions. After enlarging somewhat on this topic, he concluded by expressing his great satisfaction at being succeeded in office by a gentleman whose high talents and prominent station rendered him so eminently qualified for those important duties which he would be called on to perform.

At the conclusion of the President's address, the proposed new bye-laws relative to the scientific committees were (with a few technical alterations moved in an amendment by Dr. Balfour) adopted. Thanks were then voted to the members of the Scientific Committee on Suspended Animation—namely, Dr. C. J. B. Williams, Dr. Kirkes, Dr. Harley, Dr. B. Sanderson, Dr. Brown-Séquard, Dr. Hyde Salter, Mr. Savory, and Dr. Sieveking—for the able and zealous manner in which they had carried out their investigations; and also to the authorities of University College, the Royal Humane Society, and the Royal National Life-Boat Institution, for their courtesy and assistance in advancing the inquiry. The thanks of the Society were also voted unanimously to the retiring President, for his able conduct in the chair, and for his admirable address; and to Mr. C. H. Moore, Secretary, and the other retiring officers of the Society, for their valuable services during the time they had been in office.

At the conclusion of the meeting, the result of the ballot for officers and council for 1863 was announced by the President.

## JUNIOR MEDICAL SOCIETY OF LONDON.

ST. THOMAS'S HOSPITAL, TUESDAY, FEB. 24.

E. CLAPTON, M.D., Vice-President, in the Chair.

THE minutes of the previous meeting having been read and confirmed, several pathological specimens were exhibited.

ON THE RELATION BETWEEN THE VARIOUS FORMS OF CONTINUED FEVER. BY J. W. HICKS, ESQ., OF ST. THOMAS'S HOSPITAL.

After glancing at the artificial nature of the classification of fever formerly adhered to, the author enumerated the division recently adopted; viz., typhus, typhoid, relapsing fever, and febricula; and proceeded to inquire whether the distinctions between them were such as to warrant their being viewed as distinct diseases, like variola and scarlatina, or merely as varieties of one disease. He considered that, with regard to typhus and typhoid, the evidence of their distinctness was more dubious when derived from the symptoms than from the etiology; the latter showing that both may originate spontaneously, typhus rarely, and typhoid continually so, and that both may be propagated by contagion, the former being more contagious than the latter. The view was then maintained that, as the fever-poisons are repeatedly generated *de novo* at different times, so they have varied considerably in their character in different epidemics.

The Irish epidemic of 1847 was especially referred to, as presenting the characters of typhus, typhoid, and relapsing fevers, more or less in combination, probably from the union of the causes which tend to produce these fevers separately. Relapsing fever was next men-

tioned as closely related to typhus, coexisting in the same epidemics with it, and produced by the same contagion.

Febricula was briefly referred to, not as a specific form of fever, but as including mild or abortive attacks of the other forms; and also applied by some physicians to cases not of a specific origin, such as catarrh and feverish dyspepsia.

An interesting discussion then ensued, in which several members took part. The author of the paper having replied, the meeting adjourned.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, MARCH 2ND, 1863.

A. BRYSON, M.D., R.N., F.R.S., in the Chair.

EPIDEMICS OF YELLOW FEVER IN BERMUDA. BY W. R. E. SMART, M.D., DEPUTY-INSPECTOR R.N.

The paper was read in abstract by the secretary. It was illustrated with numerous statistical tables, and accompanied with an accurate map of the group of islands. Without going further back than the close of last century, it appeared that the dates of the successive outbreaks of fever at Bermuda have been 1796; 1812; 1818 and 1819; 1837; 1843; 1853; and 1856.

The following were the principal conclusions drawn by Dr. SMART from his extended researches:—

1. In the best recorded yellow fever epidemics of Bermuda, there has been generally a coincidence of the same disease on the American coasts.

2. On such occasions there has been an epidemic constitution, manifested by the prevalence of catarrhal affections in the spring and of gastric affections in the early summer; these yielding to fever, which, at its climax in the autumn, assumed the type of yellow fever with black vomit in a greater or less proportion of the attacks.

3. During these epidemic seasons, comparative immunity has usually favoured the native populations and those of the European residents dwelling under good sanitary conditions.

4. The most intense manifestations of the disease have arisen in crowded barracks and convict hulks, etc., especially when the healthy and the sick have been kept together.

5. Inasmuch as, in the worst instances recorded, it has been found that removal from infected localities has been always followed by an almost complete exemption of those not already infected, by amelioration of the state of the attacked, and lastly by an early extinction of the epidemic character of the fever; it is, therefore, just to consider the essential causes of the disease to operate, under ordinary circumstances, by material local agencies rather than by those of person.

6. Sanitary measures are the means to be relied on upon the approach of the epidemic constitution\* in any locality.

7. In the event of an epidemic outbreak, the same measures are highly valuable; but the only measure of certain value then is removal from the locality; and in the case of crowded communities, as in barracks, ships, etc., immediate dispersion into wider space of all persons within the range of the noxious local agencies.

8. Although the direct proof of personal contagion be still wanting, there are ample reasons for concluding that the highest degree of local infection has been generated in the hospitals—naval, military, and convict

—so that the malady has been propagated among the attendants as well as among the sick.

9. With regard to hospital arrangements for the treatment of yellow fever, owing to the peculiar predisposition arising from the debility of ill-health, yellow fever hospitals should be distinct and special, and under sanitary cordon; and, considering the disadvantages of the climate of Bermuda, the minimum space, even when perfect ventilation can be maintained, should not be less than 1500 cubic feet per man in fever wards.

After alluding to the terrible mortality from this fever in several ships of the West India squadron in 1861, during their voyage to Halifax and after their arrival there, Dr. Smart remarked:—"I must confess that such results, placed side by side with those of immediate removal of men from infected localities, as exhibited in Bermuda experience, have raised a doubt in my mind whether equal losses of life would have been incurred by the immediate removal of the crews from their ships into some suitable quarantine establishment in the West Indies."

Drs. Bryson, Camps, Stratton, R.N., and Milroy, and Mr. Marson, took part in the discussion of this very elaborate and valuable paper, which had been communicated to the society by the courtesy of Sir John Liddell, Director-General of the Medical Department of the Navy.

## ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

MARCH 4, 1863.

E. LUND, Esq., in the Chair.

*African Drugs.* Dr. J. O. FLETCHER reported that he had endeavoured to test a few of the specimens brought before the society at the last meeting. There was one named "itari," said by the natives to be useful as an internal remedy for itch, which he had exhibited with apparently good effect. Another, named "eru," appeared to correspond in character and use with cubeb.

*Artificial Pupil.* Mr. THOMAS WINDSOR showed a patient on whom he had performed iridectomy and iridectomy on separate eyes. He illustrated well the comparatively round and immovable pupil of the one operation, and the slit-like, contractile pupil of the other.

*Plastic Bronchitis.* Mr. LUND exhibited some casts of the bronchial tubes expectorated by a patient after a slight attack of hæmoptysis, and which corresponded with those observed in cases of plastic bronchitis.

*Diphtheria of Œsophagus.* Mr. MORLEY HARRISON exhibited a diphtheritic cast of the Œsophagus expectorated by the patient before recovery took place. The main symptom had been a feeling of pain referred to the Œsophagus, with inability to swallow beyond a certain point. Some similar exudation occurred about the gums and frenum linguæ; but there was none on the palate, and no evidence of any laryngeal complication.

*Hysteria.* Dr. J. O. FLETCHER exhibited some brown fluid vomited by a young woman after severe but anomalous symptoms. On analysis, it proved to be strongly impregnated with iron, and its origin was accounted for by the subsequent rejection of several crochet-needles and other steel articles, which the patient denied having ever swallowed.

*Umbilical Hernia.* Dr. MEDD narrated the details of a case of umbilical hernia in a young woman. During some violent exertion, the coverings of the hernia, which was congenital, burst and exposed the contents. Some fluid escaped, a portion of the hernia was reduced, but a large piece of omentum sloughed and came away. The patient, nevertheless, did well, and recovered with her hernia radically cured.

\* This vague and obscure, although classical, phrase is used by Dr. Smart simply to denote a sickly condition of the general health of a community, as indicated by the unusual prevalence and severity of catarrhs, alvine fluxes, etc., for some time prior to the development of malignant fever in the latter part of the summer or beginning of the autumn—the season when all the epidemics of yellow fever have appeared in Bermuda. (SEC. EPIDEM. SOCIETY.)

**Intestinal Obstruction.** Dr. MURPHY exhibited the intestine of a child about nine years old, who, six years ago, had an attack of obstruction of the bowels which nearly proved fatal. Since that time she had enjoyed perfect health till the time of her death, which arose from similar symptoms. Nevertheless, on examination, it was found that the intestine at one point was narrowed to an extreme degree, and evidently had been for a long time. In connexion with the seat of obstruction was a process of intestine that appeared to be an old invagination. The case was referred to Dr. W. Roberts for examination and report.

**Medico-legal Aspects of Burning.** Mr. GREAVES read a paper on this subject. He first detailed the history of some fatal accidents by fire that have lately occurred in Manchester, and then referred to some topics arising therefrom. The question of survivorship was one of these, the author considering that when, as in an instance recorded, two charred corpses are found, the one apparently in an easy flexed position on its side, the other with its extremities much distorted, there is almost a certainty in favour of the survivorship of latter; the one having probably died early from asphyxia during sleep, the other having died from the scorching of the fire. He mentioned also the subject of what are known in the factories as "friction burns," produced by the rapid contact of smooth bodies, and which it would be almost impossible to distinguish in a dead subject from burns by fire. The other subject referred to was that of burns produced while the subject was in a state of deep inebriety or other states of insensibility, the object of Mr. Greaves being to show that very frequently in these cases there appeared to be such a suspension of vital action that the acute appearances do not manifest themselves for several hours.

An interesting discussion followed the reading of the paper, in which many of the members took part.

Six new members were balloted for, and admitted; and the addition of about eighty volumes to the library (for the most part new) was announced.

## HARVEIAN SOCIETY OF LONDON.

MARCH 5TH, 1863.

H. W. FULLER, M.D., President, in the Chair.

DIAGNOSIS AND TREATMENT OF ASTIGMATISM. BY J. ZACHARIAH LAURENCE, ESQ.

ASTIGMATISM is an inequality of refraction in the meridians of the globe of the eye; the maximum refraction generally existing in the vertical, the minimum in the horizontal meridian. The heterogeneous image thus produced on the retina causes a diminution in the "acuity of vision"; so that types of given dimensions can no longer be distinguished at their normal distances. In many instances, asthenopia is a prominent symptom, induced by rapidly alternating changes in the accommodation (with a view of obtaining correspondingly successive distinct portions of the retinal image) inducing muscular and psychical fatigue. The various changes the image of a luminous point thrown on a screen by an astigmatic combination of lenses underwent, were then shown. At the focus of the vertical rays, the "focal line" was shown to be horizontal; at the focus of the horizontal rays, vertical; the images comprised within this range (the *intervalle focale* of Sturm) were shown to be ellipses with horizontal major axes, a circle and ellipses with vertical major axes. An astigmatic eye perceives the images of a luminous point precisely in this way, the "focal lines" being producible by auxiliary convex or concave spherical lenses, which have the effect either of bringing forward or throwing backwards their entire focal interval. The inability of simultaneously seeing horizontal and vertical lines with equal distinct-

ness was then shown to exist in nearly all eyes; proving that astigmatism in a low degree is an almost normal condition of the eye.

A series of cylindrical lenses were then exhibited, and their application to the cure of astigmatism.

A very striking instance of this was then shown in the person of a young lady, whom Mr. LAURENCE, after having ineffectually treated for acute asthenopia three years ago, by all kinds of lenses, general treatment, etc., had now completely cured by a sixteen-inch concave cylindrical lens, with its axis transverse; the eye in this case presenting a normal refraction in the horizontal meridian, but a myopia of one-sixteenth in the vertical one. Mr. Laurence drew attention to the scientific advantages the test types of Drs. Snellen and Giraud-Teulon possessed over those of Professor Jäger; the former being always viewed under one constant angle, and thus affording a gauge of the relative acuity of vision of different individuals.

The cause of astigmatism was shown to be most commonly an inequality of curvature of the cornea; sometimes a congenital obliquity of the crystalline lens (as probably in the case of the discoverer of astigmatism, Dr. Thomas Young). The ophthalmoscopic signs of astigmatism were then enumerated: an elliptical form of the optic nerve entrance, and an inability of observing in the direct image the horizontal and vertical branches of the retinal artery with equal distinctness at the same time. Finally, Mr. Laurence alluded to the important development this branch of ophthalmic surgery had received within the last two years by the researches of the late Professor Donders of Utrecht and Dr. Knapp of Heidelberg, who had demonstrated the comparative frequency of astigmatism, which, when recognised, led to the remedy of many otherwise perfectly enigmatical cases.

## Correspondence.

### TREATMENT OF TAPEWORM.

LETTER FROM ARTHUR LEARED, M.D.

SIR,—As the treatment of tapeworm is a subject to which I have long given particular attention, I beg to make a few remarks in reference to Dr. Ogle's paper.

It is only stated definitely in one case out of the twenty-four recorded, that no reappearance of the worm had occurred after a considerable period from the time of treatment. Now I well know, from experience, that there are only two tests of cure—either finding the head or heads which correspond to the bodies that have been expelled; or the non-appearance of segments with the faeces after an interval of three months from the time of taking the tenicide drug. The reappearance of the worm after apparent cure is very frequent; and it does the treatment employed no discredit to say that relapses occur in a great many instances.

Dr. Ogle has fallen, no doubt through inadvertence, into error when he speaks of the propagation of tapeworm in children by swallowing fragments of the worm accidentally picked up. It is well ascertained that the common tapeworm must pass through a larval condition, imbedded in the tissues of an animal, before it can be developed into a sexual worm. The ordinary mode in which these cysts reach the position necessary for their development—the intestinal tube of a suitable animal—is by having been swallowed with a portion of the tissues in which they existed.

I am also reminded of a scheme proposed in a former number of the JOURNAL for ascertaining the relative value of the oil of male-fern and kouso as remedies against the worm. According to my experience, this

excludes another remedy equal if not superior to the one and greatly superior to the other. The choice lies between kamala and oil of male-fern; while koussou is inferior to either. For hospital practice, kamala has the recommendation of cheapness, while oil of male-fern is expensive. I have used kamala in powder, in tincture, and as an extract prepared for me by Messrs. Allen and Hanbury; but give the preference to the powder. The small success obtained by Dr. Ogle with the tincture may have been due to its want of strength, as there is no recognised formula for making it. As a proof that kamala is a true vermicide, and that the powder does not act merely in a mechanical way, I adduce a case in which the extract was given in pills; no purgative was employed; and, although the passage of the worm was unnoticed, the cure was complete.

I am, etc., ARTHUR LEARED.

12, Old Burlington Street, March 1863.

### MEDICAL HEALTH ASSURANCE.

—LETTER FROM EDWARD H. COLEMAN, ESQ.

SIR,—I am glad to perceive that a move is taking place respecting a provision for the general medical practitioner during illness and old age. If you think the following suggestions, as the basis for a society or club, to answer the above purpose, I shall be glad to communicate with any of our Association for the purpose of carrying it out.

As a preliminary remark, I will relate that twenty-five years since, myself and three other gentlemen of this neighbourhood, seeing the wearing out of the old sick-clubs of the district, conceived the means of adopting a better system; the rules proposed being as follows.

Each man to be in good health on entering the club.

Each man to pay 2s. 6d. per month.

Each member's life to be insured for £50.

The representatives to receive £30 at death, and the society £20 to its funds.

Each member, when sick, to have 10s. per week during the illness.

This plan, we considered, could be easily conducted, and with little expense; and, instead of wearing out, will be beneficial and strong in old age; and, if the bonuses are taken care of, will provide an annuity after sixty or sixty-five years of age.

The society has been in existence twenty-five years, and has averaged seventy members. The monthly payments are sufficient to insure every member for £50, with a surplus for the first sick members.

This has answered its purpose for mechanics and labourers. Why should it not? For, as ten guineas per annum will insure every member's life for £350, affording 10s. per day during illness, and £210 to the representatives at death, five guineas a year will give 5s. per day and £105 at death.

This system can be managed without much expense. The capital is in the Insurance Office. A Secretary and President can carry out all its details with little trouble. The payments in should not exceed three months.

I am, etc., EDWARD H. COLEMAN.

Wolverhampton, March 16th, 1863.

**FUSION OF THE INDIAN MEDICAL SERVICE.** Mr. R. Mills asked when the details of the amalgamation of the medical service of the late East India Company with that of the Royal Army would be promulgated. Sir C. Wood assured the House there had been no unnecessary delay in the matter. A plan recommended by the government in India, and approved of by the highest medical authorities there, had been adopted, and it had been referred for approval to the War Department. He hoped before long that it would be promulgated.

## Medical News.

**APOTHECARIES' HALL.** On March 12th, the following Licentiates were admitted:—

Bracey, William Arthur, Birmingham  
Davies, John, Coleshill, Warwickshire

### APPOINTMENTS.

ATWELL, Gregory H., Esq., appointed Senior House-Surgeon to the York Dispensary.

BEVERIDGE, Robert, M.B., appointed Lecturer on Pathology and Morbid Anatomy in the University of Aberdeen.

BONTHON, Andrew, M.D., appointed Surgeon-Superintendent of the Queensland Government Immigrant Ships.

CARR, George, M.D., appointed Physician to the Royal Infirmary, Aberdeen.

CRAIG, John W., M.D., elected Assistant Medical Officer of the St. Giles and St. George Infirmary, Bloomsbury.

DAVIS, John Hall, M.D., appointed Lecturer on Midwifery at the Middlesex Hospital.

FISHER, Luke, M.D., appointed Senior House-Surgeon to the Preston Dispensary.

JONES, John L., Esq., appointed Junior House-Surgeon to the Preston Dispensary.

PEACOCK, Albert L., Esq., elected Resident Assistant-Surgeon to the Sheffield Public Hospital.

PENHALL, John T., Esq., appointed Assistant-Surgeon to the East Sussex Infirmary.

SAVERY, John C., Esq., appointed Assistant-Surgeon to the East Sussex Infirmary.

TURNER, George B., M.D., appointed Surgeon to the East Sussex Infirmary.

WOLFE, John R., M.D., appointed Ophthalmic Surgeon to the Royal Infirmary, Aberdeen.

### POOR-LAW MEDICAL SERVICE.

DIXIE, Wolstan F., M.D., to be Medical Officer to District No. 1 and the Workhouse of the Luttrethworth Union.

EDWARDS, Charles L., Esq., to be Medical Officer to the Rugeley District of the Lichfield Union.

EVANS, William, M.D., to be Medical Officer to Districts 4 and 5 of the Devizes Union.

FOXWELL, James J., L.R.C.P.E., to be Medical Officer to District No. 1 of the Bristol Corporation for the Poor.

KNIGHT, Thomas, Esq., to be Medical Officer to the Watperry District of the Thame Union.

M'EVOY, Patrick J., L.K. & Q.C.P.J., to be Medical Officer to the Rathosue District of the Celbridge Union, co. Kildare.

MACKENZIE, John W. H., Esq., to be Medical Officer to the Checkley District of the Cheadle Union.

SYNES, James, L.K. & Q.C.P.J., to be Medical Officer to the Gorey Union Workhouse and Fever Hospital.

### ARMY.

DICK, Staff-Surgeon-Major W., M.D., to be Deputy Inspector-General of Hospitals, *vice* A. Stewart.

FOOT, Staff-Assistant-Surgeon F., to be Assistant-Surgeon 46th Foot, *vice* J. G. Faught.

SAUNDERS, Staff-Assistant-Surgeon R. W., M.D., to be Assistant-Surgeon 16th Foot, *vice* H. Ferguson.

### To be Staff-Assistant-Surgeons:—

FACOTT, Assistant-Surgeon J. G., 46th Foot.

FERGUSON, Assistant-Surgeon J., 3rd West India Regiment.

SANDISON, J.

### ROYAL NAVY.

BROSTER, Edward B., Esq., Assistant-Surgeon (additional), to the *Frigate*.

CAMPBELL, George R., M.D., Assistant-Surgeon, to the *Sparrow*.

ELLIS, John J., Esq., Assistant-Surgeon, to the *Fox*.

FARR, George E., Esq., Assistant-Surgeon, to the *Pandora*.

ELTON, Thomas, Esq., Assistant-Surgeon, to the *Indus*.

JAMESON, Thomas, Esq., Assistant-Surgeon to Greenwich Hospital.

PATTERSON, John H., Esq., Staff-Surgeon, to the *Royal Adelaide*.

PICKES, Richard, Esq., Surgeon, to the *Orpheus*.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

BELL, J., Esq., to be Surgeon 1st Administrative Brigade Lincolnshire A.V.

SKINNER, R. V., Esq., to be Assistant-Surgeon Sussex A.V.

TURNER, R., M.D., to be Surgeon 1st Administrative Battalion Banffshire R.V.

WITHERINGTON, J., M.D., to be Surgeon 21st Lancashire R.V.

### To be Honorary Assistant-Surgeons:—

DUGGID, W. R., Esq., 5th Banffshire R.V.

RICHARD, E. M., Esq., 2nd Dumfriesshire A.V.

## BIRTH.

WHITWELL. On March 10th, at Castle Street, Shrewsbury, the wife of \*Francis Whitwell, Esq., Surgeon, of a son and a daughter.

## DEATHS.

BARROW. On March 17th, at Ryde, Catherine, wife of B. Barrow, Esq., Surgeon.

CAMPBELL, Archibald, M.D., of Lerago, at Oban, on March 10.

LAZZARETTO. On March 11th, at Portsea, aged 75, Anne, widow of Emanuel Lazzaretto, M.D., R.N.

LUDLOW. Lately, at Bingley, New Forest, aged 90, Elizabeth, widow of Daniel Ludlow, M.D.

MARSHALL, Richard, Esq., Surgeon, at Marlborough Place, Walworth Road, aged 48, on March 11.

LEGACIES. By will, Richard Green, Esq., late of Blackwall, has left £2000 to the Dreadnought Hospital, and £2000 to the Poplar Hospital.

ROYAL MEDICAL COLLEGE. The collegians and aged pensioners of this institution celebrated the marriage of H.R.H. the Heir-Apparent and the Princess Alexandra, on Wednesday, the 11th inst., by a dinner given by the Council of the College.

BIRTHS AND DEATHS REGISTRATION (IRELAND) BILL. In the House of Lords, on Thursday week, the Earl of St. Germans moved the second reading of the bill for the registration of births and deaths in Ireland, which he said resembled the Act passed in 1836 for England, and in 1854 for Scotland. The Marquis of Clanricarde would not oppose the bill, but he doubted whether the medical officers were the fittest persons to be the registrars. He thought the guardians ought to have the power of appointing the persons whom they deemed best suited for the office.

AMERICAN MEDICAL ASSOCIATION. The New York State Medical Society, at its late session, recommended that the American Medical Association should hold its annual meetings notwithstanding the present war. We have on other occasions urged the importance of maintaining the integrity of the National Association by holding its regular sessions, and in this we have lent expression to the opinion of the profession of this State. But in other quarters there is strong opposition to the call of another meeting until the war is concluded, and this opposition controls the action of the local committee. We do not, therefore, anticipate a meeting this year. (*American Medical Times*.)

A CURIOUS TRIAL has lately been going on—Princess Wolkonsky *versus* Dr. Ladinsky, who has managed to fleece her out of sums to the amount of more than a million of francs. This skilful swindler, whilst taking care of the health of the Princess, contrived to gain her confidence, and get himself named administrator-general of her property, and, with the assistance of another "worthy" like himself, commenced a series of fraudulent manoeuvres, which have ended in the police courts. A difficulty had arisen on account of the nationality of the complainant, who is a Russian, but that having been got over, Ladinsky will be punished according to the French laws for the misdeeds committed in France. The greater part of the sums were supposed to be employed in the establishment of an imaginary bank, which, of course, was only a pretext for despoiling his victim.

THE BAKERS. The Government bill has been printed; it proposes three several enactments. The first is that no one under 18 shall be employed in a bakehouse between 9 p.m. and 5 a.m. The second provides that every bakehouse must be kept in a cleanly state, and provided with proper means for effectual ventilation, and be free from effluvia arising from any drain, privy, other nuisance; and that the inside walls and ceiling passages and staircase shall either be limewashed once in every six months, or painted with oil once in every seven

years, and the painting washed with hot water and soap every six months. The third enactment is that no place on the same level with the bakehouse, and forming part of the same building, shall be used as a sleeping place, unless it is effectually separated from the bakehouse by a partition extending from floor to ceiling, and has an external glazed window of at least nine superficial feet, with four feet and a half made to open. It is to be the duty of the local authorities to enforce the Act, and their officer is to have the power to enter bakehouses during baking hours to inspect them. The several provisions of the Bill are enforced by penalties ranging from 20s to £20.

TESTIMONIAL TO A MEDICAL OFFICER OF RIFLE VOLUNTEERS. The 10th (Warminster) Company of Wilts Rifle Volunteers have just presented a handsome testimonial to their Honorary Assistant Surgeon. On the company meeting for parade on the Prince of Wales's wedding day, Captain Davis, on the part of the corps, after many complimentary remarks on the zeal, energy, and liberality with which their assistant-surgeon Mr. Bleek had promoted the interest of the corps, begged his acceptance of a handsome and valuable silver claret-jug, bearing the following inscription:—"Presented by the officers, non-commissioned officers and privates of the 10th Wilts Rifles, to Charles Bleek, Esq., Assistant-Surgeon of the corps, as a mark of their esteem and gratitude for his valuable services. March 10th, 1863."

DISEASES IN ROTHERHAM. In the House of Commons, Mr. Childers said much alarm had been excited in the neighbouring towns in consequence of the malignant species of fever which had broken out at Rotherham. He wished, therefore, to ask the Secretary for the Home Department whether his attention had been directed to the alarming extent of mortality and disease in the town of Rotherham, arising from the state of the drainage and the imperfect supply of water; and whether government would take measures to enforce a remedy thereof. Sir G. Grey said the attention of the Privy Council was called last year to the sanitary state of Rotherham and the great mortality which prevailed there, and that department of the council which was invested by law with the power of making sanitary inquiries sent down two inspectors to investigate the matter. The inspectors had made a report, and his hon. friend might have it by moving for it. The cause of the disease had been traced to the bad quality of the water in the place, but he was informed that the local Board had a Bill before parliament with a view to procure a supply of better water.

ARMY ESTIMATES. In the recent discussion in the House of Commons on the army estimates, Sir M. Peto referred to the immorality existing at the camp at Aldershot. There were no efficient police regulations to check the spread of immorality, which was accompanied with a large amount of disease. Sir G. C. Lewis said, with regard to the camp at Aldershot, he admitted the evil, which it was difficult to exaggerate; but the difficulty arose how to devise a remedy. He did not despair of finding a practical means of mitigating the evil, and in the course of the session he hoped to be able to make a statement to the House upon the subject. On the vote of £255,993 for medical establishments, services, and supplies, General Peel expressed regret at the diminution of the staff. The warrant founded on the report of the Sanitary Commission of 1858 was calculated greatly to improve the medical establishment, by inducing talented men to join. Its provisions had not, however, been carried out, and he thought the medical officers had just ground for complaint. The result was that the number of candidates was falling off, so that on a recent occasion when there were forty-five vacancies, only fifteen candidates appeared, and some of those broke down under the qualifying examination. Sir G. C. Lewis said there had been some difficulty in the navy in regard to

the warrant. Negotiations had been opened with the Admiralty, and he hoped that before long the warrant would be issued in a form likely to be satisfactory to all the medical officers. (Hear, hear.) The numbers of the staff medical officers were given in accordance with the return of the Medical Director-General. The reductions had been chiefly effected in foreign stations. On the vote of £751,084 for the disembodied militia, Colonel Dickson thought that the War-office ought either to increase the pay of militia surgeons, or withdraw the circular requiring them always to remain at head-quarters. Lord Enfield inquired whether the Secretary for War had taken into his consideration the report of the committee of last session on the pay and duties of army medical officers. Sir G. C. Lewis said it was his intention to act upon the report of that committee, and the present estimate included the additional sum necessary for that purpose.

## Varieties.

**INJUSTICE TO IRELAND.** The crown prosecutor, in the mismanaged investigation of the Ballymena poisoning case has, being compelled to provide sufficient analytical evidence as to the absence or presence of poison in the body, forwarded portions of the viscera of the late Miss Cary to Dr. Taylor, of Guy's Hospital, for analysis. We can regard this course in no other light than as a gross insult to the profession in Ireland. Have we no medical jurists? Is the fame which Ireland has hitherto enjoyed for accuracy in medico-legal investigations undeserved? If, as we believe is the case, those who have hitherto been entrusted with such inquiries in Ireland have retired from such practice in disgust, there are others as well qualified as Dr. Taylor, if not so fashionable, to whom an investigation like the present should have been confided. We cannot offer the plea of forgetfulness or negligence for the conduct of the crown in this matter, but must regard the slight thus put upon the profession as premeditated and prompted by chagrin at the exposure of the crown prosecutor's culpable neglect in producing illegal evidence. (*Dublin Med. Press.*)

**THE LATE MR. NORMAN.** He early marked out the best course by which to arrive at the goal for which he panted, and won it in a manner alike honourable to himself and to the profession, having been made deputy-lieutenant of the county and twice chief magistrate of the city of Bath. He did not, like Mr. Quekett, entirely eschew politics and confine himself merely to the soft abstractions of science in the gloomy shades of collegiate bowers. Mr. Norman's success was really achieved by that excellence of judgment and skill in operative resource which entitle him to rank as one of the most eminent of those provincial surgeons who have reflected honour on this college. In 1825, Mr. Norman successfully tied the external iliac artery, as well as the arteria innominate. He had tied the common carotid two years earlier. To each young member of our profession who may have set his heart on the honours and emoluments of practice, we may point to the conduct and career of Mr. Norman and say, "Go thou and do likewise." (*Mr. Gulliver's Hunterian Oration.*)

**FILTRATION OF AIR.** Air may be mechanically deprived of many of the foreign matters which it holds in suspension, by a process of filtering through finely carded cotton. Flesh exposed to the action of air so treated, undergoes decomposition much more slowly than in ordinary atmospheric air, and when decay does supervene, it is unaccompanied by the development of vegetable or animal life. A somewhat similar effect is known to be produced by passing air through red-hot tubes, which, by the combustion they generate, destroy

any organic substances present. Air thus purified, when introduced into grape juice, fails to promote fermentation like free air. Results resembling these have been obtained from Dr. J. Stenhouse's charcoal air-filters, which combine a mechanical act of filtration with a certain amount of chemical effect, depending on the presence of condensed oxygen in the pores of the carbonaceous matter. (*Mr. Condy.*)

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.  
**TUESDAY.**.... Guy's, 1½ P.M.—Westminster, 2 P.M.  
**WEDNESDAY.**... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
**THURSDAY.**.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
**FRIDAY.**..... Westminster Ophthalmic, 1.30 P.M.  
**SATURDAY.**.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8.30 P.M. Mr. W. J. Coulson, "A Case of Obturator Hernia: Operation."—Royal Geographical.  
**TUESDAY.** Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Greenhow, "On Diphtherial Nerve Affections"; Mr. Henry Thompson, "On Treatment of Severe Stricture of the Urethra by Gradual Distension at a Single Sitting."—Zoological.  
**WEDNESDAY.** Society of Arts.  
**THURSDAY.** Royal—Antiquarian.  
**FRIDAY.** Royal Institution.  
**SATURDAY.** Royal Botanical.

## TO CORRESPONDENTS.

\*. \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**CORRESPONDENTS,** who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**T. S.**—The debt due by society to the discoverer of vaccination is much greater than is generally imagined by the public at large. Society does not always accept with gratitude the goods bestowed on it. Many wrongs have been laid to the charge of vaccination.

**H. N.**—We thoroughly agree with a correspondent who says: "I think that if all the interesting cases, which we sometimes despised country practitioners meet with, were truthfully recorded, whether our treatment be successful or otherwise, much practical good would result."

**THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.**—SIR: As an old University man, I have read with some interest the letters of your correspondents, Delta and Dr. Foster, with L.K. & Q.C.P. & M.D.I. For a College to have the power to grant a degree, appears to me so great an anomaly, that perhaps the latter two gentlemen will oblige their brother medicals by some extracts from the Charter, or Acts of Parliament, showing how this asserted right is granted to King and Queen's College, Ireland. The only published authority upon which this College of Physicians rests its claim, that I have seen, is the very mild opinion of the Attorney-General for Ireland, "I think the Licentiates and Fellows, as such, of the King and Queen's College of Physicians are entitled to the degree and of Doctor of Medicine, and to use the letters M.D. after their names." Now, would the Attorney-General have used the words "I think," had no doubt existed upon this point? The fact of the King and Queen's College of Physicians in Ireland not shewing they had power to confer a degree (though they may have failed to get it registered), is fatal to the claims of this cor-



poration. At any rate, the medical profession have a right to require from this College published proofs that their Charter confers this power, or that the College abandon (what must otherwise be construed into misleading) the publication in their regulations that their license confers the Doctorate.

I am, etc.,

OXON.

Lyme Regis, March 12th, 1863.

**A PLEA FOR SPECIAL HOSPITALS.**—SIR: As the subject of special hospitals is now engaging public attention, perhaps you will allow me to point out two branches of it which are often confounded in discussion. I will touch very briefly on both. The first branch is confined to the question: Are special hospitals in themselves advantageous to patients, to the profession, and to the public? Those who support the affirmative, say:—1. The foundation of such institutions arose from inadequate provision at general hospitals for the cases which they proposed to treat. 2. The principle on which they are upheld is that of the "division of labour", which may reasonably be expected to produce an equal efficiency, when extended to medicine, to that which it has wrought in other departments of toil. 3. Practically, the result of special hospitals has been—(a) To cure a number of "incurable" cases. (b) To advance professional knowledge, and to introduce improved methods of treatment. (c) To stimulate by reaction the general hospitals, which, from their size, are slow of movement, into making special provision for special cases, and thus giving the student an opportunity of learning almost every branch of his art. To prove these points, reference is made to the institutions for diseases of the eye, ear, skin, chest, ovary, uterus, rectum, spine, and foot; also, to the fever hospitals, maternity charities, and the asylums for the idiot and the insane. The latest special institution is for the larynx. It has been organised to afford the aid of the modern discoveries in science to real destitution among out-patients only. Now, the laryngoscope, which has already done so much for the diagnosis and treatment of diseases of the throat, requires much patient skill in its application. Hence, physicians and surgeons to out-patients, numbering from one to three hundred, who can only give to each person an average of two or three minutes, and to whom the readiness of a method is the test of its utility, cannot use the laryngoscope as they use the more simple and familiar stethoscope. Those who impugn these arguments, must reply categorically to each.

The second branch of the subject is purely personal. It deals with the question, "Is it lawful for medical men to take an active part in organising professional charities?" It certainly seems to me that medical men, knowing so thoroughly the exact requirements to be met, are able, when the direction is mainly in their hands, to meet them with a certainty of aim, a swiftness of action, and an economy of means in vain to be sought from non-professional agency. Of course, an earnest man pursuing such an object, must expect to have his motives impugned, and may become the subject of attempted reprobation in quarters which have a vested interest in the same line of practice. But our profession is not likely to condemn him, either before the institution which he founded can speak for itself, or if it finds that relief has been honourably administered to cases which could not have been adequately provided for in any better way. Doubtless, even among specialists, will be found men who pervert their means of good to serve selfish ends; but, although some political economists maintain that the pursuit of self-interest, without regard to any other end, is productive of good to the community, and although a slight alloy of that material cannot be dispensed with in a practical world, the retirement of the merely selfish specialist from connection with a special institution, is always to be desired for the good name of his brethren. Should that retirement be voluntarily effected and from conviction of injury, it is entitled to be called, as it sometimes is, a "sign of grace" absolute; but if it be the result of repletion, it must be qualified into a "sign of grace after meat."

The foregoing views are those which I at present entertain on this subject; but I am always open to the influence of fair argument on the opposite side.

I am, etc.,

WALTER RIVINGTON, B.A., Res. Med. Off.

Tower Hamlets Dispensary, E., March 9th, 1863.

[The fatal fault attaching to the origin of most of our modern medical charities in London, is this: that they are got up for the purposes of promoting the private interests of individual men, and under the plea of administering to the sufferings shed humanity. This blot in their origin adheres to their administration, even sub-

sequent life. In this sense, these charities become in reality advertisements for the benefit of private individuals. The robbery inflicted on the profession at large by the abuses of charity (as it is called) carried on in London hospitals, is enormous. EDITOR.]

**THE RIVALTA CASE.**—The history of the Rivalta epidemic is shortly as follows:—M. Coggiola, physician at Rivalta, vaccinated a child, Giovanni Chiabrera, eleven months old, with vaccine from a vaccine tube, the child being to all appearance in health, and born of healthy parents. On June 2nd, 1861, the vaccine-matter was introduced from arm to arm into forty-seven children, of whom thirty-eight were afterwards taken ill; and from one of the thirty-eight, on June 12th, seventeen other children were vaccinated, and seven of them suffered from similar symptoms of disease. Inquiry into the matter showed that the origin of the epidemic was due to the fact, that the child Chiabrera had been suckled by a syphilitic nurse before it was suckled by its mother, and that vaccination was not in any way the cause of the disease.

**A MATTER OF ETIQUETTE.**—SIR: What is your honest and candid opinion, and what future course of conduct would you adopt in reference to the following case? I was lately called upon to visit a sick child in our locality. I prescribed remedies; and, having occasion to go from home on the following day, I did not see the call again until my return on the second day. In the meantime the child suddenly became worse; and the parents very properly called in the aid of another medical man until my return. He was told that I (who am their regular medical attendant, and have been for some time) had seen the case. He prescribed for the child; and has from that time been in regular attendance, in spite of me, and to the astonishment of the parents, who felt a diffidence in requesting him to discontinue his visits, under the circumstances of the case. Now, sir, I wish to know if this is a straightforward and honourable mode of procedure towards a brother practitioner.

I am, etc.,

L.R.C.P.E. etc.

[Such conduct as that described by L.R.C.P.E. is utterly unjustifiable; but we do not clearly see what our correspondent can do, unless the parents of the child decide positively as to which of the two medical men they prefer. The case is one which would legitimately come under the notice of a Medico-Ethical Society.—EDITOR.]

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PHILIP H. WILLIAMS, M.D., General Secretary.

Worcester, March 1863.

**COMMUNICATIONS** have been received from:—Dr. J. HUGHES BENNETT; Dr. F. J. BROWN; Dr. ROBERT H. P. WELLS; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. G. MITCHISON; Mr. HATFIELD; Dr. LIONEL BEALE; Dr. A. T. H. WATERS; Dr. STYRAP; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. R. T. MORRIS; Dr. JAMES RUSSELL; Mr. E. H. COLEMAN; Dr. A. LEARD; Dr. CAMPS; AN OLD ASSOCIATE; Mr. C. EVANS; Mr. S. A. PARKER; Mr. JAMES DULVEY; Dr. ASPINALL; Mr. BLECK; Mr. CURGENVEN; Mr. JOHN K. SPENDER; Mr. C. VASEY; Dr. T. J. WALKER; Mr. THOMAS BRYANT; and Mrs. RUSSELL.

## BOOKS RECEIVED.

1. On the Convulsive Diseases of Infants. By T. Ballard, M.D. London: 1863.
2. On Effusions of Blood in the Neighbourhood of the Uterus. By Henry M. Tuckwell, M.A., M.B. Oxford and London: 1863.

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**On the Diagnosis and Treatment**  
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## Remarks

ON

## THE MOLECULAR THEORY OF ORGANISATION:

IN REPLY TO DR. BEALE.

BY

JOHN HUGHES BENNETT, M.D.

PROFESSOR OF THE INSTITUTES OF MEDICINE, AND SENIOR PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF EDINBURGH.

DR. BEALE concluded his first paper with the following passage:—"But to limit the discussion to one point, the formation of vibriones. Dr. Bennett maintains that several of the molecules forming the scum unite to form minute filaments. I do not think that any one has ever seen two such living molecules together." I hope to have satisfied Dr. Beale in my last communication that not only are two such molecules frequently seen together, but that this is so common an occurrence as to warrant the conclusion that their union produces the filaments. In reply, he now says:—"I propose to devote a separate communication to the important question of the development of vibriones, and I thank Dr. Bennett for expressing his views upon this point so definitely."

Instead of limiting the discussion, however, to this point, Dr. Beale has seized the opportunity to introduce all kinds of queries, mingled with many remarkable assertions as to vitality, in none of which can I agree with him. It forms no part of my intention to controvert the peculiar views of Dr. Beale. I think they may be safely left to the judgment of physiologists. I shall only comment on the following statement:—"A molecule of oil, or phosphate of lime, may result from disintegration; but as such molecule, it can never live. A *living molecule* of oil, phosphate of lime, or any other substance having a definite known composition, is a simple impossibility."

Now, what is it that transforms cartilage into bone, if it be not the regular deposition of mineral molecules into its intercellular substance—a substance maintained by Dr. Beale to be incapable of living? If this is not a living process, what can be such? To say that it is mere infiltration of mineral matter is no argument against its vital character; for in the same manner all growth and nutrition consist of infiltrated matter. Neither is it any argument to say such matters are first in solution. It is only when molecular formations are produced from such solutions, that we have any evidence of their vital nature, as in the molecular substance of bone and muscle. Again, to maintain that, be-

cause the composition of the molecules in a texture is now known, *therefore* such molecules can never live, is certainly a curious proposition, and must lead Dr. Beale to support the paradox that nothing lives in a living structure. Lastly, to say of the theory of an opponent that "it is a simple impossibility" is in science the weakest controversial expedient.

Dr. Beale says, "It is a simple assertion, and I maintain, unsupported by evidence, to say 'the molecules of the ovary first coalesce to form the ovum.'" Thereupon he proceeds to ask no less than nine questions, the reply to which, in order to be satisfactory, would require me to write a volume. To save myself this trouble, when Dr. Beale on a previous occasion stated less positively that he was not aware of any observations that bore on this subject, I referred him to the writings of Martin Barry, Meissner, Nelson, Keber, and others, conceiving that this would recall to his memory a crowd of facts in confirmation of my statements. In doing so I especially guarded Dr. Beale from being led astray by the theories of those writers, and requested him only to regard the facts which they placed upon record, which, of course, I interpret differently from them. But, instead of doing this, Dr. Beale turns to the *explanation* of the figures given by Nelson, which he correctly says do not agree with mine. He does not seem to comprehend that the point at issue is not the correctness of the facts, but which is the true explanation of them; and argues that, because Nelson's is different from mine, *therefore* I must be wrong. Although, it will be confessed, it is difficult and laborious to argue with such an opponent, I shall endeavour to make this point understood, as I did that concerning the vibriones.

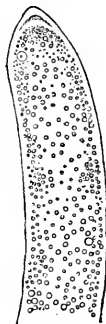


Fig. 1.

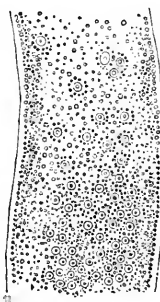


Fig. 2.



Fig. 3.

Fig. 1 represents the caecal extremity of the testicle of the *ascaris mystax*, magnified 330 diameters. It contains nothing but molecules, which Nelson calls granules, or seminal particles, and which, he says, are secreted or thrown off from the mucous membrane. In the upper portion of the testicle the tube presents the appearance represented in Fig. 2. By this time the original granules, according to Nelson, swell out and form nucleated cells, which, he says, were obscured by an immense number of minute opaque granules, as in Figs. 2 and 3 (*Phil. Trans.*, vol. cxlii, p. 565). Now this swelling out and so forming nucleated cells, was the theory prevalent when Nelson wrote. Looking at the figures them-

selves, I think it will be clear that the primary stage is *molecular*; that there is no previous cell from which they are derived; and that subsequently they aggregate together in masses, and that from their coalescence the subsequent sperm-cell, Fig. 3 a, is formed.

Fig. 4 represents the caecal extremity of the ovary of the *ascaris mystax*, also magnified 330 diameters. "It is formed", says Nelson, "of a membranous and perfectly transparent tube, much thicker at the very end (a). It is from this thick portion (a), which presents a finely granular structure, that the germinal vesicles are thrown off; it constitutes, therefore, the true ovary" (*Op. cit.*, p. 571). If this figure, which is an exact copy from nature, be examined, it will be seen that at the extremity of the tube the structure is molecular, and that the so-called throwing off of germinal vesicles, resolves itself into the coalescence of these molecules. There is no previous cell out of which they are derived.

Fig. 4.



a

Figs. 5, 6, and 7 represent the earliest stages in the formation of the ovum discovered by Barry in



Fig. 5.



Fig. 6.



Fig. 7.

the salmon, pigeon, and cat—magnified, the first 240, and the last two 440 diameters. They represent objects seen in the ovary *before* the formation of an ovisac. (*Phil. Trans.*, Part II for 1848, p. 308.) Of these Barry observes: "After an attentive examination of these objects, I do not think it hazardous to express my belief that they present one of the earliest stages in the formation of the ovum; the enveloped sac being, as I suppose, the *germinal vesicle* itself." (*Op. cit.*, p. 309.) Of this germinal sac it was believed by Barry, following Purkinje, that it was the *first* part of the ovum formed (p. 308). Here also, then, an inspection of these figures must certainly lead to the conclusion that the ovum is formed by an aggregation and coalescence of molecules, and not from a preexisting cell.

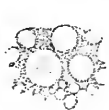


Fig. 8.

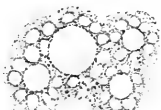


Fig. 9.



Fig. 10.



Fig. 11.

Figs. 8, 9, 10, and 11 are described by Barry as the earliest stages in the formation of the ovum from the ovary of the rabbit. He speaks of them as vesicles. They do not prove the origin of such vesicles from molecules, but exhibit their tendency to aggregate together when produced. Only the one most advanced (Fig. 11) exhibits the characters of a cell. Although these are figured as the earliest parts discoverable in the ovary of the rabbit, it must be clear that a stage in formation existed previously, which was probably the same as that seen in the pigeon, or that given by Nelson, in which nothing but molecules existed.

Without proceeding to make further extracts from other writers, and refraining from giving numerous additional arguments and facts which tend to support the molecular theory of organisation, I ask the candid reader whether the figures now given from two authors only are not sufficient to refute Dr. Beale's confident statement: "It is simply an assertion, and, I maintain, unsupported by evidence, to say 'the molecules of the ovary first coalesce to form the ovum'." On the contrary, I submit that the facts of Nelson and Barry give my theory the most unequivocal support. It avails nothing to call the molecules ova. Let Dr. Beale give them what names he pleases, they are still molecules—as such, are formed in the ovary; do not originate in preexisting cells; and, by their aggregation, produce higher forms. Such is the essence of my theory.

Having now, in deference to the position occupied by Dr. Beale as Professor of Physiology in King's College, London, responded to his invitation to explain more fully some of the points contained in my published lectures on the molecular theory of organisation, I retire from further discussion, with the hope that he will give that theory more consideration than he has hitherto done. The title given to his papers appears to me altogether erroneous, as I defy any one to extract from them one single fact or argument opposed to my theory. In one point we at least agree; viz., that however the primary molecules originate, whether they be living or dead, they are in no degree necessarily dependent on preexisting cells for their formation. This alone is a great step in science. I trust before long that, in the same way he has thrown aside the fallacious doctrine of *omnis cellula e cellula*, so he may ultimately disabuse himself of the idea *omnis molecula e molecula*.

STATISTICAL SOCIETY. On Saturday March 14th, at the twenty-ninth annual meeting, Sir J. S. Pakington, Bart., M.P., in the chair, the following gentlemen were elected council and officers for 1863-64:—*President*: Colonel W. H. Sykes, M.P., F.R.S. *Council*: C. Babbage, M.A., F.R.S.; J. Bird, M.D.; Sir J. Boileau, Bart., F.R.S.; S. Boulton, S. Brown; W. Camps, M.D.; W. Farr, M.D., D.C.L., F.R.S.; Right Hon. Earl Fortescue; H. W. Freeland, M.P.; Sir F. H. Goldsmid, Bart., M.P.; W. A. Guy, M.B.; J. T. Hamick; F. Hendriks; J. Heywood, F.R.S.; Sir R. Hill, K.C.B.; W. B. Hodge; C. Jellicoe; L. Levi, F.S.A.; W. G. Lumley, LL.M.; Right Hon. H. Mackenzie, F.R.G.S.; M. H. Marsh, M.P.; Right Hon. Lord Monteagle, F.R.S.; W. Newmarch, F.R.S.; Right Hon. Sir J. S. Pakington, Bart., M.P.; F. Purdy; Right Hon. Lord Stanley, M.P.; Col. W. H. Sykes, M.P., F.R.S.; Major-General Sir A. M. Tulloch, K.C.B.; R. Valpy; C. Walford; Rev. W. Whewell, D.D., F.R.S. *Treasurer*: W. Farr, M.D., D.C.L., F.R.S. *Honorary Secretaries*: W. A. Guy, M.B.; W. G. Lumley, LL.M.; F. Purdy.

# Short Clinical Lectures

ON

## THE FIRST PRINCIPLES OF MEDICINE.

Delivered at King's College Hospital.

BY

LIONEL S. BEALE, M.B., F.R.S.

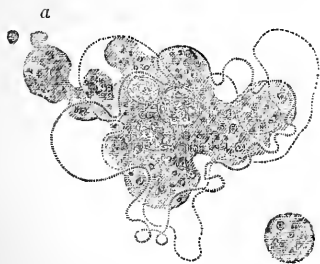
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN KING'S COLLEGE, LONDON; PHYSICIAN TO KING'S COLLEGE HOSPITAL; HONORARY FELLOW OF KING'S COLLEGE; ETC.

### II (concluded).

#### ON THE VITAL CHANGES OCCURRING IN THE MUCUS-CORPUSCLE.

I HAVE seen an entire corpuscle move onwards in one definite direction for a distance equal to its own length or more. Protrusions would occur principally at one end, and the general mass would gradually follow. Again, protrusions would take place in the same direction, and slowly the remainder of the corpuscle would be drawn onwards, until the whole had been removed from the place it originally occupied, and advance onwards for a short distance in the mucus, in which it was embedded. From the first protrusions smaller protrusions very often occur, and these gradually become spherical, but remain attached by a narrow stem, and in a few seconds perhaps again become absorbed into the general mass. From time to time, however, some of the small spherical portions become detached from the parent mass, and become independent masses of germinal matter, as represented in the figure.

An imperfect notion of these wonderful phenomena may perhaps be formed by reference to the drawing. The three outlines mark the changes in form which occurred in one of these so-called mucus-corpuscles within the period of a single minute. The protrusion, when it first takes place, appears very transparent, as at *a*; but several of the small particles, like those in the salivary corpuscles, make their way into the projecting portion with a peculiar



A mucus-corpuscle from perfectly transparent healthy mucus expectorated from the air-tubes, under a power magnifying 3000 diameters. (The 1-26th of Messrs. Powell and Lealand, with the tube of the microscope lengthened by four inches.) *a*. An outgrowth actually forming, with a small portion completely detached. *b*. Another detached portion growing independently.

oscillating movement. These particles are in active motion in every part of the mass. Although the movements of the included particles are not generally so active as those in the salivary corpuscles,

they occur not only in the mucus-corpuscles, but in the young epithelial cells detached from the mucous membrane of the nose and trachea. The very transparent matter which first protrudes is, however, not devoid of corpuscles; for, with care in arranging the illumination, very delicate spherical particles, varying greatly in size, can be now and then distinguished. In rapidly growing cancer-cells a very transparent matter which assumes the spherical form is often seen. This is living germinal matter, also composed of minute and very delicate particles. Like germinal matter in other situations, it is coloured by carmine.

The movements above described closely accord with those taking place in the *amœba*, and are of the same nature as those which occur in the protoplasm of many plants, easily observed in the *valisneria*, and the appearance of the living matter under very high powers of the microscope is precisely the same in all cases. Similar movements probably occur in cancer and pus; for I have seen appearances in both these rapidly growing morbid structures exactly corresponding to those observed in the mucus corpuscles after the changes have ceased in consequence of death. Indeed, it is almost certain that such movements are constant in every kind of living matter. In some instances they continue for some time after the living matter has been removed from the surface upon which it grew. In other cases—and we are not surprised that this should be so in the higher animals—death occurs the instant the conditions under which the living matter exists are but slightly modified. These movements must not be confounded with the Brunonian molecular movements which occur in pigment and other cells. The movements I have been describing cease when the germinal matter dies. The latter, as is well known, take place whenever mineral insoluble particles are suspended in limpid fluid.

What is the nature of these particular movements? Are they physical, or are they vital? There are no examples of any movements like these occurring in any form of matter destitute of life. The matter which moves exhibits the same general characters which I have mentioned belong to living matter in all living organisms; namely, a granular appearance, with a tendency to assume the spherical form when free; a certain amount of viscosity; a tendency to divide; the property of being rapidly coloured (in a few seconds) with an ammoniacal solution of carmine.

The movements I have described clearly show that there exists a tendency in the mass to separate into smaller portions; and probably this is due to a tendency of the particles of which the mass is composed to separate from each other. By division, these masses multiply in the soft viscid mucus in which they are imbedded. Sometimes the entire mass divides into two equal portions; and sometimes it gives off several small portions, each of which may grow. If but a very small portion be detached, and supplied with nutrient pabulum, it grows into a mass like that from which it is, in fact, but an offset. But how does it grow? Certainly not by the addition of particles on its exterior; for the whole mass exhibits the same general character, and differs in most important characters from the matter which surrounds it. There is no matter around it

like that of which it is composed; yet the *pabulum* must be around it; and that it is *possible* for fluids to pass very rapidly into the central portion of the mass, is proved by the fact that carmine solution actually does so penetrate in a few seconds. Now, since there is a tendency for portions to move away from the general mass, is it not clear that such movements must cause fluids to flow in the opposite direction—that is, towards the mass and into its substance, or into the substance of the particles of which it is made up, and, if each component particle be regarded as a spherule, towards its centre? So that we are brought to the conclusion that living particles move *from the centre*, while the inanimate *pabulum* is caused to pass *towards the centre*. We may suppose that this *pabulum*, having come into contact with, and perhaps passed into, the substance of living particles, itself becomes living, and moves from the centre by virtue of new powers it has acquired, just as other particles have moved which were animated before.

The further prosecution of this inquiry would involve me in a discussion upon the nature of vital force, but this must be postponed for the present; and I shall also defer the consideration of the precise part the germinal matter takes in the formation of the viscid mucus, as it is part of the same question.

In conclusion, I would venture to offer the following opinions upon this difficult question. It seems to me there is much evidence in favour of the inference—

1. That the movements described in the mucus-corpuscle are due to peculiar endowments; and, as such movements take place in living matter alone, it is right to speak of them as *vital*.

2. That physical and chemical changes take place in the fully formed mucus; but neither this nor any form of formed material (cell-wall, intercellular substance, etc.) is endowed with *vital* power.

3. That the only part of any cell-tissue, viscid mucus, etc., actually concerned in vital changes, is what I have termed *germinal matter*. If a structure be destitute of germinal matter, or if this substance have ceased to change, the structure is not living, but *dead*.

4. *Pabulum* is *inanimate*. Germinal matter *lives*. Formed material was once alive (as germinal matter), but no longer possesses *vital* powers.

**ANIMAL REPRODUCTION.** In experiments upon the lower animals, such as the polype, it is most extraordinary that, although cut up into various pieces, each particular piece will grow up into the form of the primitive stock; the head, if separated, will reproduce the body and the tail; and if you cut off the tail, you will find that that will reproduce the body and all the rest of the members, without in any way deviating from the plan of the organism from which these portions have been detached. And so far does this go, that some experimentalists have carefully examined the lower orders of animals—among them the Abbé Spallanzani, who made a number of experiments upon snails and salamanders,—and have found that they might mutilate them to an incredible extent; that you might cut off the jaw or the greater part of the head, or the leg or the tail, and repeat the experiment several times, perhaps cutting off the same member again and again; and yet each of those types would be reproduced according to the primitive type; nature making no mistake, never putting on a fresh kind of leg, or head, or tail, but always tending to repeat and to return to the primitive type. (*Huxley.*)

## Addresses and Papers

READ AT

### THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

#### OBSERVATIONS ON THE OCCURRENCE OF MALIGNANT PUSTULE IN ENGLAND: ILLUSTRATED BY NUMEROUS FATAL CASES.

By WILLIAM BUDD, M.D., Clifton; Honorary and Consulting Physician to the Bristol Royal Infirmary.

“Le médecin doit, dans ses premières études, jeter un coup d'œil sur les animaux qui se rapprochent le plus de l'homme.”—*Chaussier*. (Adopted from Régnier.)

[Concluded from page 241.]

This paper would be incomplete were it to conclude without a word on treatment. As, with one exception, all the cases of which I have any knowledge ended fatally, it will be readily understood that I have nothing of my own to offer in the way of cure. Unfortunately, there is too much reason to suppose that, in some of the number, the measures intended for relief were worse than futile, and only hastened death. This was certainly the case with the incisions made in two of the instances which fell under my own eye, and with the leeches that were applied in some others. This uniformly fatal issue is the more mortifying because, in its first period, the disease seems to be in a great degree under the control of remedies.

Rayer, who has had great experience of it, says, in reference to the disease during this period, “its progress may very certainly be arrested by the use of caustics.” Nothing can be more positive or unqualified than this statement. The testimony of all the best continental observers is to the same effect.

In Bourgeois's valuable paper, and in Enaux and Chaussier's monograph, numerous cases are given in illustration, which seem to leave no doubt of the fact. Of the various caustics in use the evidence appears to preponderate in favour of the potassa fusa. It is right, however, to state that Chaussier, and one or two other writers of equal eminence, prefer nitric acid or the chloride of antimony. For information as to this and other practical points, I think it best, however, to refer to the original authorities.

From all this it is evident, as I remarked at the outset, that everything hangs on the recognition of the disease in its first stage. In that stage I have myself never seen it. As the subject is comparatively new to the profession in England, and as the point is one of such vital importance, I shall not, perhaps, do amiss in inserting here one or two descriptions of the malady as it presents itself at its onset.

**Anthraxion with Diffuse Gangrene.** “This variety begins with a considerable degree of pruritus, which is succeeded by the appearance of a red spot like a flea-bite. The vesicle, of the size of a millet-seed at first, soon acquires larger dimensions, and if not ruptured by the patient bursts spontaneously. Twenty-four or thirty-six hours after the attack, a small, hard, and circumscribed nucleus, having the form and size of a lentil, is perceptible under and around the seat of the vesicle. In the circumference of this, a soft, but still resisting, swelling, of a reddish or livid colour, covered by and by with secondary sero-sanguinolent vesicles, at first isolated, but speedily becoming confluent, is de-



veloped. The central point, now of a brownish hue, extremely hard and very insensible, becomes gangrenous. The inflammation extends to a considerable distance; the neighbouring skin is red and shining; the subcutaneous cellular tissue is puffy, tense, and, to appearance, emphysematous. The diseased part is benumbed, without proper sensation, and the gangrene advances with rapidity." (Rayer, *Treatise on Diseases of the Skin*, Second English Edition, p. 559.)

Virehow's account runs thus:—"In the first stage, on looking narrowly at the affected part, you generally discover a small red spot, sometimes with a blackish point in the middle. This spot becomes gradually more irritable, and itches greatly. The patient scratches it; it becomes more and more red, swells up, and forms a small papula; the parent nucleus (*den Mutter-knoten*)—the 'malta' of the Russians. Most commonly, a vesicle then makes its appearance, which soon attains the size of a millet seed, and contains, at first, a transparent bright yellow fluid, which, however, very early becomes reddish or bluish.

"This is the characteristic malignant pustule, which is usually single, rarely multiple, and which, in most cases, is too soon destroyed by scratching to admit of our carefully studying its development. Underneath the vesicle may be seen the bluish red surface of the nucleus, seated in the substance of the skin, and which continues to extend both in depth and circumference.

"The excoriated surface readily dries up, and becomes, as it were, mummified, showing that generally here already the circulation is much enfeebled; while in the neighbourhood, new vesicles spring up, which run the same course. Soon the part loses its vitality, so that it may be pierced with needles without the patient's becoming aware of it."\*

The seeming insignificance of the affection in its first origin; the urgent pruritus; the development of a peculiar vesicle; and the early death, hardening, darkening, and insensibility of the immediate substratum; are the leading features of this history. Even in this early phase it has marked peculiarities, which, if things happened always as they are described in books, ought to lead to the recognition of the disease.

From the nature of the case, the practitioner who has to act upon it will, however, always find himself in a trying dilemma. The affection only admits of cure when, to the uninformed, its aspect is trivial, and it can only be cured by a process which leaves a mark. But to make an abiding scar on the face, say of a fair young lady, for the treatment of what, at the worst, appeared to be no more than a common boil, is a proceeding that would be likely to inflict (at any rate, in the eye of the parties most interested) a scar quite as abiding on the reputation of the practitioner who inflicted it. But the responsibility, great as it is, cannot be got over by attempting to evade it. The alternatives on both sides are painful enough, and can only be fitly dealt with by the decision which is the prerogative of sure knowledge. What is most needed among ourselves is the diffusion of information on the whole subject; and I would venture to suggest that the New Sydenham Society might

do a good service by giving abstracts from the best essays upon it, and by adding to the series of plates it is now publishing some figures of malignant pustule in its various, and especially in its early stages.

There is one other topic on which I must needs touch for a moment before I bring these remarks to a close. Even those who may hesitate to adopt to the full the theory put forward in this paper of the cases related in it, will admit that in the view here taken of their origin there is enough of probability, at any rate, to show the pressing need of some fresh organisation to prevent the revolting traffic in diseased meat which now prevails. From the details given under this head, it is clear that the measures at present employed for this object signify fail of their purpose.

If we would look at the matter from a more general point of view, the occasion would justify a still larger design. We have had scientific commissions not a few, to inquire into the sanitary condition of men. Might it not be worth while to inquire into the sanitary condition of the animals from whose substance men repair the waste of their own? The result would be, I doubt not, to disclose, as in the case of men, an amount of preventable disease, of which few have, at present, the remotest idea. In this way, and as a money speculation merely, few things, I suspect, would pay the country so well. But we are all, more or less, interested in such an inquiry in a way that touches us more nearly than money ever can.\*

By the same mysterious law by which we convert the flesh of animals into our own, we often become the heirs of their maladies, and may even be involved with them in a common death.

The number of deaths annually occurring that are actually recognised as thus arising is by no means inconsiderable. A more perfect knowledge would, doubtless, add many to their number which are never thus regarded in present classifications. Here, for instance, under the head of malignant pustule—if the views put forward in this paper be true—some considerable proportion of three or four hundred annual deaths must, at once, be so set down, which have hitherto been registered under names conveying no suspicion whatever of an animal origin. It is impossible, in fact, to look much into this subject without seeing that this is one of the avenues through which disease and death may enter which is not sufficiently kept before the physician's mind.†

The interest which a comprehensive inquiry into the diseases of animals would have for medical science generally can scarcely be overrated. What has already been done in tracing the dissemination of a few species of entozoa and other parasites is an earnest of what might be expected from investigation in this and other fields.

In the great field of the epidemic and contagious disorders by which the animals that minister to man are afflicted, a rich harvest yet remains to be gathered. It is enough to look over the outline of these disorders,

\* Virehow, *Op. cit.* The characteristics of the early stage come out in still stronger relief in the terse phraseology of the Latin tongue. The following description is taken from an account of malignant pustule by Huernius:—

"Loco, ubi carunculus se formatus est, tumor parvus, acuto calore præditus, icui culicis similis oritur, paulo post in eo vesicula magnitudinis grani milii evolvitur, vel vesicula hoc statim ab initio ezeematii similis, tumore non progresso, formatur. Eruptionem comitantur pruritus et fornicatio cutis, quibus agrotus ad scabendum impellitur, ita ut vesicula sæpe mature destruat. Pruritus in dolore pungentem ardentemque commutat, dum epidermis, si vesicula integra manet, secretione ichorosa paulatim magis à cute elevatur, ita ut vesicula in initio pellicula, postea subflava, subrubra, ex caruleo nigricans plerumque altero die jam ad magnitudinem pisii accrescat. Ambitus intumescit et prope vesiculam colorem ex caruleo rubrum manifestat, qui color tumoris peripheriam versus in pallidum transit."

\* There is a French work whose title shows that our neighbours are more alive to considerations of this kind than we are. I refer to Professor Delafond's *Police Sanitaire des Animaux Domestiques*. I have been unable to obtain a sight of the work itself.

† The following statement, which appeared in the *Times* while I was in the act of sending these notes to press, offers a startling commentary upon them:—

"The Royal Dublin Society met on Saturday evening to hear a lecture from Professor Gangee, on Disease and Mortality among Cattle. When he had concluded, Mr. Gauley, salesmaster, made an extraordinary statement. He said that unless some means were devised to give the farmer some compensation for diseased cattle, it was impossible to prevent him from selling them, or the butcher from killing and selling them. Unless some society were formed to have diseased meat paid for, it would be killed and eaten. There was no use in mincing the matter he said, every one of the salesmen sold diseased cattle. The farmer could not otherwise pay his rent. The disease is so prevalent that he could not live were he to submit his cattle to destruction." (*Times*, Wednesday, Dec. 17, 1862.)

vaguely, even as (for the most part) it is mapped out in veterinary works, to see what instruction their history must contain could it once be thoroughly made out.

A searching investigation into them would open up analogies that could not fail to be of the deepest interest in their bearing on the great group of kindred maladies which are so fatal to man. It is not too much to say that many a vexed problem relating to these last would here find a ready solution. It is, in fact, only by thus extending the survey that it is possible to obtain a just and comprehensive view of the nature and mode of propagation of that great and remarkable brood of morbid agents, which are the material cause of contagious diseases, and which, low as they are in the order of created things—as yet undefined in nature, but specific in essence—are so destructive to men and animals alike.

As related to animals, such an inquiry is the more inviting, because its prosecution offers facilities from which we are debarred in our own case. In studying the epidemics which infest sheep and oxen, *experiment*—that great instrument of modern research—might often be brought into play; in forms, too, in which experiment is most sure of its aim, most easy to interpret, and least likely to mislead. The light which it has already thrown on the history of the particular disease which is the subject of this paper is a good example, both of the extent and nature of the elucidation it is capable of affording.

By this and other means so employed, we might, in no long time, succeed in investing our knowledge of whole provinces of disease with much of that precision which is the charm of the physical sciences, and medicine's greatest want. By the same means, we should gradually be accumulating data whereby to make the work of prevention sure, and thus help towards that great consummation to which we may even now confidently look—the ultimate deliverance of man from that vast brood of contagious diseases, which seem to mock his power—whose very existence is a humiliation to him, and which, under the form of slighter visitations or of wide-spread pestilence, bring every year so many millions to the grave by a cruel and untimely death.

P.S. About a fortnight after the foregoing paper was read, I received from Dr. Markham an extract from the *American Medical Times* of July 19th, 1862, containing a review of a paper on Malignant Pustule in the United States, by Dr. A. N. Bell, physician to Brooklyn City Hospital—the paper being a reprint from the *Transactions* of the New York State Medical Society. I have not seen the paper itself; but judging from the review, there would appear to be an almost complete coincidence between the conclusions at which Dr. Bell has arrived, both as regards the origin of the disease and its mode of propagation, and those put forward by myself. As these conclusions were come to in entire independence of one another, the fact may be taken as a strong presumption in favour of their soundness. The following is Dr. Bell's description of the affection:—

"It first appears in the form of a painful swelling, which after a lapse of time, varying from one to three days, rarely more, develops upon its central part, a small reddish or purple spot, accompanied with itching. In the course of twelve or fifteen hours more this spot changes into a bleb or vesicle, not usually larger than the head of a pin, containing a reddish brown or a yellowish fluid. Owing to the continued itching, the vesicle is ordinarily ruptured soon after its appearance; if otherwise, it dries up in about thirty-six hours, leaving the exposed derma dry, and generally of a livid colour. Itching now ceases; and after a time, varying from a few hours to a day, the centre of this discoloured and denuded surface begins to grow hard, and become surrounded by an inflamed areola covered with numerous small vesicles similar to the vesicle which first appeared.

The middle of this areola is depressed, and the colour varies from yellow to black. It is now hard in the centre, and more painful than at any other stage. It is, however, a remarkable feature of malignant pustule that severe pain is generally absent; and this character, so different from all other acute inflammations of the skin, is a valuable negative diagnostic of the disease. During the next twenty-four or forty-eight hours the subcutaneous tissue becomes involved; the tumour strikes deeper, and rapidly extends; yet it is so indurated as to be easily circumscribed, and its confines determined without difficulty. Meanwhile the central point, now of brown or livid hue, exceedingly hard and insensible, becomes gangrenous. If the disease ceases to make further progress, an inflamed circle of vivid redness now surrounds the gangrenous portion; the tumefaction which had before rapidly extended diminishes, and the patient experiences something like an agreeable warmth, accompanied by a pulsatory motion of the affected part. The pulse, which had before grown irritable and feeble, revives; strength increases; and if there has been some degree of fever, accompanied with nausea, as occasionally happens, it is resolved into a gentle perspiration, and the nausea ceases. Suppuration now sets in between the living and the dead parts of the pustule, and the detachment of the gangrenous portion leaves a suppurating surface of variable extent in different cases. Should the disease, on the contrary, tend to an unfavourable issue, generally no suppuration takes place; the gangrene spreads rapidly from the centre to the circumference of the tumour; the pulse becomes smaller and more contracted; the patient complains of extreme lassitude with an inability to sleep, is attacked with fainting fits, and becomes passive as to the result; there is disinclination to take food or medicine, or to have anything done, and there is a total loss of appetite; the tongue is dry and brown; the features shrink; the skin is parched; the eyes are glassy; cardialgia and low delirium premonish the fatal termination."

It is impossible not to recognise, at once, in this description the same disease as that which is the subject of this paper, and the identity of both with the malignant pustule of the continental writers.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### PETERBOROUGH INFIRMARY AND DISPENSARY.

INDURATION OF THE STERNO-MASTOID MUSCLE IN AN INFANT.

(Under the care of, and reported by, THOMAS JAMES WALKER, M.D.)

IN the number of the *BRITISH MEDICAL JOURNAL* for December 6th, is a notice of a paper by Dr. Melchiori in the *Omodei Annali*, in which he calls attention to the occurrence of an induration in the sterno-mastoid muscle, sometimes found in young children, and of which four cases had come under his notice; and in the *Lancet* for January 3rd, are published three cases of this affection, which had been treated at the Royal Infirmary for Children, by Dr. Wilks, who does not appear to have seen the remarks in the *BRITISH MEDICAL JOURNAL* of a month before, as he says that he can find no reference to this malady in books. Dr. Wilks's cases were treated on the theory that the induration of the muscle might depend upon syphilis, and the patients got well. In

the following case, as in Dr. Melchiori's, the treatment was expectant.

John Knighton, aged one month, was brought to the Infirmary on June 30th, 1862, in consequence partly of an attack of diarrhoea, attended with loss of appetite, etc., and partly because the mother wished to know if anything could be done for the neck, on the right side of which she had perceived a lump since the birth of the child. On examination, the sterno-mastoid muscle of the right side was found indurated, feeling as noted at the time like an osseous arch, stretching from the mastoid process to the clavicle. The head of the child was turned a little towards the healthy side.

The mother of the child was a strumous subject, but there was no suspicion of syphilis.

Simple remedies were prescribed for the diarrhoea, and friction with the hand dipped in a little flour was recommended for the neck, more, however, as a placebo, than with the expectation of any benefit, as at that time I had seen no notice of a similar case, and regarded it as a congenital deformity, likely to be persistent.

At the end of three weeks, the diarrhoea being well, and the swelling apparently but little better, the mother was told to show the child when a month had elapsed; she did so on August 19th, when the rigidity had much diminished; and on September 23rd, no trace of it remained.

#### CALCULUS OF THE BLADDER, DISCHARGED IN FRAGMENTS BY THE URETHRA WITHOUT ANY CRUSHING OPERATION.

(Under the care of, and reported by, T. J. WALKER, M.D.)

The following example of that rare occurrence, spontaneous disruption of a stone, is rather curious than instructive, and is somewhat inexplicable; its publication may lead to some attempts at explanation, or may call forth descriptions of similar cases.

Job Heyward, aged 14 years, admitted into the Infirmary June 10, 1862, has for six or seven years suffered from urinary disorder, and had been an out-patient of the Peterborough and Stamford Infirmaries. He was formerly sounded for stone without any being detected; but within the last two or three years had passed several small calculi *per urethram*. Bloody urine had also been voided on several occasions. About a fortnight before admission, the patient was attacked with severe pain, extending from the loins round the abdomen, and down the thighs. He passed bloody urine at first; but afterwards was unable to get rid of any, and the bladder becoming rapidly distended, he applied to Mr. F. Southam, of Wansford, his usual medical attendant, who has kindly furnished the following particulars of the case while under his care. On first seeing him, on June 31st, the bladder was distended, and at about two inches from the meatus of the urethra was impacted a calculus, which was removed, and found to be of about the size of a small horse-bean; it appeared to be an irregular fragment of a large calculus. A mixture containing liquor potassæ was ordered to be taken twice a day. About three days afterwards, the patient was again very ill, and unable to pass urine; the bladder was distended, and on three occasions Mr. Southam introduced the catheter and emptied the bladder, portions of calculus passing away through the instrument. Subsequently, to this the calculus *débris* accumulated in the urethra, as it did while the patient was in the Infirmary, and Mr. Southam removed a considerable quantity with a director. The alkali was discontinued and citric acid given in its place, and the warm bath was daily used. It was not until June 7th, that the swelling of the penis and prepuce took place; no instrument was introduced into the bladder, except the catheter, and the scoop of a director alone was used to remove the fragments from the urethra.

Upon admission, the bladder was found greatly distended, and the urine constantly passing *guttatim*. The

penis was very œdematous and the prepuce contorted; a sound was introduced into the urethra, but met with an obstruction about five inches from the meatus; no grating was felt, nor was the click of the instrument against a calculus felt; no stone could be felt by pressing the finger on the perineum.

In the evening the boy passed a considerable quantity of urine while in a warm bath, and later passed some at stool.

June 11th. The patient had slept well; the distension of the bladder was greatly relieved; the urethra was felt to contain calculous matter for about two or three inches from the meatus, and with an urethra-scoop several fragments, irregular in form and evidently portions of a large stone, were removed. Some of the pieces had lodged within the prepuce, the œdema causing phimosis, and the remainder evidently being unable to pass the narrow meatus.

June 12th. The urethra, which seemed completely cleared yesterday, was now again filled with calculi, each act of micturition pushing fresh fragments forward. Several fragments were removed, some larger than a pea, and two entire calculi of rounded form, quite different from the other fragments, were also removed, these were about the size of peas. There was now no distension of the bladder, and the patient appeared to be doing well in every respect.

June 13th. A fresh accumulation was found in the urethra, and removed. The weight of the whole, collected since the admission of the patient into the Infirmary, was forty-four grains, and the masses were rather bulky for their weight. The penis was no longer œdematous, though the prepuce was still swollen.

June 25th. The patient now passed urine with perfect freedom, and for some days no trace of gravel had appeared. He therefore left the hospital, and on July 5th was discharged, perfectly free from any symptoms indicating calculus or other disease of the urinary organs, and he remains quite well at the present time.

The whole of the calculus passed from his admission into the Infirmary to the time of his discharge, weighed fifty-five grains, and the *débris* removed before the patient's admission into the hospital, and, unfortunately, thrown away, is estimated by Mr. Southam to have been at least equal in quantity to that.

The composition of the calculus was almost pure uric acid, there being scarcely a trace of phosphates. In most cases of spontaneous disruption, the calculus has, I believe, been phosphatic. The fragments were irregular and angular in shape, and varied in size from pieces as large as a small horse bean, to others about the size of a cardamom seed.

Certainly in this case neither of the so-called explanations of other cases of disruption, such as the clashing of two stones together, nor the contraction of a hypertrophied bladder, will clear up the mystery as to the cause of the breaking down of the stone; and there is no evidence of any change in the character of the urine, or other reason for the unusual termination of this case of calculus. Had Mr. Southam not been clear that the stone which he removed from the urethra on the first day that he saw the patient, was a fragment of the calculus which was broken up, a feasible supposition might have been that a small separate calculus, having become impacted in the urethra, caused retention, and that the retained urine becoming ammoniacal acted upon the uric acid calculus.

The urethra of the boy was capacious up to the meatus, but this was so contracted that the fragments were not removed without some difficulty; and when the œdema and phimosis passed off, it was seen that there had been some enlargement of the orifice, by a slight laceration. There being but slight constitutional disturbance throughout, the bladder never being much distended after the use of the warm bath on the day of admission,

and the concretions admitting of removal by the urethra-scoop, there seemed no indication for any severer measures than those adopted.

COMPOUND COMMUNUTED FRACTURE OF BOTH FEET, AND EIGHT SCALP-WOUNDS OF GREATER OR LESS SEVERITY, EXPOSING THE BONES OF THE CRANIUM. AMPUTATION OF BOTH LEGS ABOVE ANKLE.

(Under the care of, and reported by, T. J. WALKER, M.D.)

The following case is an example of recovery from injuries which, at first sight, would seem almost necessarily fatal; and also appears to indicate the great propriety of—occasionally, at all events, if not always, when the circumstances of the case permit it—amputating above the ankle, in preference to selecting a higher portion of the limb.

David G., aged 29, fireman on the Great Eastern Railway, was admitted Nov. 11th, 1862. He was standing on the plate in front of his engine, which was in slow motion, and fell off, with his feet on one rail and his head on the other. Both feet were crushed under the wheel of the engine; while the guard in front of the other wheel probably struck the head, pushed it on a little way, and struck it again, making a fresh wound each time. On admission, the patient was semiconscious, and evidently labouring under the effects of the shock and of the hæmorrhage, which had been considerable, from the scalp-wounds. Although there was a flap of skin about four inches square, struck off the back of the skull, laying bare the occipital and parietal bones, besides other scalp-wounds, no fracture could be detected.

The soft parts, as well as the bones, being too much injured to give any chance of performing Syme's operation at the ankle-joint, amputation of both limbs was performed about two inches above the ankle, the posterior flap being slightly the longer of the two. The hair was removed from the head, and wet cloths applied. The patient was very restless after the effect of the chloroform passed off, occasionally violently delirious, constantly kicking his stumps about, and thus causing continual oozing of blood.

November 14th. The restlessness and delirium had continued unabated up to last night; but this day he was more calm. He had had much thirst, drinking eagerly of beef-tea and milk. The pulse had been usually about 100. The whole scalp was evidently very tender.

November 15th. He slept soundly for three hours last night, and to-day had regained consciousness. The tenderness of the scalp was diminished.

November 17th. The wounds looked well. He ate and slept well. Pulse 116.

November 22nd. The stumps were granulating; there was but very little union. Small portions of the muscles, which appeared bruised at the time of the operation, were sloughing. Last night there was constant delirium for about two hours, and to-day the pulse was 120. He was ordered wine.

November 26th. He continued to be delirious in the night; he was especially so last night. Pulse 120.

November 28th. He had had no delirium for the last two nights. Pulse 90.

January 11th. He had progressed favourably to the present time, and was now, less than nine weeks from his accident, walking about on two wooden legs made with a socket which admits the stump, the weight of the body resting on a rim of leather, surrounding the leg below the knee.

The recovery of the cerebral faculties seems complete; no change in memory, disposition, or intellect being observable.

That this patient did not succumb under the severe injuries he received and the treatment requisite, must, of course, have depended on his own vital power; but

great as this must have been, it is hardly probable that he would have survived the double amputation at a higher part of the leg, the operation more usually preferred, but which leaves a much larger wound, and in proportion also as it is nearer the trunk than that adopted, is attended with greater shock.

The operation above the ankle is in itself much less formidable than that below the knee; and the stump left after the former operation is at least equally, if not more convenient, than that left after the latter, if a leg constructed as those worn by this patient is adopted. I would, therefore, in all cases where Syme's amputation is impracticable, consider the possibility of the operation above the ankle.

## METROPOLITAN FREE HOSPITAL.

OVARIOTOMY IN A WOMAN AGED SIXTY-FIVE: RECOVERY.

(Under the care of J. HUTCHINSON, Esq.)

[From Notes by DR. WARNER, House-Surgeon.]

THE patient in the following case is probably the oldest on whom the operation of ovariectomy has yet been performed: we may also add that she makes the fourth recovery after ovariectomy, in succession, at this Hospital. Mr. Hutchinson pointed out to those present at the time of the operation that although the woman's age, counting her years, was 65, yet in constitution she was at least ten years younger. There seemed every probability that, if relieved of her disease, she might enjoy active life for many years to come. Her own strong wish for the operation must also, he remarked, be allowed its weight. She was a monthly nurse, and until the tumour had formed, had been in constant employment. For the last six months the size and weight of the tumour had wholly incapacitated her for any engagements. She was losing flesh and strength, and if not relieved of her disease, there was nothing before her but an illness, more or less slowly tending towards death, and involving throughout its course deprivation of almost all her accustomed sources of enjoyment. He had therefore felt that the mere fact of the patient's age was not one which ought to induce him to decline the operation. He directed attention to an œdematous state of the integuments of the abdomen, and in some degree of the lower extremities, stating that the urine had been examined and found to be free from albumen. The œdema had much diminished during the fortnight that the woman had been in the Hospital. He expressed his opinion that the tumour was polycystic, and had unusually thick walls. He did not expect to encounter any firm adhesions, as there was no history of peritonitic tenderness until quite recently. The following are the facts of the case.

S. B., aged 65, looking much younger than she really was, had been sent, in order to the performance of ovariectomy, to Mr. Hutchinson, by Dr. Sutton, under whose observation she had been at times for three years. Dr. Sutton first discovered the tumour three years before. It was then very small, and at first it increased slowly, and caused no inconvenience; latterly, it had grown much more rapidly; the woman's health had also much failed. She was a widow, and had borne five children. The abdomen measured forty-five inches in circumference, and was everywhere dull excepting in the right loin. The integuments, especially of the hypogastrium, were œdematous, and the prominence of the tumour was much greatest in the hypogastric region. Fluctuation could be elicited, but it was indistinct, and as if transmitted through very thick structures. The uterus was ascertained by vaginal examination to be high up, and quite normal.

On December 9, ovariectomy was performed. An incision, just large enough to admit the hand, was made through the integuments down to the cyst. The hand being introduced, some slender adhesions over the whole front of the tumour were broken down very easily. The chief cyst was then punctured by a large trocar. When the cyst was nearly empty, it was drawn out at the wound, its withdrawal being very greatly facilitated by turning the woman over on her right side. It was necessary during the withdrawal to puncture two or three of the smaller cysts. The pedicle was long and thick. It was secured in a clamp, and the tumour was then cut away about three inches above it. The intestines had not been seen, Mr. Chance, who was assisting, having carefully kept the edges of the wound closed during the concluding steps of the operation. The wound was closed by hare-lip pins, a flannel bandage applied, two grains of opium introduced as a suppository, and the patient returned to bed. The operation had occupied but a very short time, and the woman had borne it remarkably well.

With the exception of a few teaspoonfuls of brandy with ice during the afternoon and evening, nothing was done or required in the way of treatment. During the following night she slept well, and on the next morning her countenance was cheerful, tongue clean, pulse 80, soft and full. A little tea and dry toast was now allowed.

On the 12th the clamp was removed, and on the 13th the pins were taken out. The wound had now entirely healed, but the stump of the pedicle was of considerable size, and occupied its lower end. Excepting a little trouble from vesical irritation, at the end of ten days, and for which quinine and opium were prescribed, the woman had not the slightest ailment during her convalescence. She left the Hospital in excellent health on January 8, thirty days after the operation.

NOTE ON THE IMPORTANCE OF A SIDE POSITION IN PERFORMING OVARIOTOMY. In commenting on the above case, Mr. Hutchinson adverted to the great assistance derived in ovariectomy from turning the patient over to one side. It was convenient to perform the first steps of the operation with the woman on her back; but, as soon as the tumour was partially emptied, the side posture had great advantages. The patient should be turned to the side opposite to that from which the tumour grew, as the intestines would thus be less likely to protrude. The advantages obtained are two—first, in the greatly increased facility of dragging out the cyst, and, secondly, the much diminished risk of any cyst-fluid finding its way into the peritoneal sac. With the patient on her back, and the cyst nearly empty, there is often still considerable difficulty in getting the tumour out, owing to the circumstance that the remaining fluid by its gravitation drags the cyst back again at one part as fast as the operator extracts it at another. All this is remedied by the side position, and the operation may be completed much more quickly and with a smaller incision. The importance of preventing cyst-fluid or blood from gaining access to the peritoneal sac is obvious, and can scarcely be overrated. It is clear that there would be much less likelihood of any doing so with the patient on her side. Mr. Hutchinson added that he had several times tried the side position, and found it more than realise the advantages expected. It had also been tried, at his suggestion, in a case in which he was not the operator, and with a result which was all that could be wished for. In case of polycystic tumours, in which it was needful to cut into many cysts in succession, the side position was especially desirable, and in some such it might even save time to turn the patient well over, and then cut freely into the tumour, without any attempt at emptying it by means of the trocar. It was of course important to arrange for a good light from below in adopting this position.

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### CASE OF CÆSAREAN SECTION.

By R. W. COE, F.R.C.S.E. (Ex.), Senior Surgeon to the Bristol General Hospital.

[Read February 26th, 1863.]

THE surgeon is happily but seldom called upon to perform a similar operation to the one the details of which I propose to lay before you. And before doing so, I would state that I do not intend to enter upon the consideration of the conditions which are held to demand this operation, nor how far in my particular case the Cæsarean section was justified.

I have left the discussion of these points to our friend Dr. Swayne, whom we all regard as our local authority in matters obstetrical, and whose judgment especially determined me in the present instance; a judgment the correctness of which the small measurement of the pelvis (which is before you) affords a sufficient confirmation of. I simply desire to call attention to one or two points which struck me whilst performing the operation, and to place on record another (I am sorry to say) unsuccessful case.

My friend Mr. Henry Grace brought the patient, Mary Ann Brain, to the General Hospital, on the afternoon of December 24th, 1862, she being then in labour; Mr. Grace having determined in his own mind, that it was impossible she could be delivered by natural means, and believing that no measure short of the Cæsarean section would suffice. He stated to me that he had been called to see her on the morning of the day previous (December 23rd), she having then been in labour about thirty hours; that the labour had been ushered in by a partial evacuation of the liquor amnii; that he found the os uteri dilated to the size of a shilling, with the head presenting. He further told me that the pains never became very violent, owing, as he supposed, to his having given the woman an anodyne; that subsequently to his seeing her the os did not dilate much more, and that the liquor amnii ceased to escape. I saw the woman soon after her admission; she was a coarse hard featured country-woman, of about 40 years of age, below the middle height. She did not look so exhausted as I expected, on learning she had been suffering so long a period. Her pulse was 96; her skin cool, with labour pains coming on from time to time.

Before examining her by the vagina, Mr. Grace drew my attention to her external form. She presented, on withdrawing the bedclothes, the most revolting aspect that I have ever seen the human form present. Her body was of medium length, having on its upper and front part massive and pendulous breasts, and being encircled with large moveable rolls of fat; her limbs were disproportionately short, the upper ones appearing almost like fins appended to the shoulder-blades, the likeness being increased by the dumpy aspect of the hand; the lower limbs equally short with the upper, and encircled from the hips to below the knee with loose and large rolls of fat. The pudenda presented a few straggling hairs, and masses of fat with deep indents between them and the thighs.

On examining by the vagina, the os uteri was reached with difficulty, and found to be dilated rather larger than half-a-crown piece, the head presenting, the membranes ruptured, and most, if not all, the liquor amnii escaped. Great deformity of the pelvis was at once detected; the upper part of the sacrum approached so near to the symphysis pubis, that hardly two fingers could be passed between; there appeared to be a little more space in the left side of the pelvis between the lateral mass of the

sacrum and acetabulum; the coccyx projected very far forwards. It was impossible that a living fœtus could pass through such a narrow passage. (The child in this case was found to be alive; and the placenta supposed to be attached to the upper and right side of the uterus.) The pelvis is before you. The measurements are: from promontory of sacrum to symphysis pubis, one inch and eight-tenths; widest part between lateral mass of sacrum and brim of pelvis, one inch and four-tenths; transverse diameter in front of promontory of sacrum, four inches and seven-tenths.

A consultation was quickly held; I ventured to intimate that I thought it possible to extract the child by the natural passage, but we all appealed to Dr. Swayne for his opinion. As nearly as I remember, it was given pretty much as follows:—"You may possibly extract the child piecemeal; but the woman will run as much danger as from the Cæsarean section, if not more, with, of course, sacrifice of the child. Statistics are unfavourable to the removal of a child by evisceration through a passage not more than two inches in diameter; therefore, I advise the Cæsarean section in the present case."

That advice was followed, and I think properly so. Mr. Grace, who was present at the consultation, my colleagues and myself, were unanimous in agreeing on the necessity of operating.

A room being prepared and heated up to 80° by means of a large fire and two steam kettles, and chloroform having been given to the patient, I proceeded to operate; but before making the incision, I passed a catheter into the bladder and found that, though not containing any urine, it extended fully three inches above the pubes. My incision through the abdominal parietes began two or three inches above the umbilicus, and ended at a safe distance from the pubes, thus avoiding the bladder, which with the ordinary incision would certainly have been opened. Mr. M. Clarke and Mr. Grace then held the abdominal flaps against the uterine walls, so as to prevent any blood or liquor amnii from flowing into the abdominal cavity, on my cutting into the uterus. The section of the uterine wall in the middle was followed by a smart rush of blood, the uterine sinuses remaining wide and patulous; I seized the legs of the child and rapidly extracted it, the only delay occurring during the passage of the head, which was tightly grasped by the edges of the incision. The child, which was a little blackish in the face from the tight squeeze of the neck, was handed to Dr. Swayne, who recovered it. The placenta, found where it was expected, was immediately brought away; the only and real difficulty then began; the uterus would not steadily contract and obliterate the incision, as it is generally described as doing; partial contractions occurred, followed by relaxations and gushes of blood. The entrance of this blood and any remaining liquor amnii into the abdominal cavity was carefully prevented by Messrs. Clarke and Grace.

After the lapse of some time, the uterus was sufficiently contracted to allow of the closing of the abdominal incision, which was accomplished principally by means of pins. The uterus did not look very satisfactory, however; the incision in its walls gaped somewhat widely, making one fearful that either blood or secretion would soon escape into the abdominal cavity.

The after history of the case can be summed up in a few words.

After she recovered consciousness, vomiting set in and continued, despite of every remedy; her pulse gradually quickened to 160; pain soon made its appearance in the belly, followed by tympanitis. She died at 2 p.m. on December 26th, forty-two hours after the operation, having suffered from all the symptoms of acute peritonitis.

The *post mortem* examination revealed that which I feared. The uterus had not firmly contracted; and, though

there was little or no blood within the abdomen, still doubtless, some secretion had escaped from the cavity of the uterus through the incision in its walls, and thus given rise to the peritonitis.

Mr. Grace advised the giving some ergot before the operation. I regretted afterwards I had not done so.

The uterus is before you; it presents the same appearance, or nearly so, that it did after the operation, and after the *post mortem* examination; its condition will, I think, satisfactorily account for the fatal termination in this particular case.

If it should ever unfortunately fall to my lot again to do this operation, two points would be impressed upon my mind by this case: viz., 1. To ascertain the exact relation of the bladder to the front of the uterus; and 2. To take special care to produce contraction of the uterus immediately upon the removal of the child, either by the administration of ergot prior to the operation, or the use of galvanism immediately subsequent to it.

## Reviews and Notices.

CLINICAL MEMOIRS ON DISEASES OF WOMEN. By ALFRED H. MCCLINTOCK, M.D., F.R.C.S.; late Master of the Dublin Lying-in Hospital; Hon. President of the Dublin Obstetrical Society, etc. With Engravings. Pp. 435. Dublin: 1863.

[Concluded from page 296.]

In the seventh memoir, Dr. MCCLINTOCK describes Tumours of the Vagina. In this situation, the occurrence of growths is comparatively rare; and those which appear are generally of the fibroid or the cystic kind. Dr. MCCLINTOCK has never met with a case of cancer arising primarily in the vagina, although the disease sometimes extends to this part from the uterus or vulva.

Cystic vaginal tumours, arising from either the anterior or the posterior wall, appear to be more rare than fibroid tumours. Cases, however, have occasionally come under the notice of Dr. MCCLINTOCK, and also of Scanzoni, West, Murat, F. Churchill, and others. An interesting instance of the kind is related by Dr. Junius Hardwicke of Rotherham in the *Lancet* of last Saturday. Dr. Hardwicke, being called to a woman in labour, found "a non-pedunculated tumour, larger than an orange, in the recto-vaginal septum, and pressing forwards into the vagina". It was pushed down and rendered tense by the child's head at each labour-pain. Dr. Hardwicke punctured the cyst with a penknife (the only sharp instrument at hand), when "about a pint of serous fluid escaped". The cyst collapsed; and, as the patient was exhausted, labour was completed by the forceps. As to the treatment of these cystic tumours, Dr. MCCLINTOCK observes:

"The radical cure of a cystic tumour may be accomplished in different ways. If it grow by a neck or pedicle, this may be at once cut across with a scissors or knife, at a little distance from the vaginal wall. Simply puncturing the cyst and letting out its contents may be followed by a cure; though so happy a result is rare. In addition to tapping and excising the cyst, it is generally necessary to remove a portion of it, or to excite inflammation of its internal surface by the application of nitrate of silver, strong tincture of iodine, or nitric acid, or by dressing it with dry lint. Any one of these will generally be found successful." (P. 211.)

In the eighth memoir, Dr. MCCLINTOCK describes Tumours of the Vulva under the heads of—1. Warty



and hypertrophic tumours; 2. Fibrous and fatty tumours; 3. Cystic tumours; 4. Vascular tumours; 5. Cancroid and carcinomatous tumours.

Among the diseases noticed in this memoir, is the very rare affection described by M. Huguier of Paris under the name of *esthiomène* or *esthiomenus*—a term applied to it by Alibert. It is also known as herpes exedens, lupus, and rodent ulcer. Dr. McClintock agrees with Dr. C. West that, while the appearances met with in this disease are sometimes manifestations of tertiary syphilis, cases do occur "which are quite independent of venereal taint". A case of undoubted syphilitic origin is described by Dr. McClintock as having come under his notice; in which, between two and three years after the removal of tuberculated and enlarged nymphæ in a syphilitic patient, the "anterior part of the ostium vaginae was the seat of considerable ulceration, which had destroyed part of the urethra". At the same time, he saw in the Lying-in Hospital a patient in whom there was no history of syphilis, and in whom the urethra was entirely destroyed, so as to allow the bladder to be everted; and there was evidence, in the form of cicatrices, that the disease had made great ravages at the posterior part of the vulva, having destroyed the perinæum, sphincter ani, and about an inch of the recto-vaginal septum.

"This disease of the pudenda", Dr. McClintock observes, "is certainly very uncommon, and I am acquainted with only one English writer who has mentioned it—Dr. C. West. It presents characters common to syphilis, cancer, scrofula, and elephantiasis. It is essentially chronic in its course, and unattended by pain or danger to life. The ulceration makes slow but steady progress, sometimes healing in one direction at the same time that it extends in another. The subjacent and contiguous structures are indurated and tumefied; and fleshy growths, resembling condylomata, appear at the vaginal and anal orifices. Adult women from twenty to fifty years of age, and upwards, are the usual subjects of this disease; but M. Huguier once met with it in a girl of twelve years old, who had hereditary syphilis, and scrofulous *esthiomenus* on several parts of her body, the pudenda being only secondarily attacked.

"Making allowance for difference of texture, situation, and function, I do not see that it presents any characters which should make us regard it as an essentially distinct disease from lupus of the face. In fact, the lupus of dermatologists has a very close affinity, if not an absolute identity, with the *esthiomène* of M. Huguier. Any one will be convinced of this, who reads Dr. Néligan's admirable description of lupus as met with on the face and scalp, and M. Huguier's account of *L'Esthiomène de la Région Vulvo-anale*. . . It is almost needless to observe, that *lupus pudendi* is a totally distinct and different disease from *noma pudendi*." (Pp. 223-4.)

The next memoir is on Pelvic Hæmatocele. Dr. McClintock prefers this term to those of *retrouterine* or *periouterine* hæmatocele, which have been used by foreign writers. He gives a very complete epitome of our present state of knowledge of the disease, as derived from the researches of Recamier, Velpeau, Bernutz, Goupil, Nélaton, Tilt, H. Bennet, C. West, Simpson, etc.; and furnishes the results of his own experience. As to puncturing the cyst, he

"Would not be induced to resort to the trocar unless urgent symptoms were manifested in consequence of the bulk or mechanical pressure of the tumour; and not even then, unless it were in the chronic stage."

In the tenth memoir, Pudendal and Uterine Hæ-

matocèles are described. By *pudendal hæmatocele*, the author means the tumours which arise from extravasation into the cellular tissue of the vagina or adjacent parts, generally during labour, but in rare cases previously to the setting in of labour. A varicose state of the veins of the vagina or vulva is commonly supposed to be a necessary or very constant precursor of the effusion of blood, and the formation of the thrombus. Dr. McClintock, however, has found varicose veins present in two cases only out of thirty-eight; and, although he has seen many patients with varices of the vulva, he does not remember that one of them had hæmatocele—an exemption which he is disposed to attribute to the distensibility of the varicose veins protecting them from rupture under the circumstances which cause thrombus.

The occurrence of pudendal hæmatocele is mentioned as taking place before labour, during labour, and at the termination of labour. In the non-gravid state, a thrombus may be formed on the vulva by the application of direct violence. It has not been known to occur here spontaneously in non-gravid females; and the instances in which it is formed during pregnancy without any assignable exciting cause are very rare. When it occurs during labour, from pressure of the child on highly vascular parts, it may prove so great an obstacle to the birth as to require to be opened. Dr. McClintock, however, would act cautiously in this matter, and says:

"Unless the tumour actually prove an insurmountable obstruction to parturition, I do not think it should be opened in the acute or formative stage. But at a later period, when it has ceased to enlarge, and the further effusion of blood is completely at an end, an incision into the tumour might anticipate by a few days the natural process of effecting the removal of the coagulum. If we could open the tumour and clear out its contents, without exciting hæmorrhage, this proceeding would be attended with some advantage; but hardly sufficient, I think, to make it worth while incurring the risk, especially as the treatment required for the subjugation of this hæmorrhage might be contraindicated by the puerperal condition of the patient." (P. 285.)

Dr. McClintock restricts the term *uterine hæmatocele* to "the very rare variety of thrombus in which the lip, or the lower part of the cervix of the womb, is the seat of extravasation". This affection is important, as it may be the cause of hæmorrhage during the second stage of labour, or immediately or some days after delivery.

In the remaining memoirs, the author treats of Stone in the Bladder; Mammary Inflammation and Abscess; Secondary Hæmorrhage after Parturition; the Semeiological Value of the Pulse in Childbed; Dropsy of the Ovary; and Cystic Disease of the Ovary.

We must pass over several interesting points occurring in the course of these memoirs, in order to direct attention to Dr. McClintock's valuable observations on the Pulse. His object is to point out certain exceptions to the general rules that the patient may be considered as going on favourably when the pulse does not exceed 80, while a pulse of 100 or upwards indicates danger or at least some puerperal disease. In his researches, Dr. McClintock has been led to attach most importance to the frequency of the pulse; not, however, losing sight of the other three important characters—rhythm, force, and fullness.

Exceptions to the rule that a pulse not exceeding 80 or 84 is a favourable sign, are found under the following conditions. 1. The pulse may be rendered less frequent by the use of two or three drachms of ergot; as well as by the administration of other medicines, especially opium or digitalis. 2. Dr. McClinton has observed that, in the commencement of metritis, there is often a period during which the pulse does not range above the ordinary standard; this state, however, lasts only a few hours. From attending too exclusively to the pulse, and neglecting local symptoms in such a case, the practitioner may be led into the error of allowing the disease to gain ground before the use of sufficiently energetic measures—an error which the author candidly confesses himself to have sometimes committed in the outset of his practice. 3. The pulse may subside and indicate a favourable state of the patient after acute metro-peritonitis, while an attack of pelvic cellulitis is insidiously setting in. Hence the necessity, insisted on in a previous memoir, of examining the iliac regions in such cases. 4. A rigor may occur during, as well as before, an attack of puerperal fever; and, previously to this, the pulse may fall in frequency, "leading the attendant, if he should happen to see the patient at this period, to believe that the disease is yielding, when in truth it is gaining strength, and, it may be, getting beyond the reach of art." 5. The pulse may be reduced in frequency by the presence of nausea. 6. In pyæmia, the pulse is almost always rapid; but Dr. McClinton has seen it sometimes fall to 70 or 80, after the sweating stage succeeding to rigor, and apparently the effect of extreme exhaustion.

To the second general rule—that rapidity of the circulation indicates the presence of puerperal disease—the exceptions are more in number than to the rule regarding normal slowness of pulse. The exceptional cases are classified by Dr. McClinton into those in which the pulse is *momentarily, temporarily, or permanently* quickened.

Momentary quickening of the pulse is capable of being produced by innumerable causes—by any mental emotion or bodily disturbance, or even by the act of nursing.

The quickness of pulse may be temporary—continuing for several hours. The special causes of this are, want of rest, and abuse of alcoholic liquors; and Dr. McClinton agrees with Professor Levy of Copenhagen, that

"A temporary frequency of the pulse, commonly accompanied by increased cutaneous perspiration, is often the result of the patient's room being at too high a temperature, whether by fires or by the action of the sun's rays. He" (Professor Levy) "states that in the Lying-in Institution over which he presides at Copenhagen, the pulse is found elevated in the majority of patients on unusually hot summer days; and that this effect of heat not unfrequently manifests itself in connection with a perceptible tendency to uterine hæmorrhage." (P. 366.)

Permanent frequency of the pulse may depend on mere functional disturbance without appreciable disease; or on some morbid non-puerperal cause. In the first category is included acceleration of the pulse under the following circumstances. 1. Instances, rarely met with, in which the normal rate of the pulse ranges from 90 to 110. 2. Cases where the patient has made immoderate use of spirits or even of tea before labour. 3. Cases, sometimes occurring,

where much hæmorrhage during or after labour leaves the circulation excited and irritable for many days. 4. The production of much suffering in the act of suckling. 5. The presence of some latent mental affection. 6. An attack of puerperal mania is often preceded by an excited pulse. 7. The circulation is sometimes quickened in highly nervous or hysterical women after confinement to bed for some days. Professor Levy appears to regard this as an instance of acceleration of the pulse in the horizontal position—the ordinary physiological result of change of posture being apparently reversed. 8. Professor Levy describes an *epidemic* quickness of pulse, preceding or accompanying an outbreak of puerperal fever. So much importance has he been led to attach to this, that, in the Copenhagen Lying-in Hospital, he has

"Allowed a generally diffused quickness of pulse among the lying-in women in the institution to act as a warning of an unfavourable puerperal constitution, and as a hint at the time to limit the admissions as much as possible, for which the arrangement for scattered attendance through the town, of late years, affords facility. After some days, or a week or two, I have often found the state of things improved, and have then, by way of experiment, again permitted the unlimited admission of fresh patients, intending, according to circumstances, to allow it to continue, or again to put the limitation in force. And I am, at least, convinced that in the course of years I have, in this mode, not infrequently succeeded in preventing or arresting the further development of commencing epidemics in the institution." (Pp. 372-3.)\*

The non-puerperal diseases mentioned by Dr. McClinton as producing quick pulse during childbirth are: scarlatina; organic disease of the heart; pulmonary consumption; Bright's disease; and, according to Professor Levy, chloræmia.

We have thus given an outline of this work, noticing some of the numerous subjects on which the author has offered the results of his experience. The conclusion at which we have arrived in the course of its perusal, is one which no doubt will be shared in by all whose good fortune it may be to read the book; that, in thus publishing some of the results of eleven years experience in connection with a large obstetric institution, Dr. McClinton has done good service to the science and practice of the diseases of women.

OBSERVATIONS ON THE DISEASES OF THE RECTUM. By T. B. CURLING, F.R.S., Surgeon to the London Hospital; Examiner in Surgery to the University of London; etc. With Wood Engravings. Third Edition, revised and enlarged. Pp. 232. London: 1863.

ALTHOUGH English medical literature furnishes us with few complete works on surgery; yet we have a comparatively large number of monographs upon particular subjects, excellent as far as they go, and the work of some of the best minds. Such a work is that of Mr. CURLING now before us. Mr. Curling has shown that a surgeon of the highest qualifications may give his especial attention to a subject without becoming a specialist.

It is only by surgeons of eminence directing their particular attention to certain subjects that these can ever be thoroughly elucidated; but then the sur-

\* Dr McClinton here quotes from a translation of a memoir by Professor Levy.

geons should see that their theories and practice are in accordance with that which is known in other branches of science. In this way, the especial consideration of any one subject cannot but extend the boundaries of general knowledge. But, on the other hand, if exclusive attention be given by a surgeon to any one branch of medicine, without reference to that which is being done in other departments, then the speciality must act injuriously upon the progress of knowledge, and lead to contracted views in practice.

Mr. Curling's work belongs to the first of these two classes. It is well and clearly written. The descriptions are concise, and the illustrations to the point, without becoming tedious by their multiplication. But upon which we would especially remark is that the practice recommended throughout is in perfect keeping with the most approved principles of general surgery.

After an introductory chapter, the important subject of Irritable Ulcer of the Rectum is well described, and the different modes of treatment shortly, simply, but clearly described.

The following chapters are devoted to those affections of the rectum which resemble, or have been confounded with the irritable ulcer.

Chapter v treats of the important subject of Hæmorrhoids. Mr. Curling does not here omit to describe the improved mode of operating introduced by Mr. Salmon.

"I seize and throw down the pile, and, giving the instrument to an assistant, make, with the scissors, a deep notch or incision along the base of the pile at the point of junction of the mucous membrane and skin, cutting parallel with the coats of the rectum, and not into the pile, and carrying the ligature well into the groove, knot it tightly and securely at the root of the growth. When the hæmorrhoid is very broad or large in size, I pass the curved needle around with a ligature to the bottom of the groove made by the incision, and through the central part of the base of the pile. The needle being withdrawn, the ligature is left double, and tied on each side." (P. 54.)

Mr. Curling regards the ligature as the safest and most effectual remedy "for the cure of internal hæmorrhoids of any considerable size." Judging from other works which have from time to time appeared, there would, however, seem to be considerable difference of opinion in the profession upon this subject. The advocates of each plan probably extol that system which has succeeded in their own hands, and we must suspend our judgment before we give in our adherence to any one of these methods exclusively, or as the best under all circumstances.

Fistula in Ano and Stricture of the Rectum form two very important chapters in Mr. Curling's work, and are well worth the attentive perusal of every practical surgeon. Stricture of the Rectum is also treated of at length, and with great care.

The most valuable and original part of Mr. Curling's book is that which treats of Congenital Imperfections of the Anus and Rectum. Upon these subjects the author has evidently bestowed much careful investigation; and two chapters are devoted to their consideration.

The congenital malformations of the rectum are divided as follows:—

1. Imperforate anus without deficiency of the rectum.

2. Imperforate anus, the rectum being partially or wholly deficient.

3. Anus opening into a *cul-de-sac*, the rectum being partially or wholly deficient.

4. Imperforate anus in the male, the rectum being partially or wholly deficient, and communicating with the urethra or neck of the bladder.

5. Imperforate anus in the female, the rectum being partially deficient and communicating with the vagina.

6. Imperforate anus, the rectum being partially deficient, and opening externally in an abnormal situation by a narrow outlet.

7. Narrowness of the anus.

The different modes of treatment for these various affections are carefully considered in Mr. Curling's work, and especial attention is given to the subject of Colotomy; and this is considered under three heads:—

1. The difficulties of the operation.

2. Its dangers.

3. The condition of the artificial anus, and the inconveniences attending it.

In these last chapters Mr. Curling gives us the results of upwards of one hundred cases which he has collected, tabulated, and analysed. The principal facts deduced from these cases have already been published in the *Transactions* of the Royal Medical and Chirurgical Society for the year 1860.

GREEN OYSTERS. We described a few days ago two methods employed by M. Cuzent for discovering copper in the oysters which come from Marennes, and which are remarkable for their green hue. The *Moniteur* now publishes a letter from the mayor of that town, which is intended to counteract the unfavourable impression caused by M. Cuzent's revelations regarding the unwholesomeness of these oysters. He states in his letter that the trade in green Marennes oysters has increased to such a degree during the last fifteen years, that the white oyster beds of the neighbourhood had become insufficient to stock those peculiar beds where the creature acquires a green colour together with that delicious taste which causes the Marennes oyster to be so eagerly sought after. In order, therefore, to meet the demand white oysters have had to be imported from Spain, Bretagne, Ireland, and England. The Marennes oyster is, in fact, in its ordinary state, as white as any other, and only receives its green colour and peculiar taste when transported to certain beds covered with a small submarine kind of moss, and formed of the slime deposited by the sea from the small gulf called the Rivière de Seudre. Now, a considerable number of oysters are imported from Falmouth by the inhabitants of Marennes, and these oysters really contain a certain quantity of copper, which gives them an acrid taste. On their arrival they are deposited in certain beds apart from the others, and kept there for six months, after which period experience has shown that they lose their copper salt, and consequently their bad taste. Now as to M. Cuzent's experiments, and the results obtained by him, the mayor explains that a Marennes fisherman, whose trade is not very extensive, got over from Falmouth a few thousand oysters, which out of thirst for gain he sent off to Rochefort before they had sojourned more than three weeks in the beds set aside for their purification. These oysters having caused alarming symptoms, copper was found in them by M. Cuzent, but they were not real Marennes but Falmouth oysters, the former still retaining the excellent qualities for which they are known. (*Galignani's Messenger*.)

# British Medical Journal.

SATURDAY, MARCH 28TH, 1863.

## THE HANGING OF SO-CALLED CRIMINAL LUNATICS.

THE *Times*, the *Saturday Review*, the *Examiner*, and no doubt the other journals which follow suit to these luminaries, are lost in delight that judges have been at last brought to a proper sense of their duties, and have done with all maudlin sentimentality in the matter of hanging weak-minded individuals. A few more hangings of this kind, shouts the *Saturday Review*, and the gallows is saved: "Vive la guillotine!" They have each of them been engaged in the singing of hymns of joy and exultation at the prospect of choking the life out of a couple of lunatics; mingling, however, with these songs murmurs of threats at any home authority who might dare to interfere between them and their prized prey. One is really reminded of the dance of a set of North American savages, before proceeding to business, around their scalpable victims, tied to a tree and garrotted; or of a body of citizen Lynchers executing summary injustice to gratify their *natural* inclinations; or of a set of red-capped *citoyens* dancing round *la lanterne*. We never remember such a fervid thirst expressed by the press for the shedding of expiatory blood;\* no, not even in cases of the greatest atrocity, and where no pretence of a plea of insanity could be set up on behalf of the criminal. The old Adam is still prominently alive in us. The lower kind of animal faculties—of "destruction," etc.—which are said to lie somewhere in the back part of the cerebral quarters, still assert their posterior pre-eminence. In fact, it is impossible not to regard this sudden outbreak as something akin to a furious epidemic; for it appears to have affected judges as well as journalists, and to have extended widely over the land. Judges, who have of late years seemed to shrink from hanging, now show themselves as determined to hang as journals to have hanged.

We may well imagine that something more than the mere plea of insanity set up on the part of the murderer has produced this strange phenomenon; and, in fact, we have not far to go for the exciting

cause. The mad-doctors, and, in fact, doctors in general, have been going it too fast and coming it too strong as interpreters of mental conditions, morbid or healthy. They must be put down by the strong nerve of judicial severity, and by the admirable logic of journalistic ridicule; for society is in danger! The jargon of mental psychology and the pretensions of whipper snapper country doctors and important pretentious London experts are to be once for all denounced, annihilated, and, in fine, kicked out of every healthily conducted court of justice. To men of *common sense* and of sterling British-jury faculties is to be committed, in future, the decision of the question, Is he a lunatic? In all doubtful cases, Calcraft's ingenuity and his simple noose are to decide the Gordian difficulty.

Are we wrong in saying that too little of calm judgment and too much of passion have been manifested at the seat of judgment during the trials to which we last week referred? As regards the press, its vehement language sufficiently stamps the character of its method of dealing with the subject.

We trust, however, that before these lunatics are handed over to the executioner, calm reason will again assert and maintain her claims to a hearing. There are, indeed, some few subjects for thought arising out of these unreasoning denunciations of the press, and out of the dicta of the bench, to which we would invite a calmer consideration.

We would, on the principles of that common sense which is invoked to annihilate medical interference, ask whether the judges and the press have in this matter squared their proceedings strictly in accordance with common sense. Let us glance shortly at *their* method of handling the question.

One great argument of the press in favour of the execution of these two murderers is derived from the fact that medical men often give absurd answers to abstruse questions touching insanity put to them by crafty counsel and learned judges. Because, argue these journals and the judges, medical men have been made to answer illogically—in fact, to talk nonsense—in the witness-box respecting insanity, *therefore* medical evidence in insanity is worse than useless. Because in this chopping of logic a medical witness, who has made no special study of insanity, has had his heels tripped up, *therefore* the criminal is not a lunatic, and *therefore* he shall be hanged. Plain common sense (which is, after all, nothing but the practical application of scientific knowledge) is appealed to in this matter. Let then plain common sense deal with it; and assuredly common sense and everyday practice tell us that in ordinary civil cases of supposed lunacy, before we frame a decision, we embrace all the facts affecting the mental history of the individual, and upon them found our judgment. When a commission sits to inquire into the mental condition of a man who has property to be looked

\* It is strange to note how this feeling pervaded the Court which tried the youth at Maidstone. The reporter of the trial noted the ways and manners of the prisoner; and from these, his looks and words, etc., deduced conclusions as to his sanity! The judge, from the very opening, took a stern Rhadamantine aspect of the business, plainly hinting that he would put up with no nonsensical plea of lunacy. The daily papers, too, in commenting on the trial, stated *facts* most perversely against the prisoner. The *Times*, for example, in a leader, said there was a plea, that the youth's mother and son were "of weak intellect"—the fact sworn to at the trial being that his mother had attempted suicide, and had been twice in a lunatic asylum! The feeling of the youth's town, too, was, we were told, distinctly favourable to his sane condition!

after, is not every act and word of the supposed lunatic tainted with folly, past and present, strictly scrutinised and put down in the catalogue of considerations out of which a decision as to his state is to be drawn? But if such a kind of investigation is good in civil cases, why, in the name of common sense, is it to be excluded in criminal cases? "No," says the judge or the law, "I will listen to none of all that. All I want to know is: Did the man know what he was doing when he committed the murder?" Why, every man connected with lunatics would tell him that the most dangerous and homicidal of lunatics are the most cunning, plotting, and contriving of lunatics. The most sensible lunatic with whom we ever conversed in an asylum was one who a few days before had most craftily procured and hid away under his bed a poker, with which he on the following day battered in another lunatic's skull. Who could say that this man did not know he was doing wrong at the moment? According to Judge Wightman's law, indeed, he would most assuredly have been hanged for the murder, and, we have no hesitation in saying, would have gone through his trial in court without showing a sign of insanity. Why, it is a well known and commonplace fact, that lunatics actually place themselves under lunacy law, feeling that they cannot otherwise restrain themselves from the commission of some murderous act even upon their own children. Do not such people know right from wrong? Yet are they not, and do not the law and common sense and humanity accept them and treat them as, lunatics?

Again: Is it common sense to conclude, because ordinary medical men, who do not deal with insanity in daily practice, are drawn into the talking illogically and even nonsensically in court, that men who have devoted their whole lives to the investigation of the subject are incapable of assisting the court in the investigation? Is this alone—this insanity—of all scientific subjects of investigation, the only one in which the scientific investigator is incapable of giving instruction to the uninitiated? Would it be common sense to entrust a minute chemical inquiry into the hands of a village druggist? No; the court sends for our Christisons, Taylors, and so forth. But why does it not, in doubtful or difficult cases in which the question of lunacy occurs, also send for its experts in lunacy to advise and assist it? It will, we suppose, be admitted that there are cases in which even the judge and the press do not question the insanity of the criminal; and then, again, there are cases in which they do doubt of his insanity; and then, again, there are cases in which they have no doubt whatever as to his non-lunatic condition. Well, does not this, at all events, show that there are degrees in the force of the signs of insanity; and is it not certain, that the signs which precede the establishment of the

most fatal lunacy in a man are oftentimes faint—and, indeed, imperceptible except to the practised eye? Is it not, therefore, reasonable to suppose that those engaged daily and all their lives with lunatics may have a knowledge of the thing beyond that of judges and of juries, and of a sovereign and infallible press? "But no," say the judge and the press; "all your vast experience in this matter does not enable you to form any better opinion about it than we can form. John Hodge, here on the jury, can take a common sense view of the case, which you cannot. You are up in the clouds. Much learning has made you as mad as your patients."

It may be fairly granted that there is a show of suspicion against the evidence of an expert, when it is given expressly for the purpose of keeping a man's neck out of the noose. But in cases where doubts—reasonable doubts—as to the man's lunatic state exist, do not common sense and common humanity call upon the court to obtain independent and sufficient and the best evidence it can procure to enlighten it amidst the darkness and mysterious horrors of lunacy? If human life is of all the value in the eye of the law which we pretend it is, why does not the law itself bring down its own experts to test the mental condition of the supposed lunatic? Instead of this, it laughs at the evidence of the country doctor, who says the man is mad! it throws over the evidence of the criminal's own expert as suspicious! it produces no expert of its own! and then, with its *common sense*, it accepts the evidence of the other country doctor, who believes the man to be sane!

And, to wind up this tissue of unreason, it condemns the man by assuming a position which is utterly incapable of proof; viz., that the man knew right from wrong when he committed the murder. It rejects with derision the united experience of all the great minds and authorities that have dealt with the subject. Yes, the law sitting on the judgment seat declares, through the mouth of Judge Wightman, "Homicidal mania shows no delusion; it merely shows a morbid desire for blood. Delusion means the belief in what does not exist."

We have Judge Wightman's word for it, that the man who exhibits a maniacal thirst for human blood is free from all delusion; that no delusive ideas impel or excite him to the homicidal acts; he is not driven on to their performance by a belief in things which do not exist; he does them, we may suppose, simply from a love of the thing, from want of better employment, and so forth! But how did the learned Judge become possessed of this momentous secret? When did he enter into the brain of a homicidal maniac, and how did he come to learn that no delusion is impelling that wretched soul to homicidal deeds?

At all events, this much is certain, and in the

name of that oft and vainly invoked common sense, we would beg those who deal out the law to understand, that this interpretation of it, which is, admittedly, solely founded on a dictum of the judges, is distinctly opposed to the conclusion derived from the vast experience of all competent authorities in all countries on the subject of lunacy. Turn the matter as we please, this much is certain, that against this united experience of authority the law has nothing to produce in favour of its hanging dogma, more than what is founded on the purest hypothesis; namely, that homicidal mania is not founded on a delusion, and that moral insanity is not a fact. In truth, on this negative assumption, which, as a negative, is plainly incapable of proof, and to which all scientific experience is opposed, the law which hangs the supposed lunatic is solely based! And we would ask, in the name still of common sense, are we, as humanity, to accept as final, and as unchangeable, the dictum of judges relative to insanity given years ago? If the field of mental pathology is daily being widened, and our knowledge of the morbid states of the mental faculties enlarged, it is surely not unreasonable to demand that the legal dictum should be brought into some kind of accordance with scientific knowledge.

Well, then, the practical conclusions to which we here come are these: That it is our firm belief if scientific and unprejudiced knowledge were called in by justice, or we should rather say by law, to assist and enlighten it in the two special cases to which we are now referring; viz., of the man Fooks and of the youth Burton, it would declare that these two individuals were not agents responsible for the murders committed by them; *that if their mental states were inquired into, as under a commission de lunatico, they would both be pronounced non compos*; that it is most cruel and unjust to condemn a man in accordance with a legal dictum which is based on pure hypothesis, and is contrary to scientific experience; that in all doubtful cases of criminal responsibility the law should seek council from its own responsible experts; that it is contrary to the humanity of this latter half of the nineteenth century to throw on the shoulders of the criminal the *onus probandi* his own lunacy—to demand of a lunatic that he shall have wit enough to prove himself to be a madman!

As regards the man Fooks, we affirm, from evidence given at the trial, that he had, long before he did the murder, done and said acts and words which would not only have justified, but required his being placed under supervision. And if this proper care had been taken, who would then have thought of hanging him had he, while under restraint, effected the murder? And if this be true, we ask again, as we did last week, where, in the eye of ab-

stract justice and of reason, is the difference in the actual criminality attaching to the act, whether it was done by a lunatic under restraint, or by a lunatic loose upon society?

Of the youth Burton we would say, enough lies before us to warrant us in believing that his act was that of a lunatic. The utter absence of those reasonable springs of action upon which the law in ordinary cases lays so much stress, as evidence of guilt; the absence of all purpose and malevolence as regards his victim, taking the first which fell under his hand; the only suggested motive of the murder—the compassing of his own death through the instrumentality of the hangman; his open avowal of his guilt—all these facts are surely more than enough to suggest the conclusion of his insanity; and when we add to them the fact of his having a brother of feeble intellect, and a lunatic suicidal mother, we have surely abundant evidence to warrant us in demanding, in the name of humanity, that his mental condition shall be investigated, not by an enlightened jury of his countrymen, nor tested by a legal dictum, but by the eye of skilled scientific knowledge.

It really does seem worse than trivial for a judge on the bench solemnly to tell us that society is in danger if such a miserable wretch as this be not hanged. Why we might fairly argue that if you gratify his wishes by hanging him, you encourage other wrongly-minded persons with morbid ideas like his to do likewise. We might argue that if this deed is to be punished for the sake of society, and of example, the wiser course would be to shut him up for life in a lunatic asylum, as by hanging him you encourage others of his kind to do likewise, by ensuring them the end they seek; viz., death by the halter. The prospect of a life in a lunatic asylum might arrest the murdering hand, might have arrested this youth's!

And we must, in conclusion, once again protest against the manifest unreasonableness of Judge Wightman's argument which condemned the youth:

"It was urged that the prisoner did the act to be hanged, and so was under an insane delusion; but what delusion was he under? So far from it, it showed that he was quite conscious of the nature of the act and of its consequences. He was supposed to desire to be hanged, and in order to attain the object committed murder. That might show a morbid state of mind, but no delusion."

Here then, as the climax to a *reductio ad absurdum*, we have the solemn judicial assurance, that the commission of an act of murder for the purpose of being hanged is not and therefore cannot be founded on a delusion. The desire thus to compass a violent death by the hangman is not and cannot be founded on any delusion—any false, mad, lunatic idea! Where did the Judge learn this?

We cannot define insanity. No definition of the term has ever yet, or can be given. We have no exact measure, no dictum, by which we can try and



gauge the state of a man's mind. Each case must be judged of by itself. It is, therefore, a most false law which would lay down a dictum to comprehend all cases. It is a false and an unjust law.

We will not believe, until the acts are accomplished, notwithstanding the violence of the press and the prejudice of the law, that modern humanity will permit the execution of these two persons, until, at least, their mental condition has been properly investigated—we mean by competent authority.

### ARMY MEDICAL OFFICERS.

THE following true and excellent remarks from the *Daily Telegraph*, on the gross ill treatment exercised by the Horse Guards upon the medical officers of the army, are worthy of a place here. We trust that all our medical brethren, who have influence with members of Parliament, will exert that influence by calling upon those members to assist in forcing the Government to carry out into full operation the terms of the Queen's warrant.

"While Sir James Outram lay upon his death-bed, he uttered these words to a distinguished officer of the Indian army who was with him to the last: 'It pains me to think that the services rendered by medical officers to the public have been so ill requited, and that my efforts to obtain justice have been attended with so little effect. But the time is coming when they *must* be properly recognised; the next great war will settle this long controversy terribly in their favour.' This parting prophecy of the great statesman and soldier ought to be written up in tall letters on the façade of the Horse Guards. It is matter of mournful history how our army system broke down upon the mud of the Crimea. For a while great minds, like Lord Herbert's and Florence Nightingale's, gave their powers to initiate a better state of things; and the Horse Guards themselves were awakened and ashamed. Since that day the reaction of all this agitation has set in. Lord Herbert is dead; Florence Nightingale's noble heart beats feebly with sickness; and the congenial military command, 'As you were', has been passed to the several departments. The medical service of the army has shared in all the hopes and disappointments of that action and reaction. When the Russian war disclosed how grievously the soldiers' health and comfort had been neglected, and how ill that profession had been treated whose function is to guard them, it was resolved that for the future the medical department should have justice. Its entire system was to be remodelled; it was to be placed on such a footing that men of liberal education and professional enthusiasm should find in it a worthy career for their talents and energy. A Royal warrant was issued conceding a just position to its members; staff or regimental surgeons were to rank with majors of the army; the pay and allowances of each grade were placed on a fair footing; the Royal Victoria Hospital at Netley was established; and a medical school, with a proper force of professors, was founded.

"This was the hot stage of the fever of shame and repentance; the cold quail has succeeded, in the virtual cancelling of these fair promises and prospects. A most arbitrary regulation, emanating from the Horse Guards, has quashed the Royal warrant: the medical officer, grown grey in the field and hospital, may again see the beardless ensign sitting above him; the pay and allowances guaranteed him have been again withdrawn; in a

word, with this branch of service, as with all others, it is 'as you were'.

"Perhaps it may be thought we overpaint the picture, in describing the medical department of her Majesty's army, at home and in India, as one which men with reasonable ambition will no longer enter. Let one fact, then, be quoted. At a recent examination of candidates for this service, out of forty-five vacancies, *only fifteen* could by any possibility be filled. A good regimental doctor will save his pay in men's lives a dozen times over in a campaign; and good doctors cannot be got or kept with contumely. On the skill and science of the medical officers depend all the success of some military combinations. Baron Larrey was declared by Napoleon to be worth half a dozen of his generals. We don't want medical officers to enter the military service for a living, but as a most honourable employment, where true science will find a magnificent field, and receive ready thanks and honour. Recalling these most obvious considerations, we were glad indeed to have it from the Secretary of War last Monday that the authorities are once more moving in the direction of reform, after shunting the service thus upon the down line that leads to disgust and discomfiture. The 'Queen's Warrant' is the basis that we must insist upon."

### THE CLIMATE OF EGYPT.

M. SCHNAPP, the French sanitary doctor at Alexandria, has made a serious study of the climate and the hygienic condition of Egypt?

"Is it," he asks, "into this country, so inhospitable towards strangers, towards the white man who comes from the north, and towards the black man who comes from the south, into this country which is so destructive to its own children, that we ought to send our sick and our valetudinarians?"

According to him, the Semitic race, the Japanese, the Ethiopian, are all devoured by the climate of Egypt. He tells us:—

"That it is not in hot countries like Egypt that we find during winter the most favourable meteorological conditions of a mild and constant climate."

He also adds, that the annual deaths in Cairo and at Suez exceed the births. With regard to the existence of phthisis in Egypt, M. Schnapp's observations leave no doubt of the fact that tuberculosis and scrofula reign in all parts of Egypt, but in varying degrees, being less frequent in Cairo, for instance, than in Alexandria. In the Egyptian population, which is represented to us as once happy under the Pharaohs, scrofula commits fearful ravages amongst all classes of society. Speaking of phthisis, he says:—

"During four years that I have practised in Alexandria, I have seen a large number of European patients, in hospital, at the dispensary, and in the town, and I frankly declare that I have never seen a phthisical patient recover, or, as it is called, cured. And I feel bound to add, that the disease once declared, takes, in this country, a rapid course, and soon arrives at its fatal termination. When once the tubercle begins to soften, disorganisation goes on with frightful rapidity. Hence, then, basing my remarks, on the one hand, on the climatic conditions of Egypt, and, on the other, on pathological observations, I consider that I may fairly lay down the following proposition, which I address to my *confrères*, who will understand it; viz., when your patient exhibits unequivocal signs of tubercular disease, take care not to send him into Egypt."

## MEMORIAL TO THE LATE SIR BENJAMIN BRODIE.

IN the JOURNAL of September 6th, 1862, in remarking upon a "proposed Wakley testimonial", we made the following observation: "That it is not during the life of an individual that the public and the profession can impartially estimate the value of his services, so as to present him with a proper testimonial. We quite agree with Dr. Watson, that the proper moment for considering with calmness the propriety of raising a testimony to the public life of an individual is when the grave has closed over him." The observations referred to, as made by Dr. Watson, are as follows.

"I feel, and I have always felt, a strong repugnance to testimonials, and honours of a like kind, *to living men*; and, except on some rare exceptional occasions, I have acted in accordance with that feeling. I may be wrong in this, but so it is. I know that I differ on the subject from many of my acquaintances. Some time ago, I declined, upon the same grounds, to contribute towards a testimonial to Sir Benjamin Brodie, an old and valued friend of mine, and surely as deserving of honour and respect as any Englishman alive."

In calling to mind this letter of Dr. Watson's, we think we may fairly ask the profession whether the time has not arrived when it would be well to consider whether some mark of respect should not be offered by the profession to the memory of the late Sir Benjamin Brodie. Testimonials rightly directed, and made to the memory of departed worth, honour those who bestow them as much as they do him to whom they are dedicated. They show to the public at large that, in the midst of our daily work and our money-making and our scientific labours, we, as medical men, do not forget that, after all, the dignity of our calling as a profession rests on something superior to the mere acquisition of wealth—that it, in fact, derives its illustration from the honour and principle displayed to the world by men of the stamp of Sir B. Brodie. If there ever did exist a man in the profession who was worthy of such a memorial as that here suggested, surely Sir Benjamin Brodie was the man. If it is intended to do honour to his memory, the time is fully ripe for the offering. What the profession thought it right to do in honour of Sir Astley Cooper and of Dr. Babington, must surely be due to the memory of Sir Benjamin Brodie.

We may appropriately add to these remarks the following words taken from a Notice of the Life of Sir B. Brodie by M. Giraudeau, read before the Surgical Society of Paris on January 14th:—

"Thus I have traced the scientific and professional character of this eminent man, whose life was  
 "L'accord d'un beau talent et d'un beau caractère."

"During nearly half a century, Sir Benjamin Brodie exercised a marked influence over English surgery, by his teachings, by his writings, and by his high social position. In his small surgical class at the Windmill Street School, in his official lessons at St. George's Hospital,

in the high position of president of the Royal College of Surgeons, and in the presidential chair of the Royal Society, Sir Benjamin Brodie gave an example of his love of work, of the highest scientific and professional honesty, of respect for the rights of all, and of profound attachment to the profession to which he belonged. His high position and his important works have justly ranked him amongst the surgical celebrities of the age. He did not resemble the brilliant meteor, whose deceptive light serves only to mislead the traveller in the darkness of the night. He was rather the powerful beacon, the sure and constant guide, serving to direct us amongst the shoals and rocks."

## THE WEEK.

THE Metropolitan Counties Branch has applied itself in earnest to the mitigation, and we would hope the ultimate extinction, of the evils arising from the present system of gratuitous medical services. At a meeting of the Branch held on Wednesday last, a report was brought up from the Council, to which body the subject had been referred by the Branch for consideration. The fact, as shown in another column, that the report was not adopted in its integrity, proves merely that, while both the Council and the Branch were at one on the general merits of the subject, there was a difference of opinion as to the best mode of commencing proceedings. The mischief is one which has been so long in growing, and has so insidiously pervaded our system of medical attendance on public institutions, that we cannot expect to uproot it at once. The Branch has, we think, acted wisely in determining on a mode of proceeding which offers the best promise of success, in being less obnoxious to reaction than a more decided demonstration at the present time would be; and which will, if perseveringly carried out, destroy the foundations of the abuse. The permanent committee appointed by the Branch will, without doubt, do their duty; but they must make up their minds to a long and probably laborious course of action. They may meet with discouragements from the apathy of some and the opposition, selfish or conscientious, of others; but they must persevere, and in the end will succeed. It must be remembered that the bearing of the subject is not confined to hospital medical officers, but reacts on other branches of the profession. How, for instance, can Mr. Griffin and his coadjutors be expected to obtain an improvement in the condition of Poor-law medical officers, when Poor-law officials can triumphantly point to the hospital medical men doing their work for nothing?

We have received communications both from Mr. Adams and from Mrs. Russell touching the matter between them, which has of late been so prominently brought under the notice of the profession and the public. We do not, however, see what end, beyond that of satisfying the curiosity of the scandal-lover,

can be attained by their publication. Assuredly a correspondence of this kind will entail upon us the necessity of publishing endless statements and counter-statements. It is evident, in our opinion, that there is only one way in which any further proceedings can be usefully taken in this matter. We understood, at the meeting which was held by Mr. Adams's friends on the subject in Cavendish Square, that it was that gentleman's intention to prosecute the parties opposed to him for perjury. It seemed to us then, and we must say that it still seems to us, that if any further action is to be taken in the case, this is the only one which promises any effective results. We may add that, under the circumstances, we regret that Mr. Adams has not followed out what appears to have been his original intention in this respect.

WE have been requested to publish the following:—

"The Branch Medical Council for England, at its last meeting, remitted to Mr. C. P. Symonds of Ormskirk the sum of £20 (the amount of a penalty which the treasurers of the Council had received), towards defraying the expenses of a prosecution under the 40th section of the Medical Act.

"Mr. Symonds undertook that prosecution in August last, by the desire, and with the support, of the medical gentlemen of that neighbourhood, against a person named Josiah Archer Bowen, 'for falsely pretending to be and using the name and title of a surgeon, and then and there giving a certificate of death . . . and writing under his name the letters, Sub-M.R.C.S. Eng., implying thereby that he was recognised by law as a surgeon.'

"The magistrates of Ormskirk inflicted on the defendant the full penalty of £20 and costs, which costs were taxed against the defendant at £25. Notice was given of appeal to the Court of Queen's Bench, but the intention to appeal was presently abandoned."

A VERY good suggestion has been thrown out by Mr. Charles Hawkins. He recommends that, in addition to the collection of photographs of diseases which has been commenced by the Medico-Chirurgical Society, a collection of engravings of medical men should be made.

"Every body", he says, "has some that might be presented. In time a very valuable collection would be in the possession of the Society. There have been several such collections formed by private individuals, but unfortunately after a time they get out of the public sight. Should the Fellows ever have courage to build rooms worthy of the Society, in which the profession might occasionally meet, a fine collection of professional portraits (which some industrious secretary might illustrate with autographs, etc.) would form an interesting part of such *réunions*. During the Exhibition of last year, one of the most interesting sights was a collection of portraits of eminent men, so illustrated, exhibited in the rooms of the Law Society in Chancery Lane."

We would add to this, that a collection of the photographs of distinguished members of the profession, and particularly of foreigners, would form a most interesting appendix to the collection of engravings called for by Mr. C. Hawkins.

WE must say we feel surprised that our Irish medical brethren should have so cheerfully, and indeed thankfully, accepted Sir R. Peel's Registration Act in its entirety. They are now in one particular placed upon the same footing as Scotch medical men, being *compelled* to give without fee or reward certificates of the cause of death of their patients. In England these certificates are not given compulsorily; and we cannot understand why Irish medical men did not cry out for equal justice to Ireland. Here, at all events, is another specimen of the results of the Gratuitous Medical Services system. The Irish medical man, who receives not a farthing for his certificate of death, if he give it not is indictable for a misdemeanour! The sop of making a medical man the Registrar has, it would seem, prevented any complaints on this head.

WE regret to announce the death of John Smith Soden, Esq., at Bath. He was eighty-three years of age. He was one of the original members of the British Medical Association, and one of the most esteemed men in the profession. We intend to give a sketch of his life in an early number of the JOURNAL.

THREE cases of transfusion of blood in childbed, have been lately practised in London—two by Dr. Hicks, and one by Dr. Greenhalgh—one of them terminating successfully. In none of the three does the transfusion appear to have been satisfactorily carried out. In the successful case, about two ounces of blood only were injected into the patient's arm, who was then *in extremis*. This quantity, however, it was thought, sufficed to stimulate the heart, and produced reaction enough to save the woman's life.

M. Diday asserts that, in his opinion, the force of the syphilitic virus has much diminished in our days, like the vaccine virus, which is so much less efficacious than the matter of the cow. But his arguments in favour of the assertion are very unsatisfactory and inconclusive.

Michel Nostradamus was born at St. Rémy, in Provence, in a recently converted Jewish family. His quality of great man and prophet have led people to inquire into the year, the month, the day, and the happy hour in which he first saw the light—Thursday, December 14th, 1503. His father, himself the son of a physician of the Duke of Calabria, was called Jacques Nostradamus, and the notary of St. Rémy. Michel studied at Montpellier, and was made a doctor in 1529.

A journal tells us that in the enlightened town of Stuttgart a committee has been formed to establish an anti-vaccinating society!

# Association Intelligence.

## REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held in Birmingham, on March 24th.*

PRESENT:—Sir C. Hastings (in the Chair); Mr. Bartleet; Dr. W. Budd; Mr. Cartwright; Dr. Stewart; Dr. A. T. H. Waters; Mr. T. W. Williams; and Dr. P. H. Williams.

The Financial Report for 1862 was read and adopted.

Letters from Dr. Gibbon and Mr. Lord, on the subject of Gratuitous Medical Advice, were read, and recommended to be published in the JOURNAL.

A scheme proposed by Dr. Budd, for the investigation of Epidemics and Epizootics, was read, and will be published in the JOURNAL. Dr. Richardson also kindly consented to cooperate.

A communication from Dr. Bryan, on the subject of a Medical Health Assurance Society, was read, and directed to be entered in the minutes.

The Secretary was instructed to advertise the Prize Essay in the medical periodicals.

CHARLES HASTINGS,

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, March 25th, 1863.

## FINANCIAL REPORT FOR 1862.

It is peculiarly gratifying to your Committee, that on the present occasion they are enabled to present a report which in every respect is very encouraging; for not only is there a considerable balance of income over expenditure for the past year, but all the encumbrances which for years have pressed heavily on the resources of the Association are paid off, and we enter upon the present year with every prospect of the income of the society being equal to the expenditure. Instead of the Association being indebted, as was the case some years ago, to your Treasurer to a large amount, he now holds a balance of £221 in favour of the institution. This result has, we are glad to say, been achieved without cramping the energies of the Association by parsimony in the necessary outlay for carrying on its affairs; and it now may fairly be expected that, by paying a due regard to a wise economy, a favourable financial result may be annually expected.

Below is appended the annual statement of the income and expenditure for the past year, which has been examined by the auditors appointed at the last annual meeting, and found to be correct. It will be seen that the income is larger than that of any former year; and this increase is not confined to the subscriptions being augmented, but also extends to the amount derived from advertisements and sales. By those who have felt any anxiety for the financial position of the Association in former years, this result will be greeted with unfeigned satisfaction.

### 1862.—DISBURSEMENTS.

	£	s.	d.
JOURNAL EXPENSES:			
Mr. Richards (Printing) .....	1736	8	10
Mr. Honeyman (Sundries) .....	79	5	2
Davidson (Commission) .....	83	5	6
Mr. Orrin Smith and Mr. Westmeath (Engraving) ..	7	0	6
Mr. Richards (Publishing)—for three years .....	150	0	0
Salaries:—Dr. Markham and Dr. Henry .....	275	0	0
Contributors to Journal .....	241	8	6
Interest and Commission .....	3	14	0
EXECUTIVE EXPENSES:			
Secretary and Clerk .....	117	0	0
Gurney and Son (Report of Meeting) .....	23	12	4
Secretary's Petty Cash .....	25	2	6
Sundries:—District Expenses; Post-Office Orders; and Collecting .....	25	13	0
	2772	10	4

### 1862.—RECEIPTS.

Balance .....	107	5	2½
Subscriptions for 1862 .....	1933	11	6
Ditto for previous years .....	202	5	0
Advertisements and Sales .....	750	10	6
	2993	12	2½
Disbursements for 1862 .....	2772	10	4
Balance due from Treasurer .....	221	1	10½

Such being the statement of accounts for the past year, the Committee will conclude their report, as there now exists no debt to pay off, with a statement of the probable receipt and expenditure for the current year.

### PROBABLE RECEIPTS FOR 1863.

Balance due from Treasurer .....	221	1	10½
Subscriptions for the present year (taking the sum as last) .....	1933	11	6
For previous years .....	202	5	0
For Advertisements .....	750	10	6
	3107	8	10½

### PROBABLE EXPENDITURE FOR 1863.

JOURNAL EXPENSES:			
Mr. Richards (Printing) .....	1750	0	0
Mr. Honeyman (Sundries) .....	92	18	0
Mr. Davidson (Commission) .....	98	0	0
Engravings .....	10	0	0
Richards' Publishing Account .....	66	16	0
Salaries for Journal .....	275	0	0
Contributors to Journal .....	250	0	0
Bankers' Commission .....	5	0	6
EXECUTIVE EXPENSES:			
Secretary and Clerk .....	117	0	0
Reporting .....	23	0	0
Secretary's Petty Cash .....	25	2	6
Sundries .....	25	13	0
	2758	9	6
Prize Essay .....	21	0	0
	2759	9	6

With the above figures before them, your Committee feel justified in pronouncing the finances of the Association to be in a sound and vigorous condition.

CHARLES HASTINGS,

*President of the Council, and Treasurer.*

## METROPOLITAN COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of the Metropolitan Counties Branch was held at 37, Soho Square, on Wednesday, March 25th, at 4 P.M.; ROBERT DUNN, Esq., President, in the Chair.

*Gratuitous Medical Services.* The following report from the Council of the Branch was read.

"Your Council desire to report that, in pursuance of a resolution passed at a general meeting of the Branch held on December 9th, 1862, they have taken into earnest consideration the subject of gratuitous medical services.

"A series of proposals have been laid before the Council by Dr. Gibbon, and, after discussion, have been passed in the following form.

"1. To give publicity to all hospitals and dispensaries that recognise the principle of payment for medical services. (This has done good service in the case of the insurance companies.)

"2. To append to every medical vacancy announced in the JOURNAL, the amount of salary or honorarium, if any, that is attached to the post, just as the value is given with every clerical vacancy.

"3. To bring from time to time the expediency as well as the justice of paying for medical, no less than for legal and clerical services, under the consideration of the governors and committees of all institutions.

"Your Council believe that the carrying out of these proposals would aid in checking the evil under notice; but they are also of opinion that a more extended and

vigorous action is necessary. They therefore recommend that a public meeting be called, to which shall be invited all medical officers of institutions in London, the representatives of the press, and the chairmen of boards of management of hospitals and dispensaries; and that an active subcommittee be appointed by the Branch to make the arrangements for such meeting.

"The Council also recommend that a permanent Committee of the Branch be established to influence, through the press and by other means, the profession and the public in regard to the importance of obtaining adequate remuneration for the medical and surgical officers of all charitable institutions for the sick."

Dr. J. SEATON proposed, and Mr. LORD seconded, the adoption of the report.

A discussion followed, in which Dr. Gibbon, Dr. Stewart, Dr. Sieveking, Dr. Markham, Dr. Camps, and Mr. W. Martin took part; and the report was ultimately received and ordered to be entered on the minutes, and adopted with the exception of the paragraph recommending the calling of a public meeting; such a proceeding not appearing expedient at the present time.

Dr. SIEVEKING proposed, Mr. W. MARTIN seconded, and it was resolved—

"That the permanent Committee for the abolition of gratuitous medical services consist of Dr. Burrows, Dr. Sibson, Dr. Sieveking, Dr. Stewart, Dr. Gibbon, Dr. Richardson, Mr. Dunn, Mr. Lord, Dr. Markham, and Dr. J. Seaton, with power to add to their number; that they be requested to put themselves at once in communication with the Council of the British Medical Association, and with the medical corporations of the United Kingdom, with a view of obtaining a strong expression of opinion on the subject; and that they take such other steps as may be necessary to promote the objects for which they are appointed."

*New Members.* The following members of the Association have joined the Branch since the commencement of the present year. Twenty-nine were admitted at a meeting of the Council held previously to the general meeting.

Brett, Alfred T., M.D.  
Broadbent, William H., M.D.  
Burrows, W. Adcock, Esq.  
Cahill, Thomas, M.D.  
Clark, Alfred, M.D.  
Cormack, John Rose, M.D.  
Dohell, Horace, M.D.  
Duplex, George, L.R.C.P.  
Gant, Frederick J., Esq.  
Grant, Alexander, Esq.  
Habershon, Samuel O., M.D.  
Headland, Edward, Esq.  
Hillier, Thomas, M.D.  
Hird, Francis, Esq.  
Hodson, Charles F., Esq.  
Hulme, Edward C., Esq.

Hunt, Thomas, Esq.  
Jackson, J. Hughlings, M.D.  
Johnson, George, M.D.  
Leared, Arthur, M.D.  
Lipscomb, J. T. Nicholson, M.D.  
Norton, Richard, M.D.  
Phillips, Richard, Esq.  
Rees, G. Owen, M.D.  
Rose, H. Cooper, M.D.  
Schulhof, Maurice, M.D.  
Smith, Wm. Abbotts, M.D.  
Solly, Samuel, Esq., F.R.S.  
Tamplin, Richard W., Esq.  
Tanner, Thomas H., M.D.  
Weber, Hermann, M.D.  
Wordsworth, John C., Esq.

## Reports of Societies.

### HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 19TH, 1863.

W. SEDGWICK, Esq., Vice-President, in the Chair.

ASTHMA. BY J. BURDON SANDERSON, M.D.

AFTER stating that the definition of asthma as a species of disease must be founded exclusively on the study of its development during life, with but little assistance from morbid anatomy, the author proceeded to describe the phenomena of an attack, dwelling particularly on the nocturnal onset of the affection, and the complete remission of all the symptoms during the intervals. The characteristic elements of asthmatic dyspnoea were stated to be: (1) excessive expansion of the chest; (2) resisted but forcible efforts to expire; (3) diminution of the

exchange of air in the chest, and consequent venous condition of the blood. In the asthmatic state, the chest is arched forwards in extreme inspiration, the diaphragm sinks below its normal level, so that its power is lost, while the almost fruitless efforts to renew the air in the chest are accomplished by elevation of the upper ribs. The expiratory muscles of the abdominal wall are in excessive action; but, in spite of their efforts, air is expelled from the chest with extreme difficulty and in small quantity. The condition of the blood which is thus produced gives rise to the sensation of want of breath, and impels the patient to make conscious and voluntary efforts to get rid of the used air, which is, as it were, locked up in his chest, so as to enable himself to obtain a fresh supply.

In order to arrive at an explanation of this remarkable state, so different from every other form of dyspnoea, the circumstances must be considered under which it is developed. Asthma comes on during those hours of the night in which sleep is ordinarily most profound. At night the respiratory function is modified, the quantity of air exchanged is diminished. This diminution is partly, though not entirely, dependent on a change in the respiratory function of the vocal cords, which in nocturnal breathing approach each other more closely than in the waking state; that muscular action by which they are kept apart is relaxed. The more profound the slumber, the greater the relaxation, and the narrower the chink of the glottis—*e.g.*, in snoring expiration.

Assume for a moment that this natural relaxation becomes excessive. As the laryngeal resistance is normally greater to the egress than to the ingress of air, the chest falls more and more with each respiration, the inspiratory power of the diaphragm lessens, the exchange of air is diminished, the blood becomes less arterial, and thus, without any agency beyond the intensification of that condition of respiration which exists in natural sleep, all the elements of asthma are developed. In short, it is possible to account for asthma as a result of disorder in the respiratory function of the glottis. But if it be remembered that the muscular fibres on which this function depends are governed by the same nerve as the contractile fibres of the lung-tissue (as is shown by the experiments of Donders, Wintrich, and Knaut), it will be readily admitted that if in asthma the respiratory fibres of the glottis are relaxed, those of the lung are in a similar state of relaxation, which would afford an additional explanation of the remarkable dilatation of the chest. This view accords perfectly with what is known as to the intimate relation of asthma and emphysema. Emphysema cannot be regarded as the cause of asthma; it would even be more correct to speak of it as its consequence. Emphysema results from resisted but powerful efforts on the part of the expiratory muscles to expel air from an expanded lung. This is precisely the state of things in asthma. But the relation between the disease and the lesion is rather that of community of cause than of consequence. Temporary over-expansion of the lung is a constituent of asthma; permanent expansion cannot exist without emphysema.

Under the head of diagnosis, the author distinguished between asthma and spasmodic dyspnoea, in all forms of which the relation between the inspiratory and expiratory acts is the reverse of that which holds in asthma, *e.g.*, the spasmodic dyspnoea of phthisis, acute bronchitis; and dwelt on the importance of determining the relative duration of the inspiratory and expiratory acts, which may be best effected, not by listening to the chest or observing its movements, but by the auscultation of the larynx.

As regards treatment, the author had found that no remedies were useful during the attack of asthma excepting stimulants, of which ipecacuanha in large doses, alcohol, and coffee, were instanced as most important.

At the conclusion of the discussion, the Vice-President

announced that the next meeting would take place on April 2nd, when Dr. Pollock would read a paper on Pneumothorax.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 7TH, 1863.

H. OLDHAM, M.D., President, in the Chair.

THREE gentlemen were elected Fellows of the Society.

The PRESIDENT gave a short address upon his assumption of office.

Dr. TYLER SMITH read a communication from W. W. Wiseman, Esq., and exhibited a part of the Funis of a Still-born Child in which a Double Knot was found. The knot was apparently the cause of death. It was the second child in a twin case, the first being born alive.

ON VESICO-VAGINAL FISTULA, THE MODE OF OPERATING, AND THE RESULTS OBTAINED IN FIFTY-FIVE CASES AT THE LONDON SURGICAL HOME.

BY I. BAKER BROWN, F.R.C.S.

In the first part of the paper, the author gave an account of the method at present followed by him in operating. The various steps of the same were illustrated by drawings. No bars or clamps were used. The knives employed were two—one for the right hand, and one for the left. The needles, of various curves, forming a series fourteen in number, were on the same principle as Startin's, but of rigid material. They were armed with wire, and thrust through the pared edges, great care being taken to avoid the mucous coat of the bladder. The two ends of the wire were simply twisted round and round, and so fastened. The patient was afterwards laid on the side, and a male elastic catheter, with bag attached, kept in the bladder. She was kept quiet for ten or fourteen days, and the wires removed. The operation was often completed in ten minutes.

The total number of cases of vesico-vaginal fistula admitted into the London Surgical Home since its foundation four years and a half ago was 58. Of that number, 55 were submitted to operation, with the results as shewn in an accompanying table. The remaining three were not operated upon in consequence of the bad condition of bodily health, the result of syphilis. Of the 55 cases treated, 53 were operated upon by the author, one by Mr. Nunn, and one by Mr. Harper. Of the total number of operations, 43 were followed by perfect cure; 1 was much relieved; 2 died; 5 were not cured; and 4 are still under treatment, with every prospect of cure. Of the 43 cures, in 24 this result followed the first operation, including the cases of Mr. Nunn and Mr. Harper; in 8 the cure occurred after the second operation; in 5 after three operations; and in 6 after more than three operations. Of the other cases, which were not cures, details were given in the tables exhibited. Of the two fatal cases, one died eighteen days after the operation, apparently from exhaustion, the age of the patient being fifty-six; the other died seven days after from pyæmia.

With regard to the causes of vesico-vaginal fistula; of the 58 cases admitted into the London Surgical Home, 47 were over twenty-four hours in labour, and 39 were as much as thirty-six hours or more; 7 were two days, 16 were three days, 3 were four days, 2 were five days, 2 six days, and 1 seven days.

In the whole number of cases, instruments were used in 29, exactly one-half; and in 4 only of these was the labour less than twenty-four hours, and with 7 exceptions the patients had been thirty-six hours or more in labour before instruments were used.

Of the 58 cases, in 24 only the injury happened at the first labour, in 7 at the second, in 5 at the third, in 4 at the fourth, in 6 at the fifth, in 2 at the sixth, in 5 at the eighth, in 1 at the ninth, in 1 at the thirteenth, in 1 at the fifteenth, and 2 not mentioned. In many of these

cases, notwithstanding the existence of the fistula, the patient bore several children, apparently without inconvenience, before coming under treatment; and in a few of them, subsequent to cure by operation, other children have been born without recurrence of mischief. In a large proportion of the cases there is a history of the birth of a very large child; in some it weighed 15 lbs.; and in one, that of the woman in whom the lesion happened at the fifteenth labour, the child weighed 17 lbs.

From the foregoing statistics, it is evident that the cause of the lesion is protracted labour, and not the use of instruments or deformity of the pelvis; and, as a necessary conclusion to what has been stated, it follows that vesico-vaginal fistula would scarcely or never occur if a labour were not allowed to become protracted: this is a point for the careful consideration of the Society, and of practitioners at large.

A printed tabulated statement as to the 55 cases operated on was handed round. Mr. Brown further stated that he had had 11 other cases under his care in St. Mary's Hospital, and 6 in private practice, making a total in his own experience of 58 cured; 34 by one operation, 11 by two operations, 5 by three, and 8 by more.

Mr. BRYANT remarked that the essential steps of the operation might be divided into two. First, to make a clean and even dissection of the margin of the fistula; and secondly, to bring the edges together, and to keep them there. Both points were of equal importance; for, if either was imperfectly executed, failure would necessarily follow. He differed from the author respecting the use of the forceps and scalpel in carrying out the first steps of the operation. He had been led to the formation of his pronged guide, a description of which would be found in the *Transactions of the Medical Society of London*. By this instrument a clean section of the margin of the fistula, however large it may be, is absolutely guaranteed. Every operation which he had undertaken since its introduction had been followed by immediate success. Respecting the second step of the operation, he generally preferred metallic sutures. He believed that it was unnecessary, as also injurious, to leave the sutures in after union had taken place. Respecting the use of opium in the after-treatment, on which Mr. Brown had been silent, he was disposed to recommend that enough be given to keep the bowels at rest, but nothing more. He would inquire of Mr. Brown, also, how long the catheter was retained in the bladder after the operation? His experience had told him that a periodical introduction only was necessary.

Mr. NUNN believed that further observation would show, as it had shown in a case he referred to, that in some cases the retention of the catheter in the bladder was not always safe; that ulceration was liable to ensue. This was a point requiring careful consideration.

Dr. BRAXTON HICKS thought that, from what he had seen, more injury was done by long-continued pressure than by a more forcible one of short duration. It was impossible to lay down any rule as to the time the head could remain with impunity, for in a case of vesico-vaginal fistula he had seen the labour was of average duration, and never severe. Although he considered, in good hands, the forceps could be safely used, yet before we could assent to the inference drawn by Mr. Baker Brown we must be certain that no other injuries would be produced by the forceps worse than vesico-vaginal fistulae, injuries which might possibly prove early fatal, and thus not give time for the development of fistulae.

Dr. OLDHAM saw nothing in the communication made to the Society, valuable as it was, to induce him to vary a hair's breadth from the precautionary precepts for the employment of instruments in protracted labour which were recognised and advocated by the best British obstetric authors. He felt persuaded, from his experience of cases which had come before him, that the more frequent employment of instruments would result in the



laceration of the structures at the floor of the pelvis, particularly the laceration through the sphincter of the rectum, an accident only second to that of vesico-vaginal fistula in its distressing results, and which involved a most painful and formidable operation.

Dr. TYLER SMITH observed that in laying down a rule of practice it was especially necessary to employ precise language. If Mr. Brown had employed the term labour with impaction, instead of protracted labour, he should have agreed with him. We might have protracted labour from many causes, some of them not necessarily injurious to the mother, but we could not have continued impaction of the head without the risk of injury to the soft parts of the mother, and impaction should therefore never be allowed to go on unrelieved. In performing the valuable operations which had been devised for these distressing conditions, he (Dr. Tyler Smith) thought it should be laid down as a principle, that in repairing one organ the integrity of the neighbouring organs should be respected. This applied, in the operations for vesico-vaginal fistula, to the rectum, ureters, and the os uteri. In some of the cases related the os uteri had been closed, and the menstrual fluid left to escape *via* the bladder, or the urine to pass *per rectum*. These evils were scarcely less than those they were intended to remedy. Fatal results had followed from closure of the os uteri. Very recently he had seen a remarkable case where the os uteri had been closed in a plastic operation, which seemed perfectly justifiable, for the relief of utero-vesical fistula. A perfect cure was the result as regards the urine for the time. Menstruation occurred through the bladder, but the patient in a few months became pregnant. The urethra was of moderate size, and there seemed no other explanation than that the spermatozoa must have passed from the vagina through the urethra and bladder to the uterus. The result of this and other cases satisfied him that it was not a safe practice to close the os uteri, or to invade other organs, but that the plastic operations should be limited as far as possible to the closure of the original fistula.

Dr. ROGERS agreed in the remarks made by the President and Dr. Tyler Smith. With reference to the mode of operation recommended by Mr. Brown, he thought it was undoubtedly the best. He considered Mr. Brown and other gentlemen were entitled to great praise for their untiring labours in rendering these formerly hopeless cases amenable to treatment.

Mr. BAKER BROWN said that he supposed the prong mentioned by Mr. Bryant to be similar to that invented by Mr. Hilliard, of Glasgow. He had tried it, and found his old plan easier and quicker. In America, Drs. Sims and Bozeman did nearly all the denuding of the edges with scissors. This made the operation very long. But if the knife was first used to mark around the fistula how much was to be taken off, and then, by means of a fine pair of forceps, the edges were made tense, Mr. Brown said that the whole fistula might be denuded, taking out a complete ring—a matter of great importance. In regard to the sutures, Mr. Brown stated that he greatly preferred wire, although Dr. Hayward, of Boston, U.S., used silk in preference. Mr. Brown had by this gentleman's advice used silk in one case with a good result. But they were more liable to slough, and the wires, from their stiffness, had the advantage of keeping the edges more in apposition, and so ensuring a greater depth of union. But the sutures to be used should, Mr. Brown thought, be silver, not iron, as recommended by Dr. Simpson, of Edinburgh. Mr. Brown expressed a very strong opinion in favour of keeping the sutures in long enough; never less than nine days. He believed no harm ever resulted from retaining them in longer; but in one case he had had, he removed them on the sixth day, at the patient's request. The fistula appeared quite healed. She got up next day, contrary to advice, and the whole burst open again. She was re-

operated on; the sutures were left in a sufficient time, and a cure resulted. Mr. Brown had made experiments, and kept silver sutures in for six and nine months, and no trace of ulceration appeared. Mr. Brown considered that opium should be given only in sufficient quantities to keep the bowels quiet. One grain immediately after the operation, and repeated night and morning, according to the circumstances of the case. Many patients cannot bear the catheter, especially the leaden one, but Mr. Brown had seldom found the male elastic catheter to cause irritation. Perhaps in time we might gain sufficient confidence in the operation to allow the patient to pass her urine as required, but at present it was better to retain a catheter, or when that was not tolerated, to pass one when needful. He had purposely used the term protracted without reference to the cause of protraction, for it was very rarely that a medical statement could be obtained. It was necessary, therefore, to take only the statement of the patient as to the duration of labour. When the head was impacted, Mr. Brown would deliver as soon as possible by forceps. He quite agreed with Dr. Tyler Smith as to the necessity of maintaining the integrity of the other parts in these operations. Of the two cases on which he (Mr. Brown) had operated, and where the patients subsequently menstruated *per urethram*, in one, the patient having been under many operations in other hands for some years, the os had already been interfered with either by sloughing or by the operation, and only one small opening, as described, remained to be closed. There was, therefore, nothing left to do but to close the opening, regardless of the menstrual flow. The patient had done well. No inconvenience had arisen, and she was grateful for the benefit received. In the other, that lately brought before the Society by Mr. Chapman, the os uteri was already closed by cicatrization, after extensive sloughing, and therefore Mr. Brown had nothing to do with its occlusion. He considered that the two terms, vesico-vaginal and vesico-uterine fistula, were not used with sufficient caution. Although the os uteri might often be involved in vesico-vaginal fistula, the true vesico-uterine fistula was when the whole was high up in the cervix, urine dribbling through the os uteri, although no aperture from the bladder was visible. This was the kind of which Jobert had related seven cases, Dr. Fleetwood Churchill one, and which had lately been so well described by Mr. James Lane, who had had one case. In all these the treatment had been to close the os, so that the patient menstruated *per urethram*. He (Mr. Brown) had never had such a case, but he thought that the treatment adopted was decidedly the lesser evil, and if the patient, on having the case laid before her, was of the same opinion, he considered it perfectly justifiable. The case Mr. Nunn had mentioned showed that by leaving a vesico-vaginal fistula alone, other evil results, besides the inconvenience, would arise.

THE CHLOROFORM COMMITTEE appointed by the Council of the Royal Medical and Chirurgical Society have decided to attack the subject through the means of three subcommittees—a medical and physiological, a surgical, and an obstetrical subcommittee.

THE CRIMINAL LUNATIC FOOKS. Dr. Conolly, Dr. Harrington Tuke, the chaplain of the gaol at Dorchester, and the clergyman of the parish in which the condemned lunatic Fooks resided, applied this week for an interview with Sir George Grey, in order, if possible, to prevent his execution.

HEALTH OF THE KING OF THE BELGIANS. Letters from Brussels state that Dr. Langenbeck of Berlin, who had been again sent for to attend King Leopold, has found his Majesty in a more unfavourable state than during his previous visits. The King suffers particularly from fever and want of sleep.

## Medical News.

**APOTHECARIES' HALL.** On March 19th, the following Licentiates were admitted:—

Allfrey, Charles Henry, Stamford Hill  
Averill, Alfred, Broadway, Worcestershire  
Candle, Charles Edward, Henfield, Sussex  
Holden, George Herbert, Presteign, Radnorshire  
Rumbold, Walter, Ramsbury, Wilts

### APPOINTMENTS.

- \*HART, Ernest A., Esq., appointed Lecturer on Ophthalmic Surgery in St. Mary's Hospital Medical School.
- HEAD, Edward A. H., M.D., appointed Lecturer on Botany in the Charing Cross Medical School.
- KEAL, William, Esq., elected Coroner for the County of Rutland.
- \*RANDALL, John, M.D., appointed Lecturer on Medical Jurisprudence in St. Mary's Hospital Medical School.
- \*SMITH, H. Spencer, Esq., appointed one of the Senior Surgeons to St. Mary's Hospital.

### POOR-LAW MEDICAL SERVICE.

- ATHWATER, A. Henley, Esq., to be Medical Officer to District No. 2 and the Workhouse of the Dulverton Union.
- COOKE, William, L.R.C.P.Ed., to be Medical Officer to the Llantrisant District of the Pontypridd Union.
- COX, Alfred G., Esq., to be Medical Officer to the Crewkerne District No. 1 of the Chard Union.
- DAVIES, Edward W. S., Esq., to be Medical Officer to the Mountain Ash District of the Pontypridd Union.
- EVANS, William, L.R.C.P.Ed., to be Medical Officer to the Ystrad-fodwg District of the Pontypridd Union.
- LEIGH, John, Esq., to be Medical Officer to the Llanfabow District of the Pontypridd Union.
- LEWELLYN, John, Esq., to be Medical Officer to the Caerphilly District of the Pontypridd Union.
- MORGAN, Walter, Esq., to be Medical Officer to the Pontypridd District of the Pontypridd Union.
- SPRAGUE, Charles G., Esq., to be Medical Officer to the Workhouse and the East Church District of the Sheppey Union.
- WOODWARD, Martin, Esq., to be Medical Officer to the Fladbury District of the Pershore Union.

### ARMY.

- CLERIHUE, Deputy Inspector-General G., M.D., retiring on half-pay, to have the honorary rank of Inspector-General of Hospitals.
- COCKREEN, Surgeon-Major J., 1st Regiment of Life Guards, retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.
- PRENDERGAST, Staff-Surgeon-Major R. H., to be Deputy Inspector-General of Hospitals, *vice* G. Clerihue, M.D.
- TAYLOR, Deputy Inspector-General George, M.D., to be Principal Medical Officer of Chatham Garrison.

### MILITIA.

- DOUGLAS, J. R. A., Esq., to be Assistant-Surgeon 4th Royal South Middlesex Regiment of Militia.

### VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

- BATEMAN, W., Esq., to be Assistant-Surgeon 1st Administrative Brigade Cinque Ports A.V.

#### To be Honorary Assistant-Surgeon:—

- BOWEN, S. S., M.D., 8th Gloucestershire R.V.

### DEATHS.

- BROWN. On March 22, at Hampstead, aged 5, George St. John, seventh child of R. Gosset Brown, M.R.C.P.
- GRAHAM. On March 19, at Greenhill, Edinburgh, Laura E. S., eldest daughter of Archibald Graham, M.D., retired Superintending Surgeon, Bombay Army.
- HOLLIER, Edward, Esq., surgeon, at Hanmersmith, aged 72, on March 18.
- JACKSON. On March 20, at Penrith, aged 71, Katherine, wife of Wm. Jackson, M.D.
- LAURENCE. On March 22, at Devonshire Street, Portland Place, aged 34, Miriam, wife of \*J. Zachariah Laurence, Esq.
- PAIN. On March 21, at Shoeburyne, Eleanor M., infant daughter of George Pain, Esq., Surgeon Royal Artillery.
- \*PHILLIPS, George, Esq., at Haverfordwest, on March 19.
- SEALY. On January 7th, at Nelson, New Zealand, aged 33, Matilda Ann, wife of W. B. Sealy, M.D.
- \*SODEN, John Smith, Esq., at Sydney Place, Bath, aged 83, on March 19.

MR. FRANCIS MASON has resigned the office of Surgeon to the St. Pancras and Northern Dispensary.

**DETAILING OFF A HISTORIAN.** The Surgeon-General at Philadelphia would remind the medical profession that, some months since, a medical officer was detailed by the Department, to prepare the surgical history of the rebellion.

**THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.** Dr. Barclay, Dr. Merriman, Dr. Kirkes, and Mr. C. H. Moore have been appointed referees of papers of the Royal Medical and Chirurgical Society; and Dr. Babington has been appointed trustee, in the place of the late Mr. Stanley.

**UNIVERSITY OF CAMBRIDGE.** In consequence of the unexpected retirement of a gentleman elected about six months ago, a medical exhibition is vacant in Caius College, Cambridge, of the value of £100 per annum, to be held, with rooms in the College, for seven years. Candidates must be under twenty-one years of age, and will be publicly examined.

**DEATH OF A JOURNAL.** The *British American Journal* published at Montreal, Canada, and edited by Archibald Hall, was discontinued with the December number. It has been very ably conducted, being a fearless advocate of the rights of medical men, and it is unfortunate that the profession of Canada has not manifested more interest in its pecuniary success. (*American Med. Times.*)

**ROYAL COLLEGE OF SURGEONS.** Professor Huxley's interesting lectures will be brought to a close on *Monday* next, instead of the following day; on which occasion he will give a *resumé* of the theories of the Vertebral Skeleton.—Owing to the great number of candidates about to offer themselves for the examination for the membership of the College, which will commence on Saturday, the 4th proximo, it is expected that Professor Gulliver will not be able to resume his portion of the lectures before the middle of June.

**GARIBALDI'S WOUNDS.** The *Paris Presse* says: "The health of Garibaldi gives great anxiety to all his friends. Our Turin correspondent wrote some time ago that he did not share the general optimism; and to-day he writes to us that not only is the instep tumefied, but the swelling is gaining on the leg, which may bring about grave results. Garibaldi has been compelled to decline the visits which he has frequently received at Caprera." Another journal says: "We deeply regret to state that much anxiety is felt for the health of the General, and that within the past few days an urgent request for medical assistance from England has been forwarded from Caprera."

**THE TOMB OF CHESOLDEN.** Mr. Charles Hawkins writes as follows:—"The alterations at Chelsea Hospital have disclosed the tomb of Cheselden, who was surgeon to the hospital. It is rapidly going to decay; and, if not looked to, in a few years it will be impossible to make out the inscription. Surely the authorities of the hospital would, if asked, put the tomb into repair; if not, I think there would be no difficulty in collecting a few pounds among the profession for so laudable a purpose. Next to Cheselden lies Sir Everard Home, also surgeon to the hospital; over his remains there is simply a flat stone with his name on it. *Sic transit gloria mundi.*"

**BIRTHS AND DEATHS REGISTRATION (IRELAND) BILL.** The Marquis of Clanricarde, before their lordships went into committee on this Bill, wished to present petitions from the Poor Law Guardians of the Unions of Limerick and South Dublin, praying that the expense of carrying the Act into effect might be defrayed out of the Consolidated Fund and not out of local rates, and that the Guardians be allowed to appoint the registrars. He had also a petition to present from the King and Queen's Colleges of Physicians, objecting to the appointment by Boards of Guardians of officers to be called superi-

tendent registrars, to be placed over the medical men who were to discharge the functions of registrars. He believed that the Bill would be utterly inadequate for scientific and sanitary purposes. In cases where medical men refused to act the Guardians were to appoint whom they pleased as registrars, whether they had the necessary scientific acquirements or not. Returns were to be made quarterly, but they would be useless in a sanitary point of view. It was idle to suppose that the operation of this Bill would furnish reliable sanitary information. It would be better to expunge that portion of the measure altogether, and introduce it as a separate Act.

**VACCINATION (IRELAND) BILL.** Sir R. Peel, in moving the second reading of this Bill on Monday last, said it was intended to supply the defects of various other bills which had been passed within the last thirteen years. Within the last few years there had been a great falling off in the number of children vaccinated in Ireland, and he proposed to assimilate the law in Ireland to that in England, employing for the purpose the machinery of the Registration of Births and Deaths Bill, which had recently passed through the House. England was not the only country in which vaccination was compulsory, but in most countries in Europe there was a compulsory system. From the census returns he found that no fewer than 50,000 persons had died of small-pox in Ireland since 1841; and in 1860 there was a diminution of 33,000 in the number of vaccination cases as compared with those of the previous year. The cost of the proposed measure would be very trifling. The registrars of births and deaths would also act as registrars of vaccination. The Treasury would bear the expense of the books, but in cases in which the registrar himself was not the vaccinator he was to be allowed a fee of three-pence for making the registry. Under an existing Act dispensing doctors were allowed about a shilling a head for each child they vaccinated. There were about 200,000 children born in Ireland each year, and it was calculated that of these, three-fourths, or 140,000, would receive gratuitous vaccination. The total expense imposed on each of the Poor-law unions by the Bill which is now proposed would be about £3:16:8—a mere trifle compared with the benefits which it would confer on the country. Colonel Dunne moved the adjournment of the debate. Sir R. Peel appealed to the hon. and gallant member to allow them to proceed. The measure would be of great benefit to the poor of Ireland. The burden imposed by the Bill would be only 1-21 of a farthing in the pound on the total valuation roll of Ireland. Lord Naas said the expense of the measure was not the most serious objection to it. To attach a legal penalty to non-vaccination would tend to make that very important and necessary operation exceedingly unpopular. The Act of 1858 had not yet had a fair trial. All that was wanted at present was that the Poor Law Commissioners should take care that the dispensary doctors did their duty. After some conversation the motion was withdrawn, and the debate was adjourned.

#### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

**TUESDAY.**....Guy's, 1½ P.M.—Westminster, 2 P.M.

**WEDNESDAY.**..St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

**THURSDAY.**...St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

**FRIDAY.**.....Westminster Ophthalmic, 1.30 P.M.

**SATURDAY.**...St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8.30 P.M. Clinical Discussion. Dr. Palfrey, "On Obstructive Dysmenorrhœa treated by Incision of the Cervix Uteri"; and other communications.—Chemical (Anniversary).

**WEDNESDAY.** Obstetrical Society of London, 8 P.M. Dr. Swayne (Bristol), "On a Case of Cesarean Section." Other papers by Dr. Skinner (Liverpool), Dr. Tyler Smith, Dr. Eastlake, Dr. Gervis, etc.—Geological.

**THURSDAY.** Linnæan.—Chemical.—Harveian.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—MARCH 21, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1129 } { Girls..1103 }	2231 1624
Average of corresponding weeks 1853-62 .....	1980	1416

**Barometer:**

Highest (Tu.) 30.041; lowest (Sun.) 29.161; mean, 29.774.

**Thermometer:**

Highest in sun—extremes (Tu.) 86.7 degs.; (Sun.) 60 degs.

In shade—highest (Fri.) 57.9 degs.; lowest (Wed.) 28.1 degs.

Mean—41.0 degrees; difference from mean of 43 yrs.—0.8 degs.

Range—during week, 29.8 degrees; mean daily, 15.4 degrees.

Mean humidity of air (saturation = 100), 77.

Mean direction of wind, N.E.—Rain in inches, 0.23.

#### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**ERRATUM.**—In the report of Mr. J. Zachariah Laurence's paper at the Harveian Society, contained in last week's JOURNAL, for "the researches of the late Professor Donders", read "the late researches of Professor Donders".

**VACCINO-SYPHILITIC INOCULATION.**—SIR: In a notice in the last number of the BRITISH MEDICAL JOURNAL, it is stated that out of forty-seven children vaccinated at Rivalta, thirty-eight were taken ill; and that out of seventeen other children subsequently vaccinated (from one of the first series), seven suffered from similar symptoms. It is further stated, "that vaccination was not in any way the cause of the disease."

This assertion is calculated to mislead; for although it was ascertained that the first child vaccinated (the vaccinator) in all probability contracted its disease from a syphilitic nurse; yet a perusal of the cases now published in nearly all the languages of Europe, can leave no doubt that syphilis was conveyed to all the other forty-four children by the act of vaccination. Out of a population of two thousand, eighty persons, all previously healthy, were either directly or indirectly infected by the transmission of syphilis, together with the vaccine disease from the first vaccinator.

I am, etc.,  
Savile Row, March 24th, 1863.

HENRY LEE.

**MEDICAL IMPOSITION.**—SIR: A question has arisen of some importance; namely, should a registered medical man meet in consultation one who is not so? There are many old general practitioners in this country, unregistered, who attend the patients of their sons and friends, when the latter are otherwise engaged. When I remonstrate, they insinuate that they can evade the late Act, by acting in the capacity of assistants! The fees that they earn, of course, go into the pockets of their sons and favourite friends. It appears to me very unfair to tax by registration the young just entering into practice, and allow the rich to be exempt from responsibility and the pecuniary means of carrying out the late Act, for which they petitioned.

I am, etc.,  
March 1863.

A GRADUATE.

COMMUNICATIONS have been received from:—Mr. HAYNES WALTON; Mr. R. W. COE; Dr. R. H. POWELL; Dr. J. HUGHES BENNETT; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY; Dr. GARDNER; Dr. BLAKELEY BROWN; Mr. THOMAS BRYANT; Mr. J. Z. LAURENCE; Mr. J. WEST WALKER; Dr. LIONEL BEALE; Dr. DAVEY; Dr. JONATHAN TOOGOOD; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. F. HAWKINS; Mr. J. V. SOLOMON; Mr. H. HULME; Dr. JAMES RUSSELL; Dr. EDWARD COPEMAN; Dr. WILLIAMS; and Dr. BEATSON.

# CHLORODYNE.

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN"

(Extract from Affidavit made before S. C. WARD, Esq., Chancery Record Office, Chancery Lane, London, June 16th, 1862.)

The Inventor begs to thank the Medical Profession for the liberal support he receives from them, and to assure those who have not yet tried his Chlorodyne that it is superior to any other maker's, being more certain and more lasting in its effects; and the low price which he charges for it allows the poorest sufferer to enjoy its extraordinary beneficial influence. The immense demand for it by the Profession is a convincing proof that they find it a most valuable therapeutical agent. The following are a few out of many voluntary Testimonials:—

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S.Eng., formerly Lecturer upon Anatomy and Physiology at the St. George's School of Medicine.

"I have had the opportunity of trying the effects of Mr. Freeman's Chlorodyne, and find it an excellent Anodyne and Antispasmodic medicine."

From H. J. O'DONNELL, M.R.C.S.E. & L. M. etc., etc.,  
Albert Terrace, London Road, S.

"I can with much confidence bear testimony to the efficacy of Mr. Freeman's Chlorodyne as a Sedative and Antispasmodic, having used it for some years in Colic, Neuralgia, Phthisis, and Asthma. I daily administer it in after-pains, and in all cases find it infallible. It is the most valuable medicine we have in Labour cases. I find, since I have used it, the pains seldom or ever exceed the third day, while with the former remedies my patients suffered eight or nine days. In fact, I cannot speak too highly of it."

Manufactured by RICHARD FREEMAN Pharmaceutist, Kennington Road, London, S.;

And Sold by all Wholesale Houses, in bottles, 1 oz., 1s. 6d.; 4 oz., 5s.; and 8 oz., 10s. each.

From F. W. HOOPER, M.D., M.R.C.S.Eng., etc., etc., Medical Officer, Christ Church District, Camberwell.

"I have much pleasure in stating, that after a sufficient trial of Mr. Freeman's Chlorodyne, I am fully persuaded that it is superior to any preparation of the kind, and, from its moderate price, is a great boon to the suffering poor, who daily acknowledge its salutary benefit."

From C. SWABY SMITH, M.R.C.S.E., Surgeon to the Berks and Hants Extension Railway Works and Pewsey Union, etc., etc.

"Having been in the habit of using Mr. Freeman's Chlorodyne for some time past, I have much pleasure in stating that it has never failed to have the desired effect in whatever case it has been administered."

## Pulvis Jacobi ver, Newbery

Is the ORIGINAL & GENUINE, was ESTABLISHED A.D. 1746,  
And is Prescribed, "by the highest authorities," for Fevers, Ague,  
Rheumatism, Colds, Influenza, &c. &c.

FRAS. NEWBERY & SONS, 45, ST. PAUL'S CHURCHYARD.

Prices for Dispensing—1 oz., 9s.;  $\frac{1}{4}$  oz., 3s. 4d.

## TOWLE'S CHLORODYNE.

Dose, 5 to 20 Drops.

**CAUTION.**—For the convenience and safety of prescribing Chlorodyne, in combination with other ingredients, so as to avoid decomposition (a result known to have taken place) through the use of SECRET COMPOUNDS, the Profession is directed to the following component parts in his preparation:—

CHLOROFORMYL  
ÆTHER.  
OL MENTH. PIP.

ACID. PERCHLOR.  
TINCT. CANNABIS INDICÆ.  
ACID. HYDROCYAN.

TINCT. CAPSICI.  
MORPHIA.  
THERIACA.

The proportion of Morphina— $\frac{3}{4}$  gr. in f. 3i. Dose—Five to twenty Drops.

The Profession is respectfully referred to the various Letters that have appeared in the Medical Journals against the use of "SECRET" REMEDIES.

The Proprietor would suggest the following designation in the writing of Prescriptions, should a preference be given to the above preparation—"CHLORODYNE," (TOWLE'S.)

Sold in bottles, 1 oz., 1s. 6d.; 2 oz., 2s. 6d.; 4 oz. to 20 oz., 1s. per fluid oz. Sole Manufacturer and Proprietor, A. P. TOWLE, Chemist, etc., Ardwick, Manchester. May be had from Barclay and Son, Farringdon Street; or through any Wholesale House.

## Twinberrow's Patent Double-Action Reservoir Injection Apparatus

Complete with Additional Pipes for all purposes, and suitable for every Climate.

W. TWINBERROW has no hesitation in offering his Patent Reservoir Injection Apparatus as the most simple and perfect yet produced.

The Piston or Pump, which so frequently gets out of order, is not introduced into this apparatus; there is, therefore, an absence of

OLLY GREASY MATTER and BLACK LEAD (which are absolutely necessary to lubricate the piston in the usual syringes), which soon become rancid and green, some portion of which inevitably passes with the fluid injected from an ordinary syringe.

### TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE,

With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time and with much less exertion.

From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, October 1st, 1861.

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JOHN ERICHSEN,  
Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSON, Esq.

Professor of Surgery at King's College and Surgeon to the Hospital.  
16, George Street, Hanover Square, Oct. 14th, 1861.

STR.—I have seen and made use of your Double Action Syringe, and think very highly of it. Yours faithfully,  
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# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE I. (*Continued.*)

#### HARE-LIP.

COMMENCING at the superior orifice of the mucous canal which forms part of the digestive system, the deformity denominated hare-lip is the most important surgical affection that demands our notice; and it is one which, without doubt, is to be explained by a distinct want or arrest of development of the foetal structure.

Anatomists are now generally satisfied that the upper jaw is developed from several centres; and that the incisive portion—the analogue of the permanent intermaxillary bone of the lower animals—exists in the human species. The development of the integument forming the lips is also modified, or is rather determined, by the development of its bony attachment; and it is, therefore, by such an arrest of this process that a hare-lip, associated or not with a fissured alveolar process or a divided hard or soft palate, is to be explained.

A hare-lip is, therefore, a simple want of union between the tissues which are developed from different centres; and a fissured palate, partial or perfect, is but a want of union between the osseous centre—the analogue of the intermaxillary bone of the lower animals—and the body of the superior maxillary bone.

The fissure in the soft parts or in the bone may, consequently, be either single or double, partial or complete; the extent of the deformity being determined by the period at which the arrest of the development of the parts was primarily fixed, or by the fact of the mal-development being confined to the junction of one or of both intermaxillary bones.

I might add, in passing, that if some anatomists are doubtful as to the existence of this intermaxillary bone in the human species, on account of the difficulty, not to say impossibility, of separating it from the other osseous centres in a healthy or adult bone, pathological investigations may be advanced as powerful means of proving the truth of the theory; and the following case, which is quoted from my own experience, is one in point.

A child, aged 3 years, was brought to me at Guy's Hospital in the year 1858, with necrosis of some portion of the upper jaw, which had followed upon a severe attack of measles. With a pair of dressing forceps the dead bone was readily removed, and subsequent convalescence followed. The bones which were removed turned out to be perfect specimens of the incisive centre of bone, or the intermaxillary; and they came away entire, fairly proving that they had been originally developed as independent cen-

tres of ossification. The bones were exhibited before the Pathological Society, in the year 1858.

We will now return to the more practical points connected with this subject of hare-lip; and I believe that I shall be able to bring before your notice some facts which cannot but be regarded as of interest; they have been adduced from the material which my opportunities at Guy's Hospital have enabled me to collect. I possess the records of sixty-four cases of this deformity; this number including all the examples which have been admitted into Guy's Hospital for about eight years, with other cases which have fallen under my own care amongst the out-patients, these counting one-third of the whole number. A careful analysis of this material has yielded the following facts.

*Nature and Extent of the Deformity.* The arrest of development forming the deformity denominated hare-lip may be of different degrees of severity. It may be confined to the lip itself, or extend to the hard and soft palate, causing a mere fissure in the gum, or a complete separation of the hard and soft tissues. It may be of a single or a double nature; the double fissure, however, never extends beyond the lip and the intermaxillary bone; the cause of the deformity forming a sufficient explanation of this fact.

I have seen, in the lip of an adult, a congenital cicatrix on the left side of the upper lip, with a slight elevation of its mucous margin, which was evidently due to a condition which may be said to be the very earliest indication of a hare-lip. The child of this parent had a more complete fissure, and was operated upon by me with complete success.

The different varieties and complications, however, of hare-lip will be best shown by an analysis of the collected cases; and the following facts may be relied on.

In 32 of the 64 cases, the deformity was of a simple character, and affected the lips alone to a greater or less extent; 3 cases were complicated with a fissure of the gum, corresponding to the labial deformity; 2 had a fissured gum and hard palate; 21 a fissured hard and soft palate; and 6 cases were of a double nature.

It is thus evident that half the cases of hare-lip are of a simple and uncomplicated character, and that in the remaining moiety some deformity of the mouth and palate coexists; a fissure of both the hard and soft palate being present in two-thirds of the remainder, or in one-third of the whole number of cases.

*Seat of the Deformity.* All the cases which have passed under my observation have been in the upper lip; and, although authors refer with some confidence to the fact that the lower lip may be similarly affected, it is a subject of difficulty to believe in the truth of such an opinion, as the very pathology, or rather the explanation of the nature of the deformity, forbids the idea of the possibility of such an occurrence holding any position in our minds; and if the explanation which has been just given be a true one, the opinion that it is ever found in the lower lip must be looked upon as of doubtful accuracy.

The upper lip, therefore, is its natural seat; and the next point for illustration relates to the side in which it is usually observed. That it is

never found in the median line, is a fact that the experience of all surgeons will at once admit; and the results of experience upon this point only bear out the truth of the explanation of its cause. That it is generally found on the left side of the body, the analysis of my own cases positively proves; for 63 per cent. of the cases were on the left side, and 36 only on the right. A satisfactory explanation of this fact has never yet been given, although I believe it to be a generally received truth that deformities, as a whole, are more common on the left than on the right side of the body; and the above figures tend in a great measure to prove the accuracy of the remark.

*Sex.* The influence of sex is the next point which presses upon our attention; and, if the facts which the analysis of my materials yields were not supported by the generally received impression which most surgeons entertain, they might be considered to be somewhat strange; for out of the 64 cases of hare-lip, 44 occurred in boys, and but 20 in girls, or in the proportion of 70 per cent. of the former, and 30 per cent. of the latter; this deformity occurring 40 per cent. more frequently in males than in the female sex.

If we analyse these cases again, however, an unexpected result makes its appearance; for in the simple and uncomplicated examples of hare-lip, the difference between the two sexes is not so great; for of the 30 cases, 18 or three-fifths were in males, and 12 or two-fifths in females. But in the more complicated examples—that is, in those in which the hard and soft palate were more or less involved—the greater frequency of its occurrence in the male sex becomes most apparent; for of the cases in which both hard and soft palate were completely fissured, 17 cases, or 80 per cent., were in boys, and but 4 cases, or 20 per cent., in girls; the male element predominating to an extreme degree. And in the worst cases of all—that is, of double hare-lip—all the six examples were observed in male children.

These facts are, to say the least, extremely curious; for it can hardly, I think, be looked upon as an accident that, in the cases which have passed under my own observation, the male element should have predominated so largely; and I am disposed to look upon my own experience as an expression of what would be that of others, if it were given to us. By way of summary, the following conclusions may be drawn.

*Conclusions.* 1. Hare-lip is always found in the upper lip, and is most frequent on the left side of the body; 63 per cent. of the cases taking place on the left side, and 36 per cent. on the right.

2. It is more common in the male than in the female sex, in the proportion of 70 per cent. of the former to 30 per cent. of the latter.

3. In the simple uncomplicated cases, the proportion is less marked; but as the cases become more complicated, the greater frequency of its occurrence in the male sex becomes more apparent; the proportion between the sexes being 80 per cent. and 20 per cent. It would also appear to be a rare thing to find a double hare-lip in a female child.

*Treatment of Hare-Lip.* There neither is nor can be any difference of opinion between surgeons as to the expediency of affording surgical relief in the cases of deformity which we are now considering; although there is still great uncertainty and diver-

sity of opinion between them as to the period at which it is the most advisable to submit the child to an operation. Some surgeons assert that operative interference is most successfully carried out at the very earliest period of the child's existence; and that the earlier the operation is performed, the greater are the chances of a complete success. On the other hand, surgeons of equal eminence maintain that the practice just laid down is fraught with danger, and that the correct practice is to wait till the child's powers are fairly established; and that one or even two years should be allowed to pass before any attempt to repair the deficiency should be made. Between these two extremes lie the opinions of many men; and it is, therefore, with a view of obtaining some definite data upon which a positive opinion can be based, that I will now lay before you the conclusion to which I have been led.

But, before doing so, allow me to allude with all deference to the uncertain grounds upon which surgeons have been in the habit of founding positive opinions; for it is too true that these opinions are, as a rule, based only upon impressions; although it may be that these impressions are the result of extensive and perhaps most conscientious experience. Still I feel that I may appeal with confidence to all who hear me, when I assert that there are few things more fallacious than the general impressions which experience affords, however great may have been the field from which they have been gleaned; and that true impressions can only be gained from positive and definite materials.

I am unable to direct you to any work or even journal in which definite data have been recorded, from which just conclusions can be drawn as to the period at which it is the most advisable to operate in cases of hare-lip, unless I were to mention my own previous contributions to this subject, which will be found in the third part of my *Clinical Surgery*.

It is, therefore, with some confidence that I am now able to add something to our stock of knowledge which may prove of use in guiding us to a correct decision. If I lay myself open to the charge of saying that surgeons have hitherto formed their opinions upon indistinct and indefinite data, I can only justify myself by pleading that the grounds upon which the opinions have been based have not been published; and that, therefore, I may be forgiven for doubting their existence.

The facts which I now adduce may form but a nucleus round which others may hereafter collect; and the conclusions I now give may have to be confirmed or corrected by future observers.

*Analysis of Cases.* Four cases were operated on within the first two weeks; one on the fifth day, and two on the eleventh day, one of which proved fatal.

Eight cases were between four and five weeks of age; in two of these, the parts subsequently gave way, although the cases in the end turned out well.

Ten cases were operated on between the sixth and eleven weeks, with success.

Fifteen cases were treated between the third and sixth month, with only one failure.

Six cases were operated on between the sixth and twelfth month, with a good result; and

Fifteen were also successfully treated after the first year.

From these facts it will appear that, during the first six weeks of life, the operation for hare-lip is



by no means so successful as to warrant its general performance, unless an absolute necessity compels. Out of the twelve cases, one died; and in two the wound subsequently sloughed, although in both a good recovery was finally secured. At a later period of life, a successful issue was recorded in all.

At what period of the infant's life, then, should the operation for hare-lip be generally performed? In order that a satisfactory answer should be given to this question, it is necessary to consider the purposes for which the operation may be required; and they may be divided into two classes.

Firstly, the operation may be called for to preserve life; the imperfection of the mouth forming an insuperable difficulty to the child's sucking.

Secondly, it may be called for simply as an operation of expediency, to improve appearances and remove defects.

When demanded for the satisfaction of the first purpose—namely, to preserve life—there is no question of period which the surgeon has to decide. The operation must be undertaken at all hazards; but the successful termination of the case will be uncertain. For this purpose, I have performed the operation on the fifth day with complete success, and other surgeons have been equally successful even at a much earlier period; but, under these conditions, the necessity of the operation overcomes all other questions, and the surgeon has no option but to do his best.

In the second and more numerous class of cases, however, the time for operation rests entirely on the surgeon's will; and it only remains for us to decide from the records of positive experience, the period of life at which the greatest success can be anticipated.

Judging from the materials which I have but just laid before you, it would appear that the operation when performed at any period of life after the sixth week is likely to be followed by a successful result; I would give the preference, however, to about the third month of life, the vital powers of the child having by that time become fairly established, and well able to resist the tax upon their strength which is necessarily occasioned by any operation. At an earlier date—that is, during the first few weeks of life—the operation should be condemned; unless, as it has been previously explained, the existence of the child appear imperilled.

*The Operation.* It will be hardly profitable to any of us if I were to take up your time by recapitulating all the varieties of operation which have been suggested by various surgeons for the relief of the deformity now under consideration; and I propose, therefore, to confine my remarks simply to what I have observed and practised, and to recommend what appears to be the best means out of the many which have received attention.

In simple cases, there are but two main objects which the surgeon has in view—to pare the edges of the fissure, and to adapt them so as to render the deformity as slight as possible.

I would give the preference to the scalpel for the performance of the first stage; for with such an instrument a cleaner section of the tissues is made than when scissors are employed; and this cleanness of the incision is a point of primary importance.

The form of section which is to be recommended is variously estimated by different surgeons. Some

are content with a clean straight section of the lip's margin, being so satisfied with obtaining simple union of the separated parts, as not to care about making an attempt to supply the deficiency of tissue which is invariably present at the margin of the lips. Other surgeons recommend that the line of incision should be curved inwards, so that the lower margin of the lips, when brought into position, will be made to project downwards, and thus tend to correct the evil which has been just alluded to. But I am disposed to give the preference to the plan of operation which I believe was originally suggested by Malgaigne, as by it the labial notch is almost to a certainty done away with, and the deformity most completely remedied. It consists simply in paring the edges of the wound from above downwards, leaving the inverted flap adherent at its labial border. When this is done, and the upper edges of the divided lips have been brought together, the lower flaps may be connected by a fine suture; and, if proved to be too long, they may be curtailed; sufficient material being left to fill in the gap which is too often the result of the other forms of operation. In my hands, this plan of operation has proved eminently successful, and it only requires in its application a little nicety in the adjustment of the parts.

An important preliminary point, however, demands attention, as the success of the case rests materially upon its due performance; for, however well the marginal incisions may be executed, unless the lip have been rendered readily moveable upon its labial attachments, a failure to the operation must be expected. This freedom of movement is, however, readily secured by making a free section of the mucous membrane of the lip from its osseous connexions. When this is done, the whole lip can be readily raised from its position, and all chances of tension are completely taken away.

The fear of removing too much of the lip's margin is one which is most certainly groundless, the usual fault of operating surgeons lying the other way; for the labial tissues are very extensible, and a free section of the parts is to be preferred.

The *second step* of the operation remains for us to describe; its object being to bring the edges of the wound together, and to keep them there. This end is most readily and efficiently carried out by means of the interrupted suture. Silk or wire may be selected according to the fancy of the operator, one exciting as much or as little irritation as the other. The interrupted suture is to be preferred to the uninterrupted, as it is more readily removed.

The sutures should be inserted from a quarter to half an inch from the wound's margin, and carried obliquely through the lip, to the line which is bounded by the mucous membrane, but not through it, and then introduced at a like spot on the opposite side, and firmly tied. A fine suture at the labial margin should also be applied, in order to maintain as accurately as possible the line of lip.

All bleeding is generally at once arrested when the wound's margins are brought into contact; but, if it be troublesome, one of the sutures may be made to perforate the bleeding vessel.

A little elastic collodion may be subsequently painted over the part, to prevent friction; but, as a rule, the practice of leaving the part open proves equally satisfactory. The employment of pins in

simple cases may certainly be looked upon as unnecessary, as the simple means which have been described are amply sufficient.

In operating, therefore, upon uncomplicated cases of hare-lip, the following points appear the most important.

*First*, to separate the lip freely from its gummy attachments; *secondly*, to make a free section of its edges, according to the plan previously laid down; and *thirdly*, to bring the edges accurately together by fine interrupted sutures, introduced at a distance from the wound's margin, and deeply placed. If these points are observed, and the child is neither too young nor too sickly, a successful termination to the case may with some confidence be predicted.

*Complicated Cases of Hare-lip.* The remarks which I have just concluded, concerning simple and uncomplicated hare-lip, are equally applicable to other cases of a more complicated nature; but there is a point of practice in *double* hare-lip which deserves a few moments' attention, as there is still a diversity of practice in such cases which, I confess, appears to me somewhat singular. Some surgeons invariably operate only upon one side at a time, fancying that a greater success follows such a line of practice than when both sides are treated at one operation. From what has passed under my observation, I cannot see any reason why both sides should not be simultaneously treated; but, on the other hand, believe that advantages are obtained by such a proceeding, which are not secured by the more timid and prolonged process. In the six examples of double hare-lip which I have tabulated, primary success followed in each instance; and in the cases which fell into my own charge, I had no reason to believe that the operation would have succeeded better if a different practice had been followed. In one case of a boy aged nine weeks, I employed a pin in order that the centre bit should be well held down to the lateral portions; and good success followed the attempt. In the second case, of a boy aged one month, I operated after the plan which I have previously given; but I preserved only the lateral flaps of the outer portions, joining these in the centre beneath the central piece. Primary union followed the operation, and a recovery in which the deformity was but little marked.

In no instance have I witnessed any evils resulting from the practice which I have just laid down; and I am at a loss to understand the principle upon which surgeons still adhere to the older practice of carrying out a double and separate operation.

In certain complicated cases of hare-lip, the central incisive or intermaxillary portion of bone is found projecting to a detrimental extent; and it becomes a question with the surgeon whether he shall remove it by means of bone-forceps, or fracture it and press it backwards. In many instances, unless some such proceedings as these be carried out, the operation for hare-lip cannot be performed. I have seen both plans executed with good success in the practice of my colleagues, and in one instance have performed excision with success.

If the bone can be pressed backwards by a moderate amount of force, the practice appears to be preferable to the one in which the obstacle is only overcome by its removal; but, if this plan should be impossible or inexpedient, there is no alternative but to excise the part. It is true that, by removing the

central portion, the incisor teeth will be taken away; but it is better that such a practice should be carried out, than that the original deformity should be left, particularly when it is remembered that, with such a projecting bone, the incisor teeth would in all probability appear much out of place, even to the extent of piercing the lip—a contingency which I have in one case certainly observed.

In some instances, however, an exfoliation of the incisor tooth may take place before any operative interference has been performed; and this was illustrated in a case which fell under my care on Oct. 27th, 1862, in a male child aged one month, who had a hare-lip on the left side, with a fissured hard and soft palate, the incisive portion of the superior maxillary bone projecting far forwards. When the mother brought the child to me, the soft parts over the projecting bone were dry and apparently dead; and with the slightest touch the "scab" came off, and with it the crown of the incisor tooth. The surface readily healed; and the child is to return to me for operation at a future period.

There is one other point in the treatment of these cases which the surgeon should remember; and that is, if the primary operation fail, and primary union cannot be procured, there is still a good hope of securing ultimate success by union from secondary adhesion. This end is to be obtained by the application of strapping, or in preference sutures, to the granulating wound, so that they may again be placed in apposition. In several instances which have been tabulated, this practice was performed, and a good result took place; and in two cases which came into my hands several years ago, equal success may be recorded. Both were infants, upon whom I had been led to operate at a very early period, two and three weeks only being their respective ages. Sloughing followed the original operation; and when the parts had begun to granulate, sutures were reapplied, and a good recovery was eventually secured.

With these remarks I will now conclude the subject of hare-lip, having, I believe, touched upon the chief points of practical importance, and given facts upon which definite opinions may be based. The personal experience of any single surgeon in hare-lip is rarely very great; and it can only be by the collective experience of many that positive opinions can be based. I advance my own facts, knowing them to be true; and entertain the hope that other surgeons may be induced to add their own stock of cases to these which I now contribute, and thus either confirm or correct the opinions which have been based upon them.

The subject of cleft palate is not one which need occupy our attention; for, although it is a congenital defect, it can be remedied only in advanced life, and has, therefore, no special claim for notice. Artesia oris or closure of the mouth is also a congenital condition which may exist; but, as I have had no personal experience upon the subject, it will receive only this passing notice.

[To be continued.]

THE EDINBURGH CHILDREN'S HOSPITAL. The Queen has been graciously pleased to become patroness of this charity, and has intimated, through the Secretary of State, her desire that it be henceforth called "The Royal Edinburgh Hospital for Sick Children".

## Remarks

ON

### DR. BEALE'S CLINICAL LECTURES, COUNTERIRRITATION VERSUS RENEWAL OF LIFE.\*

BY

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COUNTERIRRITATION (as I have pointed out in the *Renewal of Life*) has nothing whatever to do with allopathy or any other special system. Indeed, while allopathy professes to cure by substituting an abnormal state opposed to that already existing, counterirritation substitutes one whose nature is similar.

Having already, in the last number, defended Dr. Pereira's explanation of its mode of action, I will now proceed to examine Dr. Beale's own. It is longer, but I do not think more complete. He takes as his first example the action of blisters, which, he says, "act beneficially in two ways—first, by exciting through the afferent nerves in the skin an impression by which the efferent nerves distributed to the mucous membrane are caused to contract, and thus a diminution in the supply of blood results; the direct consequence of this diminished supply of pabulum being a slower multiplication of the pus and imperfectly formed epithelial cells. In consequence of the increased flow of blood to the skin, the young cells of the cuticle grow and multiply at the expense of the pabulum, which would otherwise have gone to feed the structures formed on the surface of the mucous membrane. Secondly, such an increased action being established in the deep layers of the epidermis, crude materials in the blood, which would otherwise have been taken up by the pus on the mucous membrane, are appropriated here."

That is to say, that blisters do good only by causing a diminution in area of distant blood-vessels, and by exhausting the supply of nutriment. Surely, if this were the case, the earlier in the inflammation that a blister could be applied, the better it would act; for, on Dr. Beale's theory, you could not too soon diminish the area of the dilating capillaries, and you could not be too ready to cut off the supply of the pabulum of the future pus. But put on a blister at the beginning of an attack of pleurisy or peritonitis, and I am sure every practical physician will agree that you make it worse.

Again, observe carefully and without prejudgment the period at which epispastics produce their fullest effect. Place a blister on a chest half full of hydrothoracic fluid; let it go through all its stages of complete action, and observe at what period it is that the level of the fluid sinks most rapidly; and you will find that to be not at first, not when it is supposed to be doing its work by contracting the blood-vessels and exhausting the "pabulum" by

pouring it out in the shape of serum; not at this time, but when the blistered surface begins to heal, when new skin is beginning to form, that is the time when the level of dulness on percussion sinks most quickly. The benefit accrues, not when the counterirritation is at its height, but when it is all over. A practical application of this is made in my lecture on Pleurisy (*Renewal of Life*, Lect. viii, in second edition).

I have said I considered Dr. Beale's sketch of counterirritation incomplete. I mean that he has omitted, in his description of the action of blisters, a good deal which is highly important. At the end of his description, he has omitted the healing process above alluded to, and which experience shows to coincide in point of time with improved health. Then, again, he has forgotten all mention of the absorption of cantharidin, which has certainly a potent physical agency. Let Dr. Beale administer cantharides by the mouth, and he will find it benefits chronic bronchitis just in the same way as blisters do. I do not mean so certainly or so powerfully, but by the same change towards health in the mucous membrane. These are serious omissions; and the professor himself shows how serious they are in a later part of his lecture. He says there that the authorities at the hospital to which he belongs, when counterirritation fails to relieve chronic bronchitis, apply stupes of hot turpentine, thus saturating the atmosphere with a volatile oil whose effect on the mucous system closely resembles those of cantharidin. This should have reminded him of one of the actions of blisters.

By the way, in commenting on the physiology of Dr. Beale's lecture, is not our knowledge of the afferent and efferent nerves of the blood-vessels rather limited? and is it wise to be led by that limited knowledge?

Professor Rokitansky thinks that irritation of the sensitive nerves causes "antagonistic palsy of the nervi vasorum." Dr. Beale thinks it makes them "contract." Dr. Headland thinks that the effect of blisters is to draw off the attention of the nerves from a morbid part. (*Action of Medicines*, p. 56. Third edition.) Dr. Beale thinks it is to attract or draw it on. For my own part, I think that when we talk about "stimuli," "irritation," "attention," and so on, we are using the language of analogy, or even of allegory, and had better give it up.

But I must question more seriously his statement that there is an "increased flow of blood" to an inflamed skin. Its redness is due to the dilatation of the transparent capillaries, and the retention and retardation of their blood-stream. There is more blood in them doubtless; but not more blood flowing to them during the congestion or stasis of inflammation. This makes all the difference to Dr. Beale's argument.

I think Dr. Beale has described very well the exhaustion of "pabulum" caused by blisters; the difference between us is, that he considers it a virtue, and I consider it an unavoidable fault. We need not cut our friends because they have faults; but we may guard against them. And this we shall best do in the case of blisters, not by aiding and abetting their evil power by starving, but by compensating it with ample supplies of the most digestible "pabulum." We shall thus best avoid the debility which is liable to arise from epispastics.

\* See BRITISH MEDICAL JOURNAL, February 28th.

What I have said will apply *mutatis mutandis* to diuretics, purgatives, and all the other drugs which I have classed together as Destructives, because they destroy the pabulum of the tissues. My lectures show that I employ them, but so as to try and do the least harm along with the most good.

On the whole, I think Dr. Beale has been unnecessarily startled by what seem to have come upon him as new ideas, even before he opened the book. The title on the back was chosen to express an idea, not new, indeed, but which has been long working in the minds of the most observant of our profession, and which has largely affected modern practice; viz., that the *Renewal* of deficient material and deficient function is the true art of healing. To express this idea was the object of the lectures selected to form the volume; and if a title is to describe the intention of a book, I do not know of one that would have so well answered the purpose. I decline to answer flippant ridicule; but let critics pause—no, critics have no time to pause—let practical physicians pause, before they condemn. Let them reflect on their most successful practice, and say if it does not support my rough outline of a therapeutical system. And if they think it does, is it too much to ask them sometimes to modify modes of treatment opposed to it, and judge of the comparative results of the experiments?

Διάπειρά τοι βροτῶν ἔλεγχος.

**LIFE AMID FOES.** The take of herrings by fishermen within the jurisdiction of the Scotch Fishery Board amounted in 1861 to nearly 900,000,000. It seems a marvellous drain upon the power of multiplication, of one animal to destroy in a year a multitude exceeding in number, perhaps, the whole human population of the globe. But this vast number sinks into insignificance when compared with the destruction effected by other agencies. It is very common to find a codfish with six or seven herrings still undigested in his stomach. If we allow a codfish only two herrings a day, and estimate that he feeds on herrings for only seven months in the year, he takes 420 as his allowance during that time; and since at least 2,400,000 codfish were caught in 1861, and the cod and ling caught were certainly not a tithe of those left behind, the destruction of herring by those voracious fish alone may be estimated at ten times as great as that effected by all the fishermen put together. But the conger and the dogfish probably do as much mischief as the cod and ling, the gulls and the gannets slay their millions, the porpoises and grampuses destroy untold multitudes, sea trout and innumerable other fish prey upon the herring fry, flat fish of all kinds resort in immense numbers to the spawning grounds of the herring to prey upon the freshly deposited ova. Extensive as our fishery operations are, their effect upon the supply of herrings becomes inappreciable when compared with all these consuming agencies. The Royal Commissioners, who have recently inquired into the operation of the laws relating to herring trawling, and from whose report these statements are taken, notice the practical result of all this:—A plentiful multiplication of herrings in any year nourishes and supports an increased army of enemies, and if these latter multiply too fast the herrings become diminished in number, whereupon the fish that destroy them are starved down, and, in a weakened state, more easily fall a prey to their own enemies; the herring, then, relieved from their oppressors, in a year or two appear again in immense numbers, and so the alternations of prosperity, over production, and panic in the trade which they originate will occur with as much regularity as if the herring were manufacturers.

## Original Communications.

### DISEASES OF THE LACRYMAL DUCT, ATTENDED BY STRICTURE: TREATMENT.

BEING REMARKS ON THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By HAYNES WALTON, F.R.C.S., Surgeon to the Hospital, and to St. Mary's, Paddington; late Teacher of Anatomy and Demonstrator of Operative Surgery in St. Mary's Medical School.

THE functions of the lacrymal duct, that is, the conveying away of the tears and of the conjunctival secretion from the surface of the eye to the interior of the nose, may be interrupted in consequence of stricture, arising from causes purely mechanical acting nearly always from without, or from constitutional influence.

The first are so rare that I have not seen half a dozen instances, and the variety is small. They comprise injury from wounds; pressure from malignant and other tumours in the neighbouring cavities, the orbit, the antrum, and especially those of the nose. Besides these are exostoses, swelling of the bones immediately around the duct, and periosteal inflammation from syphilis. A polypus, it is said, has been met with in the duct. I do not think it requisite to say more about these peculiar exceptions. They will not be obscure to any one who has sound anatomical knowledge, and bestows pains and time in the investigation of cases, and who has at all studied the conditions of an ordinary obstructed duct.

The second produces disease of the duct itself. It includes the mass of instances that are met with. There is no more palpable fact than that such influence proceeds from those bodily conditions known as feeble and scrofulous. The direct evidences of struma, in the well known manifestation of absorbent gland enlargements are very often coexistent. The thing itself is a strong local and external marking of such a diathesis, just as much as a chronic purulent discharge from the ear or the nostril. But it is not a termination of strumous or other inflammation of the conjunctiva, I would almost say never, as I have not seen such connection. The converse, however, I have often witnessed; indeed, conjunctival implication is often the consequence of this strumous inflammation of the duct.

A watery eye is the first intimation that a person receives of a diseased duct. A tear requires to be wiped, and is troublesome in proportion as the eye is exposed to any influence that excites the lacrymal and conjunctival secretions, the most common of which is atmospheric.

Respecting the diagnosis, there is really no obscurity. The wet corner of the eye, the soppy eye-lashes, the redness and the swelling of the integuments, disclose it. When there is doubt because any of these symptoms are less marked, the effect of pressure with the finger on the sac upwards, will be a sure guide; for with sufficient disease to produce discomfort enough to induce the person to seek a remedy, there is always an accumulation of tears and mucus which will regurgitate through the punctum, mostly the lower. There is only one possible source of error, and this may arise out of an obstructed punctum, because occlusion of the lower one causes effects similar to the early stage of a diseased duct, and the pressure test would fail. With the slightest doubt, therefore, the punctum should be well examined.

When the eye is watery, and there is no accumulation in the sac, and the probe passes readily through the

punctum and canaliculus, there is no fault in the excretory apparatus, in the conduits from the eye. An irritable conjunctiva, causing hypersecretion of the lacrymal gland, is probably the origin of the evil.

I avoid entering into a consideration of the many phases that a diseased lacrymal sac may pass through, and which have been described as mucocoele, relaxation of the sac, and so forth, as it tends to no practical end, and only mystifies and puzzles. These are all merely more or less aggravated symptoms of an unhealthy mucous membrane, of which the prejudicial effect is the most exercised, where the lower end of the duct—the part encased by bone—is strictured.

A strictured duct requires to be mechanically treated, and as there is a morbid state of the canal, by which an accumulation of the secretion it causes merely interrupts the free passage of the tears, and which state may be remedied by constitutional and topical measures; and as there may be stricture with but faintly apparent morbid action, and with little or scarcely any escape of new products or accumulation, when the sac is pressed, it often becomes a nice matter to diagnose between them. For many years I have sought for the indication in question; and now I rely on two simple facts as the most sure and unerring guides. These are the state of the canaliculi, and the condition of the parts about the lacrymal sac as conveyed to the touch.

When one of the canaliculi, especially the lower, is choked at the inner end, there is, as far as I have observed, almost invariably, stricture of the duct as well. Again, when there is decided thickening of the parts over and about the lacrymal sac, so that the edges of the bones cannot be felt as in health, there is that condition that needs dilatation. These rules have fewer exceptions than any that I know of. A profuse discharge, even of purulent matter, through the puncta, generally associated with stricture, is not in itself, as I have frequently ascertained by actual exploration, an unerring sign of obstruction. On the other hand, all degrees of narrowing of the duct, and even complete occlusion, may exist, without the escape of pus, and but little of any secretion.

It is the chief object of this lecture to show how to effect the process of dilatation in a strictured duct, because it demands special teaching.

I am quite satisfied that the mere occasional probing is not in itself sufficient. Besides, it is so tedious and so very disagreeable that both public and private patients rebel against it. I may add that when there is really that degree of structural change which unequivocally calls for instrumental treatment, the wearing of a style is the less irksome, the more beneficial, and the quicker plan.

It is a great modern improvement to introduce the style through the canalicular entrance into the lacrymal sac, instead of the old plan through the skin on the face. I think that it may always be done, except when there is a lacrymal fistula, especially with necrosis. The method of doing it is this: The lacrymal director is passed into the punctum and along the canaliculus, till the point enters the sac, and rests against the lacrymal bone. With a fine scalpel this canal should be slit up in its whole length, and, as I think, a little of the sac as well. In certain instances, when, for example, a patient cannot be seen as often as I would wish, I introduce the style, if practicable, at once; but generally I effect it by a slower process, dilating the duct by degrees. Primary union is very apt to follow the operation on the canaliculus, in part or in whole, and the new channel should be reopened with the director or probe each day, till no longer required.

I generally explore the duct in the first instance with a tapering steel sound, and then with a small silver wire; and should there be much stricture, and some difficulty in reaching the floor of the nose, I do not withdraw the

wire, but cut off the upper part and turn the end down on the eyelid with pliers in the form of a little hook. After a few days, the calibre of the duct is increased, and the style may be more readily introduced. The styles should be made of standard silver. The head should be curved into a hook, or wrought into a little tail, the extremity of which rests just over the eyelid. Several wires should be kept that the lesser might be employed till the largest can be used. Different lengths, too, are needed; for in each application the foot should reach the palatine process of the superior maxillary bone forming the floor of the nose. There is then no risk of the style slipping down; nor of the upper end producing irritation from pressure; nor ulceration, and so forming a false channel to rest on. Messrs. Weiss of the Strand keep all the instruments that I use.

The stricture may prove to be very tight—so dense, indeed, that it cannot be penetrated by the probe or the style. It must then be divided by the style-knife, which ought to be pressed down till the resistance is overcome.

The success of the entire proceedings rests on the accurate passage of the style. Liability to failure consists in the tendency there is to penetrate the lacrymal bone rather than in line of the duct. I know of no more common mistake in ophthalmic surgery than for a false passage to be made in attempts to open the nasal duct, and to probe it; and the liability is still greater when the canaliculus is made the channel after the manner now described.

I can give no rules for guidance beyond those of acquiring anatomical knowledge of the part, which a single dissection on the dead body will afford; of exercising great care; and never to be satisfied that the right passage is reached, till the probe touches the floor of the nose; when the lacrymal bone is penetrated, the probe passed into the fauces as far as it may be thrust.

From time to time, the style should be removed and cleaned, and if it should ever become uncomfortable or irritating, the cessation of wear for a day or two generally makes it afterwards tolerable. Some patients wear it at night only. As to the duration of its application, I continue it until all inflammatory action has been subdued, which is indicated by an absence of all purulent or other secretion of an unhealthy nature from the duct.

I can declare that I have obtained an amount of success during the last five years which often astonishes me when I reflect on the nature of the cases treated. In the majority, I have had perfect results. In some, there has been immense amelioration, it being only at times when, perhaps, the conjunctiva is swollen from catarrh that a little defective working in the excretory channel is felt. In some few, the reintroduction of the style for a few days, or longer, has been needed. In not a single case treated in my private practice have I failed to afford some substantial relief.

## CASE OF SUDDEN PARTURITION.

By C. BLAKELEY BROWN, M.D.

ANN S., aged 26, began to feel ill about 3 o'clock P.M. on March 14th. While resting on the bed, she felt, as she thought, a "call of nature"; and, while sitting up, gave birth to a fine full grown child, which falling on the floor, the funis was broken off about eleven inches from the navel. She took her child and lay down with it for some time; when, feeling easier, she dressed herself, went to the door of the house, hailed a cab which she saw passing, and, getting into it with her baby, was driven to Queen Charlotte's Hospital. On her arrival there, she walked out of the cab up several steps with the child in her arms, before the doors of the hospital could be opened; and, having entered, would have walked

up stairs, if the matron had not insisted upon her being carried. This occurred between 8 and 9 p.m. When she was put to bed, the matron discovered that the placenta had not come away: this she removed without difficulty, and found the torn funis to correspond with that still on the child, which she tied and cut, and from which there had been no hæmorrhage whatever. Both mother and child are now in the convalescent ward, and have had no bad symptom, or seem to be any the worse for their journey.

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By J. G. SWAYNE, M.D., Physician-Accoucheur to the Bristol General Hospital, and Lecturer on Midwifery at the Bristol Medical School.

[Read February 26th, 1863.]

THERE is, in the present day, a strong tendency to decry all methods of treating disease which do not harmonise with the stimulant plan now so much in vogue. Hence, I believe, some well established and highly successful remedies are in danger of being abandoned, whilst others are being substituted for them which are of doubtful efficacy, and have not yet been sufficiently tested by experience. This remark applies especially to the use of bleeding in puerperal convulsions, and, in illustration of it, I now bring forward the following cases, embodying my own experience of that disease.

CASE I. In 1842, I attended M. F., a primipara, living in Albion Row, Bedminster. The os uteri was rigid and unyielding. The feet presented. Convulsions came on, preceded by drowsiness, when the os uteri was dilated to the size of a shilling, and before the membranes gave way. I bled her to thirty ounces, and hastened the delivery. The child died in convulsions a few hours after birth. The mother had one or two fits after the bleeding, but recovered well. Purgatives and antispasmodics were used.

CASE II. In 1842, I was called to attend S. H., a multipara, living in Eugene Ward. She was suddenly taken with convulsions previous to labour, and before any one could be sent for, was delivered during one of the fits of a healthy living child. I bled her to twenty ounces, shaved her head and applied cold lotion, and administered an enema of assafœtida and turpentine. The convulsions continued in a mitigated form for two or three days, gradually abating in frequency, and disappearing altogether about the end of a fortnight.

CASE III. In 1847, Mr. Wheeler requested me to see Mrs. L., a primipara, aged 30, whom he was attending. Labour pains came on in the morning of the same day, accompanied with convulsions, which increased in severity. Mr. Wheeler had bled her before I arrived, to twenty ounces, and had given her one drop of croton oil and ten grains of calomel, and a strong turpentine enema. But as the fits still continued, he requested me to see her. I went to her at 8 p.m. She was then quite insensible with stertorous breathing, and pulse varying from 120 to 160. The bowels had been freely opened, and the stools were black and offensive. The labour all this time was steadily proceeding. When the os was pretty well dilated, I ruptured the membranes and let the labour go on naturally. She had now had no fit for three or four hours, but just when the head was pressing on the perineum she had another convulsion. We therefore determined to hasten delivery by the forceps. This was soon done, and she was safely delivered of a still-born child which had apparently been dead for two

or three days. Soon after delivery her breathing became less stertorous, and her pulse less frequent, and in about twelve hours she had regained partial consciousness. For two or three days after this she remained in a maniacal condition, but this gradually passed off, and she made a good recovery.

CASE IV. In 1850, I saw Mrs. J., a primipara, living in Stokes Croft, in consultation with Dr. Herapath, who had been attending her. She had been in labour twenty-four hours, and about four hours before I saw her was attacked with epileptiform convulsions. When I saw her the convulsions returned about every twenty minutes, there being complete unconsciousness in the intervals. She was a thin spare woman; but as there was much congestion of the vessels of the head, we bled her to twelve ounces. The pulse was now frequent and rather weak. The fits were mitigated after the bleeding, but the pains were feeble, and the labour made very little progress. We then waited between two and three hours, when, the insensibility still continuing and the fits returning at intervals, we determined to effect delivery. As the os was not sufficiently dilated to admit the forceps, craniotomy was performed, but with considerable difficulty. The woman remained completely unconscious after delivery and in a state of extreme collapse, accompanied with restlessness and jactitation. We gave her liberally brandy, ether, and ammonia, but she did not rally for some hours. However, in the following night she became partially conscious, and ultimately made a good recovery, except that she was slightly salivated by some calomel which was given during labour.

CASE V. In 1853, Mr. Godfrey requested me to see Mrs. G., a lady whom he was attending in her first confinement. The labour had been very tedious, and the head had been some hours at the outlet of the pubis, notwithstanding that ergot had been given. The patient had had two convulsions before I arrived, and had been bled to twenty ounces. When I saw her, the head was in the same position and did not move, notwithstanding two or three very strong pains. These pains were followed by a severe convulsion, and we deemed it prudent to wait no longer. I therefore delivered her with the forceps. There was no convulsion after delivery, but the detachment of the placenta was accompanied with some hæmorrhage and tendency to syncope. We therefore gave her brandy, ammonia, and laudanum. The child was healthy and strong, but for some hours had contraction of the flexors of the left fingers and thumb. The patient did not completely regain consciousness until the third day, but ultimately did well.

CASE VI. I was sent for by Mr. Corbould, to see Martha M., in Cox's Buildings, St. Philip's. She had been previously healthy, and was seven months pregnant with her first child. She was attacked with convulsions about 8 a.m., June 28th, 1854. When first seen about 11 a.m., she had had three fits, and was almost entirely unconscious, breathing slightly stertorous. There were no symptoms of labour, and not the slightest dilatation of the os uteri. She was bled to about ten ounces. She seemed somewhat relieved by this, so much so that she was able to get up in bed, and understood what was said to her. After some interval, however, she had another very severe fit and became comatose, and the convulsions returned twice or thrice every hour until 3 p.m. Cold was applied to the head, and an enema of turpentine and castor oil given. The fits now became more frequent and severe; Mr. Corbould therefore applied twelve leeches to the temples, gave her a drop of croton oil, and placed mustard poultices on the calves of the legs. As the convulsions still continued with abatement, Mr. Corbould requested me to see her. Finding the pulse apparently unaffected by the previous depletion, I bled her again from the arm to ten ounces. After this, the pulse became weaker and more



frequent, as much as 120; whilst the fits continued with rather less frequency to midnight. During the three succeeding hours only some slight twitchings of the limbs were noticed, and at intervals she addressed her sister by name, and seemed to listen when spoken to in a loud voice. The pulse too became steadier and less frequent, and she was allowed a little brandy. However, about three the next morning, another fit of unusual severity came on, and she died before it passed off. There was not the slightest dilatation of the os uteri or other symptom of labour. No *post mortem* examination was allowed.

CASE VII. On March 13th, 1856, Mr. Biggs, one of my pupils, requested me to see J. P., a primipara, aged 19. She was attacked with convulsions during the latter part of her labour, which continued until 1 p.m., when she was delivered of a still-born child; the fits then returned at irregular intervals, until I saw her at 5 p.m. She appeared to be a short stout plethoric woman, and had been accustomed, as I understood, to take too much food and drink, and too little exercise. She was lying in a state of complete unconsciousness; her breathing was stertorous, and her pupils scarcely affected by light; her pulse was rapid, but not very full. I directed her to be bled to sixteen ounces, and her head to be shaved and covered with cold pads, also mustard cataplasms to the back of the neck and calves of the legs. Five grains of calomel were likewise given, and an enema of turpentine and castor oil administered. I saw her at twelve the next day; she appeared better, was partially conscious, and her breathing had lost its stertorous character. She had only three fits in that day. I directed a blister to be applied to the scalp, and, as the bowels had not been moved freely, I ordered the calomel and the turpentine enema to be repeated. I saw her at four the next day, and she had then had no more fits, and had quite regained consciousness; from that time she did well, and completely recovered.

CASE VIII. On December 4th, 1856, Mr. Coe requested me to see a patient whom he was attending in her first labour. She was a short thick-set woman, of muscular development and plethoric habit. He told me that he saw her first about noon, soon after which she was attacked with violent epileptiform convulsions. He therefore bled her to thirty ounces. The pains were then but few, and the os not dilated larger than a shilling. I saw her about 8 p.m. The labour had then made much progress; the head was presenting naturally, and slightly distending the perineum. She had had only three convulsions since the bleeding, and they were not so violent as the previous ones. Soon after I arrived, she had another; and, as the pains were now flagging a little, we agreed to hasten the delivery. Mr. Coe therefore applied the forceps, and delivered her without difficulty. The placenta soon followed, accompanied with considerable hæmorrhage, which was restrained by pressure, cold, and ergot. There was no return afterwards of convulsions or hæmorrhage; and both mother and child did well.

CASE IX. On September 4th, 1861, Mr. Parker requested a consultation with me on Mrs. B., living in Buckingham Vale, Clifton. She was a primipara, aged 30, and was a plethoric, stoutly built person. I saw her at 1.30 p.m. She had been in labour all the previous night, and had had no sleep. About half an hour before I saw her, epileptic convulsions came on, and Mr. Parker had taken sixteen ounces of blood from her arm, and applied cold to her head. I found the presentation natural, and the head fully engaged in the pelvis. I therefore applied the forceps, and at about 2.15 p.m. delivered her of a fine male child. There was no other convulsion until about 3.30 p.m., when she had another. We then gave her five grains of calomel, and applied a blister to the back of the neck. She was partially unconscious after each fit. The urine was of specific

gravity 1015, and highly albuminous. No more convulsions followed, and both mother and child did well.

CASE X. On February 1st, 1862, Mr. Crichton sent for me to ask my advice respecting Mrs. —, Cumberland House, whom he had just attended in her first labour. The pains commenced at 3 a.m. He first saw her at 9 a.m., when he found that she had had two violent convulsions. The face presented. She had one convulsion afterwards, but labour progressed favourably, and ended, without assistance, at noon. About three, she was again attacked with strong convulsions, which frequently returned. He had applied sinapisms to the back of the neck, and cold to the head. I saw her at 7 p.m. Her breathing was stertorous; the fits returned two or three times in an hour, and there was complete insensibility between them. The pupils were contracted, and scarcely affected by light. The pulse was upwards of 100, and moderately full. We bled her to fifteen ounces, had her head shaved, and gave her five grains of calomel and a scruple of jalap. A blister was applied to the nape of the neck. The urine was high coloured, and contained about sixty per cent. of albumen. On the next day, we found she had had no fit since 3 a.m. Consciousness was partially restored; and from that time there were no more convulsions, and she gradually recovered.

CASE XI. On February 8th, 1863, Mr. Mayor requested me to see Mrs. H., living in Stapleton Road, whom he had attended the day before in her second confinement. He told me that soon after her first confinement she had one convulsion only, and recovered well without any treatment. On the present occasion she had given birth to twins, the second child being born about an hour after the first. The head of the first and the breech of the second presented. They were both females, fine children, and born alive. The labour was favourable. On the evening of the same day, about fourteen hours after delivery, she was attacked with convulsions, and these continued through the night, the interval between the fits being on an average half-an-hour. There was almost complete insensibility between each, and some stertor of the breathing. Mr. Mayor saw her in the morning, and gave her forty minims of tincture of opium. This slightly mitigated the severity of the attacks. I saw her about 8 p.m. She had had no fit for three hours, and was slightly conscious; but whilst we were in the room she had a violent attack of convulsions, and this was followed by another in about a quarter of an hour. We then bled her to fourteen ounces, and ordered her five grains of calomel and five grains of jalap and an enema of turpentine and castor oil; also a blister to the nape of the neck; and the hair to be cut short, and cold applied to the head. She had a fit, but a less severe one, immediately after the bleeding. Some urine drawn off just before, contained about thirty per cent. of albumen. We saw her again about 9 a.m. on the following day. She had had four fits since last night, but they were less severe and she seemed more conscious. The breathing had lost its stertor, and the pulse was 92 and soft. The blood drawn by venesection was much buffed and cupped. The urine now contained scarcely twenty per cent. of albumen. From that time she had no more fits, and the urine two days afterwards presented scarcely a trace of albumen. She talked at random for two or three days, and her vision was disordered, for she thought that the chimney ornaments were dancing about the room, and told her husband that his hair had turned green; but these symptoms gradually passed off, and she made a good recovery.

REMARKS. All the cases just related were, without exception, instances of genuine puerperal eclampsia. It will be seen that out of the 11, 9 were primiparæ, and 2 multiparæ. This corresponds with what has been generally observed; viz., that the great majority of cases of puerperal convulsions are primiparæ.

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or three days. Soon after delivery her breathing became less stertorous, and her pulse less frequent, and in about twelve hours she had regained partial consciousness. For two or three days after this she remained in a maniacal condition, but this gradually passed off, and she made a good recovery.

CASE IV. In 1850, I saw Mrs. J., a primipara, living in Stokes Croft, in consultation with Dr. Herapath, who had been attending her. She had been in labour twenty-four hours, and about four hours before I saw her was attacked with epileptiform convulsions. When I saw her the convulsions returned about every twenty minutes, there being complete unconsciousness in the intervals. She was a thin spare woman; but as there was much congestion of the vessels of the head, we bled her to twelve ounces. The pulse was now frequent and rather weak. The fits were mitigated after the bleeding, but the pains were feeble, and the labour made very little progress. We then waited between two and three hours, when, the insensibility still continuing and the fits returning at intervals, we determined to effect delivery. As the os was not sufficiently dilated to admit the forceps, craniotomy was performed, but with considerable difficulty. The woman remained completely unconscious after delivery and in a state of extreme collapse, accompanied with restlessness and jactitation. We gave her liberally brandy, ether, and ammonia, but she did not rally for some hours. However, in the following night she became partially conscious, and ultimately made a good recovery, except that she was slightly salivated by some calomel which was given during labour.

CASE V. In 1853, Mr. Godfrey requested me to see Mrs. G., a lady whom he was attending in her first confinement. The labour had been very tedious, and the head had been some hours at the outlet of the pubis, notwithstanding that ergot had been given. The patient had had two convulsions before I arrived, and had been bled to twenty ounces. When I saw her, the head was in the same position and did not move, notwithstanding two or three very strong pains. These pains were followed by a severe convulsion, and we deemed it prudent to wait no longer. I therefore delivered her with the forceps. There was no convulsion after delivery, but the detachment of the placenta was accompanied with some hæmorrhage and tendency to syncope. We therefore gave her brandy, ammonia, and laudanum. The child was healthy and strong, but for some hours had contraction of the flexors of the left fingers and thumb. The patient did not completely regain consciousness until the third day, but ultimately did well.

CASE VI. I was sent for by Mr. Corbould, to see Martha M., in Cox's Buildings, St. Philip's. She had been previously healthy, and was seven months pregnant with her first child. She was attacked with convulsions about 8 a.m., June 28th, 1854. When first seen about 11 a.m., she had had three fits, and was almost entirely unconscious, breathing slightly stertorous. There were no symptoms of labour, and not the slightest dilatation of the os uteri. She was bled to about ten ounces. She seemed somewhat relieved by this, so much so that she was able to get up in bed, and understood what was said to her. After some interval, however, she had another very severe fit and became comatose, and the convulsions returned twice or thrice every hour until 3 p.m. Cold was applied to the head, and an enema of turpentine and castor oil given. The fits now became more frequent and severe; Mr. Corbould therefore applied twelve leeches to the temples, gave her a drop of croton oil, and placed mustard poultices on the calves of the legs. As the convulsions still continued with abatement, Mr. Corbould requested me to see her. Finding the pulse apparently unaffected by the previous depletion, I bled her again from the arm to ten ounces. After this, the pulse became weaker and more

frequent, as much as 120; whilst the fits continued with rather less frequency to midnight. During the three succeeding hours only some slight twitchings of the limbs were noticed, and at intervals she addressed her sister by name, and seemed to listen when spoken to in a loud voice. The pulse too became steadier and less frequent, and she was allowed a little brandy. However, about three the next morning, another fit of unusual severity came on, and she died before it passed off. There was not the slightest dilatation of the os uteri or other symptom of labour. No *post mortem* examination was allowed.

CASE VII. On March 13th, 1856, Mr. Biggs, one of my pupils, requested me to see J. P., a primipara, aged 19. She was attacked with convulsions during the latter part of her labour, which continued until 1 p.m., when she was delivered of a still-born child; the fits then returned at irregular intervals, until I saw her at 5 p.m. She appeared to be a short stout plethoric woman, and had been accustomed, as I understood, to take too much food and drink, and too little exercise. She was lying in a state of complete unconsciousness; her breathing was stertorous, and her pupils scarcely affected by light; her pulse was rapid, but not very full. I directed her to be bled to sixteen ounces, and her head to be shaved and covered with cold pads, also mustard cataplasms to the back of the neck and calves of the legs. Five grains of calomel were likewise given, and an enema of turpentine and castor oil administered. I saw her at twelve the next day; she appeared better, was partially conscious, and her breathing had lost its stertorous character. She had only three fits in that day. I directed a blister to be applied to the scalp, and, as the bowels had not been moved freely, I ordered the calomel and the turpentine enema to be repeated. I saw her at four the next day, and she had then had no more fits, and had quite regained consciousness; from that time she did well, and completely recovered.

CASE VIII. On December 4th, 1856, Mr. Coe requested me to see a patient whom he was attending in her first labour. She was a short thick-set woman, of muscular development and plethoric habit. He told me that he saw her first about noon, soon after which she was attacked with violent epileptiform convulsions. He therefore bled her to thirty ounces. The pains were then but few, and the os not dilated larger than a shilling. I saw her about 8 p.m. The labour had then made much progress; the head was presenting naturally, and slightly distending the perineum. She had had only three convulsions since the bleeding, and they were not so violent as the previous ones. Soon after I arrived, she had another; and, as the pains were now flagging a little, we agreed to hasten the delivery. Mr. Coe therefore applied the forceps, and delivered her without difficulty. The placenta soon followed, accompanied with considerable hæmorrhage, which was restrained by pressure, cold, and ergot. There was no return afterwards of convulsions or hæmorrhage; and both mother and child did well.

CASE IX. On September 4th, 1861, Mr. Parker requested a consultation with me on Mrs. B., living in Buckingham Vale, Clifton. She was a primipara, aged 30, and was a plethoric, stoutly built person. I saw her at 1.30 p.m. She had been in labour all the previous night, and had had no sleep. About half an hour before I saw her, epileptic convulsions came on, and Mr. Parker had taken sixteen ounces of blood from her arm, and applied cold to her head. I found the presentation natural, and the head fully engaged in the pelvis. I therefore applied the forceps, and at about 2.15 p.m. delivered her of a fine male child. There was no other convulsion until about 3.30 p.m., when she had another. We then gave her five grains of calomel, and applied a blister to the back of the neck. She was partially unconscious after each fit. The urine was of specific

gravity 1015, and highly albuminous. No more convulsions followed, and both mother and child did well.

CASE X. On February 1st, 1862, Mr. Crichton sent for me to ask my advice respecting Mrs. —, Cumberland House, whom he had just attended in her first labour. The pains commenced at 3 a.m. He first saw her at 9 a.m., when he found that she had had two violent convulsions. The face presented. She had one convulsion afterwards, but labour progressed favourably, and ended, without assistance, at noon. About three, she was again attacked with strong convulsions, which frequently returned. He had applied sinapisms to the back of the neck, and cold to the head. I saw her at 7 p.m. Her breathing was stertorous; the fits returned two or three times in an hour, and there was complete insensibility between them. The pupils were contracted, and scarcely affected by light. The pulse was upwards of 100, and moderately full. We bled her to fifteen ounces, had her head shaved, and gave her five grains of calomel and a scruple of jalap. A blister was applied to the nape of the neck. The urine was high coloured, and contained about sixty per cent. of albumen. On the next day, we found she had had no fit since 3 a.m. Consciousness was partially restored; and from that time there were no more convulsions, and she gradually recovered.

CASE XI. On February 8th, 1863, Mr. Mayor requested me to see Mrs. H., living in Stapleton Road, whom he had attended the day before in her second confinement. He told me that soon after her first confinement she had one convulsion only, and recovered well without any treatment. On the present occasion she had given birth to twins, the second child being born about an hour after the first. The head of the first and the breech of the second presented. They were both females, fine children, and born alive. The labour was favourable. On the evening of the same day, about fourteen hours after delivery, she was attacked with convulsions, and these continued through the night, the interval between the fits being on an average half-an-hour. There was almost complete insensibility between each, and some stertor of the breathing. Mr. Mayor saw her in the morning, and gave her forty minims of tincture of opium. This slightly mitigated the severity of the attacks. I saw her about 8 p.m. She had had no fit for three hours, and was slightly conscious; but whilst we were in the room she had a violent attack of convulsions, and this was followed by another in about a quarter of an hour. We then bled her to fourteen ounces, and ordered her five grains of calomel and five grains of jalap and an enema of turpentine and castor oil; also a blister to the nape of the neck; and the hair to be cut short, and cold applied to the head. She had a fit, but a less severe one, immediately after the bleeding. Some urine drawn off just before, contained about thirty per cent. of albumen. We saw her again about 9 a.m. on the following day. She had had four fits since last night, but they were less severe and she seemed more conscious. The breathing had lost its stertor, and the pulse was 92 and soft. The blood drawn by venesection was much buffed and cupped. The urine now contained scarcely twenty per cent. of albumen. From that time she had no more fits, and the urine two days afterwards presented scarcely a trace of albumen. She talked at random for two or three days, and her vision was disordered, for she thought that the chimney ornaments were dancing about the room, and told her husband that his hair had turned green; but these symptoms gradually passed off, and she made a good recovery.

REMARKS. All the cases just related were, without exception, instances of genuine puerperal eclampsia. It will be seen that out of the 11, 9 were primiparae, and 2 multiparae. This corresponds with what has been generally observed; viz., that the great majority of cases of puerperal convulsions are primiparae.

In 10 cases, the fits appeared at the full term; and in one only before term, viz., at the seventh month.

In 4 cases, the convulsions came on before the rupture of the membranes, and in 7 after.

With respect to the presentation, the vertex presented in 8; the vertex and breech in one (twins); the face in one, and the feet in one.

As to the result to mother and child, 10 mothers recovered, and one died; whilst 7 children lived, and 5 died. This is more favourable than usual—the ordinary maternal mortality, according to Dr. Churchill, being 1 in  $4\frac{1}{2}$ . The only fatal case amongst mine was the one in which convulsions came on in the seventh month: there was no sign of labour, and the mother died undelivered, and the child was lost also.

Labour was terminated by the natural process in 5 cases; by the forceps in 4; by craniotomy in 1; whilst in one there was no attempt at labour.

Lastly, as regards the treatment. In all the eleven cases, the principal remedy was blood-letting; next in importance to that was delivery: whilst the secondary means were purgatives, counterirritation, cold to the head, and antispasmodics. In speaking of the treatment, our attention will be chiefly directed to blood-letting, because, at present, there is a general tendency to disparage this, as I believe, most valuable remedy, and to substitute for it various anesthetics, especially chloroform. In a lately published manual of midwifery, for instance, bleeding is spoken of as the "old routine plan," "as if the best way of enabling a patient to bear up against the disease, which has seized hold upon her, is to deprive her of the very means of resisting its evil influences." It is thus that the doctrines of the "Todd School" are carried into every branch of practice, and theoretical objections are made to methods of treatment sanctioned by the widest experience. I do not deny that chloroform may be sometimes of great use in mitigating the convulsions; but yet I believe that in the majority of cases it can have no effect in removing the *fons et origo mali*. In most cases of puerperal eclampsia the affection is associated with, and probably springs from, a state of toxæmia denoted by a highly albuminous condition of the urine. What possible effect can chloroform have in removing this condition? But it can easily be proved that bleeding will do this effectually; and we can readily understand how it may do so by relieving renal congestion. My brother, not long ago, had a severe case of puerperal convulsions, which he will bring under your notice this evening. In this instance, the woman had not gone her full time, and therefore delivery was not effected; the principal reliance was placed on a copious abstraction of blood. Before the bleeding, the convulsions had been very frequent and severe, and the urine highly albuminous, containing, in fact, more than eighty per cent. of albumen. After the bleeding, there were no more convulsions; and in a few hours the quantity of albumen was scarcely twenty per cent. I have no such well marked instance as this, because in most of my own cases the patient was delivered soon after being bled; and, unfortunately, except in the three last cases, the condition of the urine was not noted. I have, however, abundant evidence of the great relief which speedily followed the abstraction of blood, especially in Cases 2, 8, 9, 10, 11, 12. In No. 11 particularly, the convulsions set in with renewed severity after delivery, but abated very soon after free venesection.

The records of puerperal eclampsia treated by anesthetics and not by bleeding, are not, as yet, sufficiently numerous or satisfactory to induce us to abandon old and well established rules of practice, which yield results as favourable as those given by Dr. Behm, and quoted in the *British and Foreign Medico-Chirurgical Review* for last July, where, out of twenty cases treated by bleeding and calomel, there were seventeen recoveries.

Nor do I intend myself, unless upon much stronger evidence, to give up a line of treatment that, in my own hands, has been successful in ten out of eleven cases.

## Progress of Medical Science.

**TETANUS IN A CHILD: INTERNAL HÆMORRHAGE.** A female child, aged 3 years, of a healthy family, and who had herself been previously in good health, was admitted into the Hôpital Ste. Eugénie, under M. Bouchut, on July 22nd, 1862. Four or five days previously, she was said to have received a blow from a projectile in the right infraorbital region; but no trace of injury remained when she was admitted. On July 21st, at noon, she was seized with pain in the mouth, head, and neck. On the following night, she sprang up from sleep, crying out and complaining of increased pain in the same regions. It was then perceived that the jaws were closed, that she could neither open the mouth nor drink, and that the head was slightly drawn backwards. The intellect was unaffected. Some ineffectual attempts at vomiting were made.

On her admission the next day, the skin was moderately warm; the pulse regular, 116. The respiration was slightly sighing; but neither percussion nor auscultation detected anything abnormal in the lungs. The countenance was somewhat anxious, and the right eye was occasionally turned inwards for a moment at a time. The jaws were firmly closed, and the child could not open them beyond a *centimètre*. Upon drink being offered, she took only a small draught, and swallowed with extreme difficulty, apparently from spasmodic contractions of the pharynx. The head was strongly drawn backwards; and this condition was occasionally rendered more intense by spasmodic action of the muscles of the neck. The cutaneous sensibility was unaffected.

The patient gradually got worse; and on the 23rd, there was distinct opisthotonos; the limbs, both upper and lower, were sometimes stiff, with the fingers and toes contracted; sometimes more supple. There was loss of sensation; the thoracic resonance was good, and the vesicular murmur normal; there were neither vomiting nor alvine evacuations. The temperature in the axilla rose to 106° Fahr.; and this, M. Bouchut observed in his clinical observations, together with the loss of consciousness, and the trismus and opisthotonos, might lead the case to be regarded as one of cerebro-spinal meningitis. On the other hand, the latter disease is generally epidemic; in it the aspect of the patient is usually typhoid, the mouth is covered with sordes, there is severe pain in the spinal region—all of which symptoms were absent in the present case; and the muscular contraction is continuous and not aggravated in paroxysms.

Death took place on the 23rd, eighteen hours after admission; and, at the *post mortem* examination made twenty-four hours later, the following appearances were observed. The meninges were healthy. The sinuses of the dura mater and the vessels of the pia mater were filled with black fluid blood. The brain was firm, highly congested, and presented numerous red points in the centrum ovale. The cerebellum, pons Varolii, medulla oblongata, and the spinal cord in the cervical region, were firm, and presented no appearance of change. From the seventh cervical to the fourth or fifth dorsal vertebra inclusive, there was, between the dura mater and the vertebral laminae an effusion of blood in the form of a clot 6 *centimètres* in length,  $1\frac{1}{2}$  in breadth, and 1 in thickness; it was partly blackish, partly decolorised. It was limited to the posterior part, and did not seem sufficiently large to compress the cord. A small quantity of dark blood was found in the same situation, from

the fifth dorsal vertebra to the lumbar region. The spinal cord, at the level of the clot, was of normal size, firm, resistant, and not flattened. There was no effusion of serum or of blood in the spinal arachnoid. The pia mater was strongly congested. The intrarachidian veins were gorged with blood in the whole extent of the spinal canal. In the posterior mediastinum along the course of the azygos veins and their branches, there was a considerable number of sanguineous suffusions, of several millimètres in extent. The heart and vena cava contained some clotted blood. The lungs and abdominal organs presented nothing remarkable.

In his remarks on the case, M. Bouchut considered the question whether the hæmorrhage observed was to be regarded as the cause or as the effect of the tetanus. He believed it to be an effect and not a cause. Hæmorrhages in the vertebral canal, in the mediastinum, in the cerebral pia mater, in the cerebral ventricles, in the cellular tissue of all parts of the body, in the interstices of the muscles, etc., have been described in a large number of cases by MM. Matu-zynski, Levy, and Thore. But they are not constant; and the fact that they are not confined to the vertebral canal indicates against their being regarded as a cause of the tetanic symptoms. Again, in the strychnine-tetanus which may be produced artificially in animals, it appears, from the observations which have been made, that, if death occur slowly, the tetanus produces hæmorrhage into the vertebral canal and into the cellular tissue of the limbs. Hence M. Bouchut concluded, that the hæmorrhage which takes place into the spinal canal and cellular tissue in tetanus is the effect and not the cause of the disease. (*Gazette des Hôpitaux*, 12 Fév. 1863.)

RESECTION OF THE OS CALCIS. M. Carlo Busi has endeavoured, in excision of the os calcis, to avoid making an incision in the sole of the foot; the cicatrix in this situation being inconvenient both in walking and in standing. He makes an incision commencing at the external border of the foot, passing round the heel, and ending on the other side at a point opposite to that where it commenced. The incision must be on a level with the edge of the foot, above the plantar surface. The flap has the form of a horse-shoe. If it be necessary to remove the part of the bone where the tendon of Achilles is inserted (a step which should be always avoided as much as possible) the posterior part of the incision is carried to a greater or less height in the heel. The flap is turned down, and resection of a greater or less amount of the bone is effected. M. Busi, who has performed this operation in two cases, finds that it is preferable to the ordinary operation in bringing the whole of the diseased part into sight, and in allowing the saw to be used freely in any direction that may be necessary. The flap allows pus to escape freely during the process of healing. After cicatrization, the weight of the patient's body does not bear on the scar. No vessels of any importance are wounded in the operation. (*Bull. delle Scienze Med. di Bologna*; and *Bull. Génér. de Thé.*, 15 Février, 1863.)

TANNIN IN DISEASES OF THE RESPIRATORY ORGANS. M. Woillez has described the results which he has obtained from the use of tannin in affections attended with excessive bronchial secretion. He has given the medicine in pills, each containing from 15 to 20 centigrammes (about 2½ to 3 grains); of which two were taken twice daily at meal-time. The treatment has always been borne well. When continued for a long time, it seemed in two or three cases to produce some nausea before meals; but this ceased on merely suspending the medicine during three or four days. In no case was obstinate constipation produced. M. Woillez first used tannin in bronchitis, and subsequently in certain pulmonary congestions, in the bronchial dilatation, attending

the termination of some cases of pneumonia, and in phthisis.

In bronchitis, with subcrepitant râles occupying at least the bases of both lungs posteriorly, M. Woillez has given rhatany (which contains tannin), and also tannin itself, with the effect of diminishing the secretion. He relates the case of a patient, aged 70, who had pulmonary emphysema with bronchitis, and of one aged 67, who had an attack of subacute bronchitis, in both of whom four-gramme doses of rhatany were given each day with distinct benefit.

On the other hand, tannin has little or no efficacy in chronic bronchitis, when the excessive secretion has become a kind of organic habit.

The preliminary congestion which attends severe fevers, especially of the typhoid class, has been rapidly removed under the use of tannin given in the doses indicated above. In one case especially, where the engorgement of the bronchi was so great as to produce extreme dyspnoea and cyanosis, these symptoms were rapidly removed by the tannin.

In the intrabronchial hypersecretion which accompanies uncomplicated bronchial dilatation, tannin produced no effect beyond slightly diminishing the abundance of the expectoration. M. Woillez also tried gallic acid in these cases, but with scarcely more marked effect. (*Gazette des Hôpitaux*, Fév. 14.)

SPINA BIFIDA IN THE CERVICAL REGION. M. Blot related the following case at a meeting of the Société de Biologie. The subject was a newly-born infant, well-formed in general, rather above the average size, capable of sucking perfectly, and presenting no appearance of suffering. At the middle part of the posterior cervical region, there was a tumour, covered by the skin at its adherent circumference only, where the integument, a little thickened, formed a kind of band. The remaining part of the covering of the tumour was formed of a thin violet-coloured membrane, like a serous membrane. The walls were translucent, and allowed a clear yellow fluid to be seen within. The tumour was flaccid, soft, and corrugated, in whatever position the child was placed. When compressed lightly, it appeared to diminish in size, as if the fluid contents had passed into the spinal canal. No symptoms of compression were produced by the reflux; there was no paralysis either of the body or of the limbs. When the child cried, the swelling underwent no change in volume. When the infant was quiet, no movement of expansion connected with either respiration or circulation could be seen in the tumour. Its base had a circumference of four centimètres. On each side, but more distinctly on the right than on the left, could be felt projections which appeared to be the ununited laminae of the lower six cervical vertebrae. The projection which they formed on the left side was slightly undulated. On depressing the centre of the tumour with the finger, there was perceived at the level of its base, a kind of hiatus, which seemed to result from the separation of the vertebral laminae. The child had from birth been in good health. It slept well, and passed feces and urine at intervals in the same way as ordinarily formed children. There was no deformity of the chest or of the limbs; the sutures and fontanelles were a little larger than usual. The only treatment employed was to protect the tumour by laying on it a piece of wadding and fixing it by a bandage carried round the neck. (*Gaz. Méd. de Paris*, 14 Février, 1863.)

PICRONITRATE OF POTASH AS A VERMIFUGE. Some months ago Dr. Friedrich of Heidelberg described, in Virchow's *Archiv*, the beneficial effects of picronitrate of potash in cases of trichina. The remedy has also been employed in tænia. Dr. Walter of Offenbach relates the case of a woman aged 30, who had had *tænia solium* for several years. During fifteen months he had

employed all known remedies for tapeworm, including the bark of the root of the pomegranate, considered by some as infallible. On November 15, 1862, he gave the patient five pills, each containing five *centigrammes* of piconitrate of potash. On the 20th, an entire worm was expelled with the head. Four days after taking the medicine, the patient presented a jaundiced appearance. (*Archiv für Pathol. Anat. und Phys.*; and *Bulletin Général de Thérap.*, 28 Fév., 1863.)

**CYSTICERCUS CELLULARIS OF MUSCLE.** M. Ordonnez, in a note communicated to the Société de Biologie, describes this entozoon as being surrounded by three envelopes. The first is adventitious, and formed of bundles of fibrils; the other two form, properly speaking, but one covering, as they consist of a sort of pouch with a portion of its invaginated wall in contact with the body of the animal. This pouch is formed of a semitransparent very granular substance. The cysticercus possesses a tolerably large head, provided with four suckers and a terminal proboscis, surrounded with a double crown of from twenty-six to thirty-two hooklets of large size. The body of the animal is composed of a large number of joints, and appears to be confounded with the wall of the pouch with which it is in contact. The integument is constituted of a network of fibres, some longitudinal, others transverse. In the interior are scattered little spherical bodies, which M. Ordonnez believes to consist of calcareous salts. The muscular fibres surrounding the cyst can be easily torn, and contains a very large amount of fat. The striated appearance is indistinct; and the fibres have a granular aspect. (*Gaz. Méd. de Paris*, 14 Février, 1863.)

**TREATMENT OF HÆMORRHAGE FROM THE EAR IN HOOPING-COUGH.** In this affection, to which Dr. Gibb some time ago called attention in this country, M. Triquet recommends the following treatment:—1. If there be pain, cupping should be applied to the mastoid process, or two or three leeches in front of the tragus (one leech only in very young children). 2. Calomel or scammony should be given in doses proportioned to the age of the patient. 3. The membrana tympani should be rendered immovable by cotton introduced into the ear by means of a speculum and soft probe. 4. The patient should be kept free from any noise which may agitate the tympanic membrane and prevent the reunion of the lips of the wound. 5. Cicatrisation should be favoured by touching the edges of the rupture in the membrane with a mixture of one part of tannin in 100 of glycerine once or twice daily. Or a small piece of gold-beater's skin soaked in elastic collodion may be applied. M. Triquet states that cicatrisation is complete in seven or eight days under the use of the last-mentioned two remedies. (*Journ. de Méd. et de Chir. Prat.*, Février 1863.)

**OBTURATOR HERNIA: REDUCTION.** A peasant woman came under the care of M. Werner, with symptoms of strangulated hernia. Pain was produced by examination in the region of the obturator foramen: and here there was found, lying among some small engorged lymphatic glands, a very painful tumour of the size of a hazel-nut. The two fingers of the left hand, introduced into the vagina, could not pass above the horizontal branch of the pubic bone. To reduce the hernia, M. Werner applied pressure externally, and at the same time, by means of the other hand introduced into the vagina, employed traction inwards, backwards, and upwards. The hernia was reduced; and the fingers of the hand in the vagina were immediately enabled to pass beyond the horizontal branch of the pubic bone. (*Württemberg. Med. Corr. Blatt*; and *Gazette Méd. de Paris*, 14 Février, 1863.)

## British Medical Journal.

SATURDAY, APRIL 4TH, 1863.

### INFECTIOUS DISEASES AND PUBLIC CONVEYANCES.

MR. BRADY has, we understand, asked advice of the College of Physicians in reference to his proposed Bill for the prevention of the spread of infectious diseases through the improper use of public conveyances. The Council has delegated the consideration of the matter to the Council; and we are satisfied that the College will make no recommendation in furtherance of such a Bill, unless it can suggest propositions which are capable of being put into practice. Our profession has already a very indifferent character as a business body; and Mr. Brady has certainly not improved its reputation in that way by the production of the impossible Bill which he lately brought under the notice of Parliament. This Bill was, as a matter of course, a failure; but the Government have promised the doctor another chance.

As the Bill will, therefore, again come before Parliament, and in, we hope, a tangible form, we venture to make a few suggestions respecting it.

It does not appear to us that Mr. Brady has fully considered the real character of the business which he has taken in hand—the exact nature of the evil which he would amend or remove. In our opinion, the following are the points on the due consideration of which preventive measures must be founded.

It is, we apprehend, an undeniable fact that at least 95 per cent. of the persons, subjects of infectious diseases, who use or require the use of public conveyances, street cabs, etc., belong to the class of society which seeks refuge in hospitals and workhouses in times of sickness. It is, therefore, almost wholly for this class that legislation has to provide under such circumstances. Persons in the middle and upper classes do not, except in the rarest instances, require the use of conveyances when sick of infectious disorders. Where they fall sick, there they lie until they recover or die. Moreover, we may assume as a fact that almost every one of the aforesaid 95 per cent. of sick is seen by a medical man previously to his removal to hospital or workhouse. Indeed, we apprehend that in most cases the removal takes place at the instigation and on the recommendation of the medical attendant.

Hence, then, unless these statements can be shown to be erroneous, we have before us the particular difficulty and danger which has to be provided for; and we have, therefore, to inquire next: How can it be so arranged that these 95 per cent. of persons,



subjects of infectious diseases, shall be prevented from making use of cabs and public conveyances for the purpose of effecting their removal from one place to another?

We believe it will be found that something, but comparatively little, can be done in the way of enforcing the non-use of cabs, etc., by penalties; but that much, very much, may be done by advice and persuasion given by the medical attendant. Indeed, if we are not much mistaken, the chief promoter of this good to society must be the medical profession; and in this way. Government will take steps to enforce upon each parish the keeping of a proper conveyance for the removal of the infectious sick; and any qualified medical man who may be called in to the infected person requiring removal shall have the power of at once giving an order on the parish authorities to the effect that their carriage is to be immediately placed at the disposal of his patient. We need hardly add, that no objection is likely to be taken to the use of the conveyance by the class of persons referred to. Indeed, its economical services—for, of course, no payment will be demanded for its use—will make it gladly accepted by them.

As regards enforcing the use of such parish conveyances in the removal of infected persons by penal clauses, something, as we have said, but, we believe, comparatively little, can be done; 95 per cent. of the good that is effected must be worked on the voluntary system, as above shown.

As regards the penal clauses, then, we would argue thus:—It is manifestly out of the question to fine a cabman who unknowingly takes up an infectious fare; and it is also manifestly absurd to enforce upon this individual the necessity of examining his fares diagnostically before taking them up, to satisfy himself by personal inspection that his customers are free from infectious disorders. According to Mr. Brady's Bill, it is certain that the cabman, if he do not make the diagnosis himself, would have to keep a doctor always on hand to examine his fares for him.

Some good, however, might, we believe, be done in the way of enforcing penalties under circumstances of the following nature. When once the medical man has informed the patient or his friends that the disease is infectious, the parties who employ cabs, etc., for the patient's removal should be subjected to penalty—fine or imprisonment. The cabman also who knowingly takes up an infectious fare should be liable to the same.

Hospital and workhouse officials, again, should have orders in all cases to take the number of, and, if possible, to hand over at once into the custody of the police, all cabs, etc., in which cases of infectious diseases have been conveyed to their hospitals, etc.; and to give notice to the cabmen that infectious fares have been carried in their cabs. Such cabs,

etc., should be at once removed from circulation, and subjected to a fitting quarantine before permission is given for their reappearance in public; and, under such circumstances, if the cabman was ignorant of the infectious character of the disease of his sick fare, the loss attaching to the quarantining of the cab should be put to the charge of those who hired and employed it. Such persons would also be liable to the penalty attaching to the hiring of the cab.

A penal clause of this character would operate most beneficially. Every cab, for example, that conveyed a patient to the Small-pox Hospital would, *ipso facto*, be condemned to quarantine; and the persons using it to penalty. The result would be, that no cabman would convey a fare to the Small-pox Hospital, or knowingly run the risk of conveying an infectious fare to a public hospital, etc. Every cabman should also be subject to fine, etc., who, after having been duly warned that an infectious fare has been carried in his cab, plies for hire without permission given by the police—*i. e.*, until his cab has passed through quarantine.

As regards those rare instances of infectious sick requiring removal which occur in the upper and middle ranks of society, little can be done to prevent the use of cabs, etc., by them. Happily, such cases are, as we have shown, most rare, and probably do not form more than 1 or 2 per cent. of the whole number of infectious sick who undergo removal. Here we must, we fear, say *de minimis non curat lex*. We may be very sure, at all events, that the parochial conveyance will never be resorted to by them. If such persons have no conscience to restrain them in the matter, it is very certain that no penal enactments will ever stop them from employing cabs, etc., for their purposes; and equally certain that no cabman will be found to refuse such a fare, even if he were made aware of its nature, on receipt of a satisfactory consideration. The risk of detection in conveying a private patient from one house to another is very small, compared with that of taking him to a public institution. Of course, nevertheless, both the cabman and his fare would be liable to the penal enactment.

Finally, to render the Bill operative, it is necessary to name and define clearly the diseases which are comprised under the term of infectious; and here, as a matter of course, doctors will differ. Putting aside, however, for the occasion, all nosological hair-splittings, there will, we apprehend, be in practice little difficulty in the matter; for assuredly, in a case of this kind, disputing doctors will admit that it is better to err on the most comprehensive side. Fevers, therefore, which all doctors admit to be infectious, and fevers, again, of whose infectious nature some doctors doubt, should all be comprised for the purpose under the head of diseases the sub-

jects of which are not to travel in cabs, etc. These diseases are readily reckoned up; they are as follows: continued and eruptive fevers—viz., scarlatina, small-pox, typhus and typhoid fevers, and malignant cholera. On consideration, we do not think that measles, chicken-pox, and whooping-cough, should be included in the category.

Such are the suggestions which we would venture to make. Until better informed, we must hold that they contain within them all that can be practically and effectively done in this matter. It seems to us that the propositions made are very simple, may be readily carried into practice, and will be very effectual in carrying out the desired object.

### HANGING CRIMINAL LUNATICS.

It is a remarkable fact, and one which has probably struck some of our readers as a very anomalous fact, that at the very moment when one set of judges are straining every nerve to put down the plea of insanity as a bar to execution in cases of murder, other judges are doing their very best to prevent the conviction of other individuals who are accused of murder, and in whom no pretence of a plea of insanity is set up.

Striking examples of this sort have been given during the present assizes. Chief Justice Cockburn, to whom, as we have always understood, the passing of judgment of execution on a human being is most hateful, and, when possible, ever avoided, most strongly charged the jury the other day, in cases of supposed poisoning, not to convict the prisoners unless they were most sure of their guilt. At the very time when Judge Wightman was refusing to listen to any plea of possible insanity in the boy-murderer at Chatham, Judge Cockburn was urging the jury to let no reasonable doubt rest in their minds if they brought in the prisoner guilty. Is not this most illogical?

If it be right and reasonable (as assuredly it is) to give the prisoner the benefit of any doubt which may arise as to his guilt, is it not equally right and reasonable to give to the criminal the benefit of any reasonable doubt as to his sane condition of mind? Here we have the law, on the one side, straining every nerve to set aside conviction in cases where any fair show of doubt exists as to the guilt of the prisoner; and here again we have the law straining every nerve to procure the conviction of a murderer respecting whose sane condition of mind the very gravest doubts exist. Yet, for the life of us, we cannot see why the doubt should be admitted in the one case more than in the other; that is, if common sense and reason are to be our guides in the matter. A man of insane mind who commits a murder is admittedly not responsible for the murder; therefore, to hang a man about whose sanity there is a

reasonable doubt, is, as far as we can see, precisely the same thing as hanging a sane man about whose guilt there is a reasonable doubt.

We will venture to prophesy that the hanging of the lunatic Fooks, and, if it is to be so, of the boy-murderer at Chatham, will some day be followed by a powerful reaction in the minds of the people; and then we shall doubtless have something like justice done in such cases. However, such is the violence of the press and the determination of the bench, that it is useless to hope for any rational consideration of the subject at the present moment. That the cause which we advocate is, however, the cause of truth, of justice, and of humanity, we are thoroughly satisfied; and that it is a cause which will ultimately prevail, we have no earthly kind of doubt.

It is not possible to believe that the hypothetical dicta even of judges, when founded on erroneous conclusions, can eventually withstand the force of truth and science. Error, under the protection of judicial authority, may carry its views for the day; but science must in the end prevail against it. The judicial bench declares that homicidal mania and moral insanity are offsprings and delusions of medical minds. All medical psychologists in all countries, every great mind that has dealt with lunacy, *per contra*, declare, unhesitatingly, that homicidal mania and moral insanity are positive facts. The issue, therefore, is fairly joined between law and medicine. We can afford to calmly await the result; and in the meantime must still struggle to enlighten the ignorance and humanise the brutal feelings which make the world rejoice over this horrible execution of the insane. In the meantime, we may solace ourselves with the reflection that the death of these criminal lunatics cannot be laid to the charge of the medical profession. That profession has here, as ever, been foremost in pleading the mission of mercy and the cause of humanity.

### THE PHARMACOPEIA.

Dr. Burrows and Dr. Farr, the one a member of the Medical Council, and the latter a member of the *Pharmacopœia* Committee, both said a few words, at the last meeting of the College of Physicians, on the subject of the *Pharmacopœia*. Dr. Burrows did not give a hopeful account of its progress. He said that the determination came to in favour of the old-fashioned grain had caused a great deal of new work to be encountered; viz., the conversion of the Committee's new-fashioned grain back into the old style. He, however, believed that the work was in progress, and had been much advanced. It appears that every alteration has to go the circuit of the three kingdoms; to be subjected, in fact, successively, to the Irish, Scotch, and English criticisms of the three subcommittees sitting respectively in London, Edin-

burgh, and Dublin. This process, of course, gives rise to interminable alterations, suggestions, recommendations, joinders, rejoinders, replications, and so on. Dr. Burrows said also that a part of the manuscript was actually in print; but that as to when the work would appear he could give no opinion.

Dr. Farr, however, who, being on the committee, should know most of the matter, gave a more hopeful view of things. He seemed to think that there decidedly was a chance of the work seeing the light during the present generation. The chief, in fact the only, cause now of the delay was the circuit of the manuscript through the three kingdoms. He assured the College that the *Pharmacopœia* was steadily progressing; that a part of it was in print; and that the remainder was rapidly getting into the same state. It does not appear, by the way, that the delay has injured the College's pecuniary interests; for the treasurer remarked that during the past year the College had netted £26 by the sale of *Pharmacopœias* of the old kind.

#### THE ROYAL COLLEGE OF PHYSICIANS.

DR. WATSON was, on Monday last, for the second time, unanimously elected President of the Royal College of Physicians. In taking, or rather resuming the chair, Dr. Watson remarked that he could not but feel that for a second time he had been placed in a position the proudest which a member of the medical profession could occupy in this country. After thanking the College for the honour thus bestowed on him, the President took a cursory glance at the proceedings of the past year. The College had, he said, happily passed through a quiet year; it had not been driven into the misfortune of litigation; and the labours of the President, too, had been much diminished. The new bye-laws, whose construction had cost so much time and trouble in former years, had been completed and published during the past year, and, as far as could be seen, were acting well; though, as might be anticipated, some few alterations might be still required in them. Hence the cares and anxieties which naturally attach to the President's chair had been this year less than usual. No new Fellow had been made during the year; and but one Fellow had been lost to the College—viz., the late Dr. McWilliam—a man, said the President, of no indistinct mark. He was remarkable for his researches into the causes of diseases; his turn of mind took him in that direction. He distinguished himself in the Niger Expedition. He was also commissioned by Government to inquire into the cause of the fever which occurred at Boa Vista after the arrival there of the famous *Eclair*. Dr. McWilliam had always been, since his election as a Fellow, a punctual attendant at the College meetings. Of the Members of the College, two had

died during the year; fifteen new Members had been admitted during that period; and sixty-eight licenses had been granted. The finances of the College were in a sound condition; and the College had, therefore, gone to charges for the building of a new room, which was much required. Eighteen lectures had been given; nine of them being of the endowed sort—the Gulstonian, the Lumleian, and the Croonian lectures; the other nine were extraordinary lectures given on different subjects by permission of the College. The College during the past year had relinquished one of its oldest privileges; viz., that of publishing a *Pharmacopœia*. This privilege it had held since the year 1618—i. e., for nearly two centuries and a half. With its usual modern liberality it had, for the benefit of the profession at large, handed over the privilege to the Medical Council, who are engaged in the production of a national *Pharmacopœia*. The College had also had the pleasure of opening its doors to several important medical bodies during the year. It was most pleased to receive within its walls the British Medical Association, presided over by Dr. Burrows. The New Sydenham Society also held its meetings in the College; and the Medical Officers of Asylums for the Insane. The College also gave two *soirées*, which were well attended and highly successful. The College, moreover, had done its duty to the state, having been on several occasions called upon by the Government to assist and advise it in matters of medical interest. This was a fact of much interest and of much importance, because it shows that the Government now regards the College as the leading authority in matters medical.

#### THE WEEK.

THE pressure from without has again begun to show itself in a most unmistakable fashion at the Horse Guards. Experienced army medical officers are becoming disgusted with the service, and more than that, are leaving it; and candidates for admission are daily becoming scarcer. The consequence of this is: that the following new warrant has been issued by the Government. We congratulate our army medical brethren on this partial restoration of their rights, which we trust will not again be easily withdrawn or rather withheld from them. We apprehend that there is little for which to thank the powers that be in the matter. They give because they feel they must give. It's the old tale of the evil one turning monk. What we have now to fear is the behaviour of that individual on his return to health.

“*New Army Medical Warrant*.—Circular No. 808 (Relative Rank). (VICTORIA R.)

“Whereas we have judged it expedient to cancel our Royal Warrant of 28th March, 1861, which assigns the relative rank of junior major to certain staff and regimental surgeons of our army, and to revise those parts of the

several other Royal Warrants now in force, prescribing the privileges attaching to relative rank of officers of the Civil Departments and non-combatant officers of the Military Departments of our army; our will and pleasure is, that such privileges shall, from the date of this our Royal Warrant, be regulated as follows:—

“Relative rank shall carry with it all precedence and advantages attaching to the military rank with which it corresponds, and shall regulate the rates of lodging-money, number of servants, rations of fuel and light or allowances in their stead, detention and prize money according to the regulations and upon the conditions in force from time to time; but such relative rank shall not entitle the holder to military command of any kind whatsoever, nor to the presidency of courts-martial, courts of inquiry, committees, or boards of survey, but when the president of such courts, committees, or boards shall be junior to the officer of the Civil Department, then such member of the Civil Department shall attend as a witness, and not as a member. Choice of quarters shall be regulated by relative rank according to date of commission, except in the case of commanding officers' quarters, and in cases in which special quarters shall be permanently appropriated with the approval of the Secretary of State for War.

“Relative rank shall not entitle the holder to salutes from ships or fortresses, nor to the turning out of guards, but it shall entitle him, if commissioned, to salutes by sentries or by individual soldiers.

“Honorary rank of paymasters shall carry with it all the privileges and advantages attaching to relative rank of corresponding degree.

“All commissioned officers serving with the troops shall be entitled to funeral honours according to relative military rank.

“Given at our Court of St. James's, this 7th day of March, 1863, in the twenty-sixth year of our reign.

“By Her Majesty's Command.  
 (Signed) G. C. LEWIS.”

THE College of Physicians have appointed a Committee consisting of Drs. Alderson, Budd, Hawkins, and Pitman to draw up two addresses to be presented to the Queen and the Prince of Wales, congratulatory of the Marriage of the Prince.

GERMANY counts twenty-one universities, which, in 1862, had attached to them 264 professors, 181 titular and 83 assistant-professors, and 3347 students. They are divided as follows:—

	Profs.	Studs.		Profs.	Studs.
Vienna .....	28	579	Jena .....	10	51
Prague .....	22		Grieswold ..	10	167
Berlin .....	21	323	Freibourg ..	10	44
Leipsic .....	20	230	Giessen ....	9	152
Munich .....	18	244	Erlangen ....	8	83
Tubingen ....	14	105	Marburg ....	8	61
Wurzburg ....	14	289	Halle .....	7	45
Goettingen ....	13	166	Rostock .....	7	32
Bonn .....	12	119	Breslau .....	6	119
Heidelberg ....	11	96	Kiel .....	6	38
Königsberg ....	14	104			

IN France, science is listened to in this matter of criminal lunacy; indeed, to its decision the fate of criminal lunatics is eventually committed. The law tries the prisoner, and finds him guilty or otherwise of the murder. The plea of insanity, if it be set up, is adduced after the trial. The Government there-

upon commits the inquiry as to the state of the man's mind, into the hands of its experts, and by their report the decision of the Court is eventually guided. They manage these things better in France.

WE have received a report from Drs. Peacock and Meadows, the referees appointed to investigate the charge of undue appropriation of literary labour brought by Dr. Mayne against Dr. Fowler. They find, after a careful investigation, that the title of Dr. Fowler's work was derived from the original *Medical Vocabulary* of Dr. Mayne; but that “the charge of plagiarism against Dr. Fowler, implied, if not directly expressed by Dr. Mayne, in the preface to the second edition of his *Medical Vocabulary*, has not in any degree been substantiated.” The entire report is too long for insertion in this week's JOURNAL, but shall appear in the next number.

BAD accounts are circulated of Garibaldi's health. M. Jules Guérin, in the *Gazette Médicale*, considers that, “as the health of the illustrious patient may be again seriously compromised, it is his duty to point out what it is which, in his opinion, prolongs the sufferings of the General and prevents the closing of the wound. The cause is the presence in the bottom of the wound of some foreign body introduced with the bullet.”

M. Flourens continues his researches into the etiology of purulent infection. “I placed,” he says, “a few drops of pus taken from the dura mater of a dog on the pleura of another dog perfectly healthy. In thirty-six hours the animal was dead; there was found a double purulent pleurisy. The pleura on both sides was filled with pus; but no other viscera contained pus. Pus was also placed in the abdominal muscles of a healthy dog. The dog was dead in four days; an extensive infiltration of pus had taken place between the different muscles of the abdomen.” M. Flourens next tries the effect of the pus taken from one part and applied to another in the same animal. “Pus taken from the dura mater of a dog was applied to his pleura. On the fifth day, the animal was dead; the left pleural cavity being filled with pus. Hence, it appears, that pus conveyed from one animal to another, or from one part to another part of the same animal, produces a most acute purulent affection, which destroys life.”

Dr. Mongeot has presented the Academy of Sciences with a series of new preparations, in which gelatinous silicic acid alone plays the part of the basis (excipient). He says that the substance may be usefully substituted for the fats contained in ointments, etc. The unalterable nature of this substance, and its moderate price (not more than that of linseed meal), enables us to use it in ordinary daily practice.

## DR. TOOGOOD ON MEDICAL CHARITABLE INSTITUTIONS.

THE following paragraphs are taken from a Historical Account of the Bridgewater Infirmary, by Dr. Jonathan Toogood, with a perusal of which we have been favoured.

The utility of public institutions for the sick is so universally admitted, that it appears unnecessary to enlarge on the subject; but it cannot be brought too frequently before the public, or insisted on too strongly. The calls upon the charity with which I have been so long and intimately connected (the Bridgewater Infirmary), have been sufficiently numerous to shew its steady popularity, and extensive influence as an instrument of good. It is not improbable that the great facility afforded to the admission of real objects of charity may have contributed largely to cut short causes of complaint in their onset, preventing the multiplied production of other cases in many varied ways, in which the sickness of one individual acts injuriously on the health and welfare of others, and by which neglected illness, and want of early remedy may weaken or break up the constitution, to the ruin of individuals, the distress of families, and the injury of society. The happy feature of affording immediate assistance which distinguishes this charity, adds for the above reason materially to its value. It is now well understood that, desirable as it is to prevent public charities from being preyed upon, by substantial persons whose mean spirit will allow them to consume that which was given for the poor, a too great scrupulousness in the admission of objects would defeat some of the best purposes of the institutions.

I lately met with the following observations on this subject, which has been much discussed within the last few years:

"Much, no doubt, has been justly urged against the system of gratuitous services, especially where, as is everywhere the case, they are dealt with by the public as a mere matter of course entailing no obligation, and requiring but little in the way of grateful acknowledgment, and where, particularly in some large institutions, the medical men who uphold them are considered and treated as servants to those who afford the less valuable, though very necessary, pecuniary aid. Yet on the other hand, something may be said in favour of the system, this being much or little according to the appreciation of such services by the public. If they be duly acknowledged, a certain amount of credit and confidence is established; a certain position, socially speaking, is obtained; a more extended reputation, and consequent employment, may result from it; and a degree of professional advancement may follow. These advantages, however, such as they are, may all vanish in a moment, should the opportunity thus widely offered for detraction, or misrepresentation of professional actions, fall upon a soil propitious to the fertilisation of personal animosity, jealousy, or fondness for listening to the false representations of those who may have met with rebuke on account of subterfuge or pretence of disease. The account may thus far perhaps be balanced; but there are a few other considerations which nothing can dispel from the mind of the conscientious practitioner, the chief of which is, that in the exercise of his gratuitous services, he is affording great relief to suffering humanity, and that in his attendance on public charities, he is individually doing more than can be effected by the individual subscriptions and donations of the most liberal pecuniary donor. He feels, moreover, that without being able to compete with his rich neighbour in the amount of money contributions, he nevertheless stands in a position of being a much larger distributor of that charity

which is reckoned as one amongst the greatest of christian virtues."

I am as decided an advocate for gratuitous advice judiciously given, as I am an opponent of its indiscriminate administration. The gratuitous services of the medical profession are widely and universally given, which is probably the reason why they are so little appreciated and acknowledged. The legal profession holds as high a position as the medical, but who ever heard of a barrister giving his advice gratis, or of an institution for gratuitous legal advice. Is not the retrospect of the life of the former more enviable than of the latter?

There is a point of well-doing amongst the labouring part of society, where a slight counterpoise would turn the scale. An industrious man may, even with a large family, be in circumstances of considerable comfort, and may be rising in the world, yet a severe fit of illness shall not only cut off the income from his labour, but may consume all his savings and involve him in debt. To such a man timely assistance in sickness is invaluable; nor does the advantage terminate with himself and family; it is deeply felt by the community, thus probably preserved from future extensive incumbrance. In such cases, any immediate profit to be derived by the members of the medical profession from a private attendance would ill compensate the mischief (even to themselves) and injury to the public. Every new burden imposed upon the rate-paying portion of society is so much abstracted from their ability to expend money with professions and trades. It may not be going too far to express a belief, that every guinea paid in supporting a well conducted dispensary is repaid manifold to the subscribers by the diminution of parochial charges, and that the faculty are rewarded for their gratuitous attendance, by this relief of the higher and middle classes, by the habit created of more extensive application for medical assistance, and by banishing men who degrade the respectability of the profession.

My early practice brought me much into contact with the poorer classes, so that I had great opportunities of becoming well acquainted with their habits and conduct; and I can with truth affirm that in many instances I have witnessed as much good feeling and kindness towards each other, and as fine traits of character, as are to be found in any situation in life. The illustrious Boerhaave, who was one of the greatest physicians as well as one of the best men that this or perhaps any age has produced, used to observe, "The poor are my best patients, for God is their paymaster"; and the celebrated Dr. Rush, who from a humble station in society, rose to the highest eminence in his profession on the other side of the Atlantic, declared that "To the patronage and prayers of the poor he owed all his success in business, and perhaps his life, and that he wanted nothing but a heart more disposed to be thankful for all the favours and mercies he had received."

To this position I willingly subscribe, and most readily acknowledge that I am indebted to that class for bringing me into notice, and raising me to my present station in the profession.

Sir William Temple said of the learned professions, "The divines have the most honour, the lawyers the most money, and the physicians the most learning."

Medical men with talent and observation have advantages over most other professions, partly because they have to deal with every order of society, from the high-born patrician and prosperous millionaire down to the poor man in the hospital, seeing them as they really are under circumstances which, more than anything else, level all artificial distinctions.

As the welfare of all hospitals mainly depends on the medical officers who are attached to them, the choice of those is of the highest importance. Medical practitioners of all descriptions abound so plentifully, that the public have no difficulty in obtaining assistance; and it is their

own fault if they do not employ those, who from their known acquirements are best calculated to relieve them. But the case is very different in public institutions for the sick, where the choice is made for the patient by other persons; consequently it behoves those persons to use much caution in their selection.

Subscribers to hospitals seldom attach that degree of importance to the election of medical officers which the trust requires. It often happens that applications are made to individuals, and promises of support obtained by a party who knows that a vacancy is likely to occur, long before its public announcement, and the consequence is that the choice sometimes falls on a candidate who owes his success more to his early information than to his merits or qualifications. Subscribers would discharge their duty more faithfully, and there would be a greater chance of ensuring the best assistance the district afforded, if the claims of the respective candidates were fairly submitted to the body of subscribers on the day of election, who would then be free to choose those who appeared most competent to fulfil the trust reposed in them. It is the duty of subscribers to oppose all candidates put forward for private or party purposes, or the nominees of any man, whatever his rank or station may be, who might wish to dispose of his practice with the understanding that his public appointment is to be included in the sale; nor should any one incur the heavy responsibility of proposing a candidate to fill so important an office, with whose private and professional character he is not thoroughly acquainted, or to whom he would not entrust the care of his own family, and regarding whom he is not satisfied that the charity will be benefited by the election.

Medical men who undertake the gratuitous care of small institutions in the country, are probably actuated by very different motives from those who seek appointments to larger hospitals in populous places; the former cannot expect to extend to any considerable degree their limited practice or reputation by filling such situations, and are, it is to be hoped, influenced by motives of humanity chiefly, whilst all the world knows how much hospital surgeons are preferred in large towns. It may, perhaps, be said, that the election of a medical man to a public charity confers a distinction and raises him above his neighbours. If this be not true, it ought to be; for the choice should always fall on those who, regardless of time and expense, devote themselves to the study of their profession, and avail themselves of all sources of improvement.

The establishment of an hospital confers great benefits in a locality on all classes. It holds out an inducement to well educated men to settle in the neighbourhood; for, where hospitals exist, skilful medical men are always found. It is a great advantage also to students, who will find themselves much further advanced at the expiration of their pupillage, than those who have not enjoyed such opportunities.

In choosing a new candidate, it is not perhaps too much to expect that some attention should be paid, *ceteris paribus*, to the wishes of those by whose exertions the reputation of the charity has been raised, by the appointment of a successor with whom they may act cordially on all occasions; and especial care should be taken not to introduce one whose practice is at variance with established principles, who may compromise the best interests of the charity, and by implication injure the reputation of his colleagues.

It is a fact admitted by all who have considered the subject, that hospitals with the smallest number of medical officers, prosper best; and this is strongly exemplified in the Wiveliscombe Infirmary, which under the exclusive direction of the late Mr. Sully and his uncle, Mr. Bishop Cranmer, for more than a quarter of a century, has been better conducted, and dispensed more

good, than any other charity with which I am acquainted on a similar scale.

It is of the utmost consequence that the most perfect harmony and good understanding should subsist between all the medical officers of an hospital; for, if unhappy jealousies and animosities exist, the patients may suffer severely. Many advantages arise from consultations with men of candour, who are mutually confident of each other's honour; a remedy may occur to one which did not to another; one may want resolution or sufficient confidence in his own opinion, to prescribe a powerful but dangerous remedy, on which, however, the life of his patient may depend. In such a case the concurrent opinion of his colleagues may determine his conduct. But, if there is no mutual confidence, if opinions are regarded, not according to their intrinsic merit, but according to the persons from whom they proceed; or if there is reason to believe that proposals delivered with openness are to be whispered abroad, and misrepresented to the public without regard to the obligations of honour or secrecy; and if, in consequence of this, one is singly to be made responsible for the effects of his advice, disadvantages to the sick, and dissensions amongst the medical officers, are sure to follow. My plan during an active professional life has invariably been, in my private practice, to recommend consultations in all difficult cases with those who, either from having devoted their time and talents to that particular class of disease, or having had from peculiar circumstances greater opportunities of observation, are most likely to benefit the patient, without reference to his situation or title.

## MEDICAL MATTERS IN BERLIN.

DR. ST. JOHN ROOSA writes thus, from Berlin, to the *American Medical Times*:—

"The New York medical public is tolerably familiar with the book on Diseases of the Ear, by Dr. Kramer. The doctor has no public clinic, but I have been permitted to see many of his cases, as presented in his rooms, during the last two months and a half, and they have been of great interest. The doctor makes three divisions in his cases—diseases of the external, middle, and internal ear, respectively. He takes issue with Toynbee and Wilde, and classifies the greater number of cases as belonging to the second variety. Indeed his Eustachian catheters, ranging in numbers from one to five, beginning with a tube the diameter of a very slender pin, are his great vehicles of cure. He has discarded his former plan of injecting air into the cavity of the tympanum by means of the pump, and does it altogether by the mouth. With regard to diseases of the internal ear, he claims that scarcely anything is known. He has the peculiar idea that diseases of the ear are entirely local, and uses no constitutional remedies, blaming Wilde and others very severely for the use of mercury, blisters, etc. Dr. Kramer uses oil upon the membrana tympani, very weak solutions of zinc, in no case of lead, and injects air and mild astringent solutions into the middle ear. The time I have been here does not, of course, allow any fair judgment as to the results of his treatment.

"The Eye Clinic of Professor Graefe is a place naturally of great interest to the student, the facilities for instruction being great. The building is not as fine as our Eye Infirmary, nor is the number of patients as large, yet from the nature of things, of which I may speak later, the student fares better than with us. I may say, however, that the general practice, in ordinary cases, does not commend itself to me, as that at the Eye Clinic in New York.

"The Charity Hospital, having about two thousand beds, is a noble institution. The treatment of fractures



seems to me better attended to in the New York Hospital, Bellevue, and St. Luke's. Plaster of Paris is very extensively used. The measurements after union of fractures of thigh, are very loose in method. The pathological rooms of Virchow are connected with this hospital, and are extensive to a degree a New York student can hardly conceive. The thoroughness and comprehensiveness of *post-mortems* are wonderful. The interest correspondingly great. Virchow, besides his reputation as a pathologist, has one as a statesman, being a vigorous opponent of the government in the Prussian parliament.

"Professor Langenbeck, the great surgeon of Berlin, holds a daily clinic. The building has room for about one hundred patients, and many come from the country to be operated on by him. His lectures on surgery are also delivered here. His collection of instruments, with which he illustrates his lectures, is very large, embracing the new and old from every land. The number of medical students here, during the winter session, is estimated at from 500 to 600."

### INFLUENZA EPIDEMICS IN ICELAND.

THE following is an extract from an interesting paper by Dr. John Hjaltelin, an Icelandic practitioner, published in the *Edinburgh Medical Journal* for February.

The first account I have been able to find out in our annals regarding epidemic influenzas goes back to the year 1627, when the malady is stated to have been prevailing in the northern part of this country, where it is said to have occasioned a great mortality. About the same time, the influenza raged in Italy also; but forty years later, or in 1669, the influenza most likely again made its appearance in our country; for it is stated that, during the winter, there was a very common sickness, with some roseola, which very often is still associated with the Icelandic *grippe*; and it is well known from the writings of Fanosius Guido, in his *Monography, "de Morbo Epidemico Haetenus Inaudito*, that influenza in this same year raged over a great deal of Germany and many other northern countries. Again, in the years 1705 and 1719, influenza is mentioned in our annals; but being only said to have visited the northern part of this island, I am inclined to think that this has perhaps been a malignant catarrh. In 1730, an epidemic disease is said to have begun in the south part of Iceland, going from thence to the country districts and the more northern regions, which is the most common course for our influenzas; and this disease has therefore undoubtedly been an influenza, which supposition is strengthened by the well established fact, that this same disease one year before, or in 1729, was spread over the whole of Europe. It happens very often, as we afterwards shall see, that the most malignant influenzas arrive one year later in our country than they do in the continent, and are therefore prevailing here when they have already finished their ravages in the other countries of Europe. Few years afterwards, or 1735 and 1736, when the renowned European influenzas of 1732, 1733, and 1737 had made their ravages on the continent of Europe, and in America, Iceland was also visited by two epidemics, which, no doubt, have been of the same nature.

During the year 1775, an epidemic influenza visited most of the countries of Europe, and in 1776 it reached this island; but being then, as it very often is, associated with roseola, or rubeola spuria, it was looked upon as a sort of morbilli. I doubt very much whether the great and renowned European influenza of 1782 also reached this island or not; some believe it did so in the same year as it ravaged Europe; and it is said to have been complicated with epidemic diarrhoea and dysentery,

especially in children. Again, in 1802-1805, when an epidemic influenza was very common in Russia and France, Iceland was also in 1809 visited by the same disease.

In this century the influenza has about seven times visited our country, namely, as aforesaid, in the years 1804, 1816, 1825, 1839, 1843, 1855, and this year 1862. Only two of these epidemics, viz., that of 1816 and that of 1855, seem to have been confined to this country, while those of 1834 and 1843 were spread over the whole of Europe and America; and it is, moreover, very remarkable, that while their visit to the continent is commonly of one or two years earlier date than to our country, their appearance here is always of the same date as in North America. It is, moreover, an undeniable fact, that all our epidemic influenzas, which coincide with those of the continent, are more malignant and dangerous than those which only are confined to our island. Many epidemic influenzas are mentioned in the medical annals of Europe which never reached Iceland. The influenza of 1837, which I myself observed in Copenhagen, did not touch Iceland, although it ravaged a good deal of Europe.

The epidemic influenzas of 1843, which made great ravages in this country, seem also to have been very bad in North America, but did not, as far as I know, invade the continent of Europe. The epidemic of 1855 was very like that of 1816, for although very common, they were both mild, and only occasioned a small mortality. The epidemics of 1825, 1835, 1843, and 1862 have all, on the contrary, been very malignant and dangerous.

[Dr. Hjaltelin now describes the circumstances that anteceded the last outbreak, which began in May 1862.]

After a mild winter, we got a very cold spring; the average temperature of April being only 2° of Celsius (28° 4 F.) Heavy northerly gales swept over the country, and the thermometer fell often during the night down to -8° of Celsius (17° 6 F.) The barometer indicated a constantly heavy atmospheric pressure, and the ozonometer showed a great deal of ozone in the air. About the end of April the season at once grew milder, and about the 6th of May the thermometer rose up to +10° of Celsius (50° F.) At this time, I was travelling on horseback from Reykjavik to Cape Reykjanes, in order to look at some patients affected with the typhus. On the 10th of May, I was returning to Reykjavik on a clear, hot, and beautiful morning; but when I had nearly half-finished my way, a dry offensive fog, thick and ill-smelling, surrounded me; this fog was very cold, and so thick, that the beams of the sun could scarcely penetrate it. My guides, who instantly felt the bad effect of this fog on their respiratory organs, proposed to stop at a farm near us, but, although I had the same bad feeling, I was not inclined to do so, and ordered them to continue our voyage until we reached the town. On the 11th of May, which was Sunday, the inhabitants of Reykjavik made in the church, by their hard, dry, and frequent cough, a very bad noise during the holy service; and on Monday, which was a hot and agreeable warm day, many of the inhabitants were confined to their beds. That same day, prodigious swarms of flies, viz., the "Blausater," filled up the small streets of our little town, and continued like dark clouds to surround the houses during two days, after which time they covered the streets with their dead bodies, like a heavy fall of a black augitic or volcanic sand. This phenomenon is, I think, very remarkable, for it is many times before observed during the outbreak of influenza. Thus Jussien states that the gripe of the spring 1733 was anteceded in France by offensive fogs, "more dense than the darkness of Egypt;" and Petit says, that the influenza of 1775 was ushered in by thick and noisome fogs. In the same year, a continual dark fog, particularly smoky, anteceded the outbreak of this disease in Scotland. More authors, but especially Dr. Darwin, have recorded the dark and dry fog which ob-

secured the sun before the ravages of the influenza of 1782, and he supposes "that the material which thus rendered the air unwholesome and muddy, probably caused the epidemic catarrh which prevailed in that year." Some sensible people in this country have, moreover, told me, that the influenza of 1843 was in like manner ushered in by continuous dark and noisome fogs. Be this as it may, there is, in my opinion, no doubt that this our last epidemical influenza was in some way or other occasioned by the aforesaid dense and offensive fog; and it was, moreover, very remarkable, that the smell of this fog, being quite unlike common fogs, was that of a highly concentrated ozonic gas, which immediately irritated the mucous membrane of the lungs, and most likely also the other mucous membranes of the body.

## Association Intelligence.

### SOUTH-EASTERN BRANCH.

#### WEST KENT DISTRICT MEETINGS.

THE third meeting for the session was held at Gravesend on March 27th, 1863; T. HECKSTALL SMITH, Esq., President of the Branch, in the chair. There were also present twenty-seven members and visitors.

*New Members.* Two new members were proposed and elected agreeably to the rules of the Association; viz., Joseph Stewart Burton, Esq., Woodlands Lodge, Blackheath; and John Christopher Armstrong, Esq., of Gravesend.

*Death of Mr. G. W. Martin.* The meeting desired to express their sympathy with Dr. Adam Martin of Rochester, in the bereavement which he has lately sustained in the death of his son.

*The Secretaryship.* Dr. DULVEY tendered his resignation as honorary secretary to the West Kent district meetings, on the plea of ill-health and family affliction.

Mr. J. M. BURTON proposed, and Mr. HUNT seconded, the resolution to accept Dr. Dulvey's resignation; and they, at the same time, testified to the great ability, zeal, and success of Dr. Dulvey's administration of the duties of secretary.

Mr. FRY followed in the same strain, and stated that the institution of the district meetings was solely due to Dr. Dulvey.

Dr. DULVEY returned thanks, and said that he rejoiced to see the district meetings in so flourishing a condition on his ceasing to hold office.

It was then proposed by Dr. ARMSTRONG, and seconded by Mr. FRY,

"That Dr. Frederick James Brown of Rochester should be the secretary."

This resolution was put and carried unanimously.

*Communications.* The following communications were made:—

1. Ascites and Anasarca in the Fœtus; a successive case to that reported in the autumn of 1861. By J. M. BURTON, Esq.

2. A conversation was induced by Mr. Hunt (of London) on the Epidemic Prevalence of Scabies at the present time. One gentleman recommended for the cure of the disease sleeping in powdered sulphur strewed over the sheets. The eruption now prevalent is said to somewhat resemble rupia.

3. Mr. Durham of Guy's Hospital demonstrated the use of the Laryngoscope. He was assisted by Mr. Hilder, who kindly made himself the subject of the experiments.

The usual thanks were voted, when the members and visitors adjourned to dinner.

### ERRATA.

At page 333, column 1, of last week's JOURNAL, in the list of new members admitted into the Metropolitan Counties Branch, for "Clark, Alfred, M.D.," read "Clark, Andrew, M.D."; and for "Norton, Richard, M.D.," read "Norton, Robert, M.D."

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 24TH, 1863.

RICHARD PARTRIDGE, Esq., F.R.S., President, in the Chair.

ON DIPHTHERIAL NERVE AFFECTIONS. BY EDW. HEADLAM GREENHOW, M.D., F.R.C.P.

THE author began by stating that the epidemic sore-throat which, under the name of diphtheria, had latterly engaged so much attention, was well known to be followed by nervous phenomena of a peculiar kind. These consisted chiefly of impaired, excessive, or perverted sensibility, together with more or less complete paralysis of the muscles of the fauces, pharynx, tongue and lips, extremities, trunk, and neck; the frequency of the occurrence of these symptoms in the several sets of muscles being nearly in accordance with the order in which he had placed them, the first named being the most frequently and the last the least frequently affected. The author had had the opportunity of watching the course of several cases of these diphtherial nerve affections in patients under treatment at the Middlesex Hospital, and the present paper was in a great degree based on those observations. He did not mean to infer that every attack of diphtheria was followed by some of these secondary nerve affections, for he had seen patients recover perfectly without experiencing any of them; nor to assert that their intensity was always proportioned to the severity of the primary disease, for he had sometimes seen them follow comparatively mild attacks of diphtheria. Nevertheless, as a general rule, he had certainly observed these nerve affections to be more frequent after the worst cases of diphtheria, and to bear some proportion even to the local severity of the attack; he had noticed, for instance, that the paralysis and anæsthesia were sometimes more complete on that side of the fauces which had been most severely affected, by the primary disease.

The author had found that a brief period of convalescence—generally not exceeding a few days, but in rare cases extending to weeks—almost always intervened between the disappearance of the sore-throat and the accession of the nerve symptoms; and cases had fallen under his notice in private practice in which patients who had recovered sufficiently from diphtheria to be sent from home for change of air, had subsequently fallen into a helpless condition from diphtherial paralysis. The fact of this interval seemed to him important, inasmuch as it went far to show that the paralysis could not be entirely attributable either to the albuminuria which so often accompanies the acute stage of diphtheria, or to the anæmia which closely follows it, as patients had often got rid of the former symptom, and had even begun in some cases to regain flesh and strength, before the accession of the paralytic symptoms.

The author had observed that these nerve affections do not at once attain their maximum of intensity, but are progressive even in the same sets of muscles; and also that if several of the sets of muscles which he had enumerated should be attacked in the same individual, they do not become affected all at once, but in succes-

sion—the faucal or pharyngeal muscles being the first to suffer, and so on in the order in which he had placed them at the beginning of the paper—though it by no means followed that all of them should be affected in any one case. He had found the muscles of the fauces by far the most frequent, as well as the earliest, seat of nerve affections after diphtheria, and had seen them attacked in many cases in which the rest of the muscular system either entirely escaped or was very slightly affected. When the fauces were paralysed, the soft palate lost its natural action, the speech often became imperfect, and liquids regurgitated through the nostrils. These symptoms should be discriminated from the hoarseness of voice and return of fluid through the nostrils which often occur during the acute stage of diphtheria, and arise, as in ordinary quinsy, from the swollen and painful state of the fauces impeding the natural action of the parts. Anæsthesia had coexisted with the paralytic affection of the fauces in all the cases that had come under the author's notice, so that these naturally very sensitive organs became altogether callous and insensible to touch.

Next to the affection of the fauces, impairment of vision, probably due to paralysis of the ciliary muscle, appeared to be the most frequent of the nervous disorders consequent on diphtheria. The author had observed that the pupil of the eye became dilated and acted sluggishly under the influence of light a day or two before the sight became sensibly impaired, and often remained so for a time after the sight had been regained; also that patients unable to read with unassisted sight could do so with the help of convex spectacles; and hence he attributed the impairment of sight to a temporary loss of adjusting power.

The nerve symptoms which he had noticed in the tongue and lips were, formication, a sense of scalding, numbness, and impaired taste and power of movement. They began, for the most part, in the lips and the tip of the tongue, and gradually extended upwards towards the dorsum and root of the latter organ.

The limbs had suffered more or less, in all the five cases which formed the basis of the paper, from paralysis and anæsthesia, besides tenderness and abnormal sensations, such as coldness, formication, and a feeling of constriction in the fleshy parts, as if they were tightly bandaged. These affections began either first in the upper, or at the same time in both the upper and lower extremities, and were at their commencement peripheral, extending gradually upwards from the tips of the fingers and toes towards the trunk, and in some cases affecting the lower part of the back and of the abdomen. He had found that pressure over the sciatic and median nerves was sometimes attended by acute pain, and that pressure of the instep between the finger and thumb sometimes caused convulsive starting of the leg and foot, as well as pain. He had observed that the paralysis in some cases assumed a more or less hemiplegic character, but had seen no instance in which, one side being paralysed, the other remained entirely unaffected.

The author had seen nerve affections after diphtheria of a graver character than any of those exemplified in the present group of cases, and several even fatal cases had fallen under his notice in private practice. In three of these latter, death was caused by failure of the action of the heart, and in one by exhaustion from vomiting. He believed, however, that such cases were fortunately exceptional, and that the great majority of sufferers from diphtherial nerve affections, under good management, sooner or later recovered their usual health and strength.

The author had satisfied himself that these cases were best managed on sound general principles. Generous diet, and a liberal allowance of stimulants, together with rest in bed, he believed to be always necessary. Tonics, especially steel and quinine or the mineral acids, he had

found useful from the first appearance of the nerve affections; and after the complete development of the paralytic symptoms, nux vomica and strychnia had proved in his hands most valuable remedies.

Subjoined were the five cases on which most of the remarks in the paper were founded.

### LIVERPOOL MEDICAL INSTITUTION.

MARCH 5TH, 1863.

A. B. STEELE, Esq., Vice-President, in the Chair.

*Small Polypi removed from the Uterus with the Ecraseur.* By T. F. GRIMSDALE, L.R.C.P.Ed. These were six in number, and were taken from the cavity of the fundus uteri, where three others that were not yet removable were left behind. The instrument used was a modification of that used by Dr. J. Braxton Hicks; and Dr. Grimsdale thought it the best instrument for removing small polypi. The uterus was first dilated by a very long sponge-tent, and then the instrument was easily introduced, and the pedicles divided without hæmorrhage. Before the operation, the patient suffered from profuse menorrhagia; but she has since menstruated twice, and not excessively.

*Lesion of the Base of the Brain.* Mr. HAKES showed a specimen taken from a patient who had died at the Northern Hospital after a blow in the face from a capstan-bar. The right restiform body and the right posterior column of the cord a little lower down were the parts involved. (This case will be published *in extenso*.)

A discussion took place with regard to the nature and probable causes of the morbid appearances, and as to the bearings of the case on the functions of the restiform bodies; and in this, Dr. Waters (who had seen the patient before death), Mr. Fletcher, Mr. Higginson, and other members, took part.

*Syncope after Delivery.* By W. T. CALLON, M.D. The syncope that occurs after delivery, Dr. Callon thought, might be classed under two heads; viz., vascular and nervous syncope; and he pointed out that while in both these states we may have pallor and loss of consciousness more or less transitory, yet that there are certain special symptoms belonging to each state; and these he classified according to the organs affected. Dr. Callon drew a lively picture of the condition of the patient in a case of flooding causing vascular syncope; and contrasted the real dangers of this state with the phenomena of what he called nervous syncope, which are apt to appear very alarming to the inexperienced.

Mr. HAKES said he thought so clear a line could hardly be drawn between these two sets of cases, as far as particular symptoms were concerned.

Mr. FLETCHER thought the difference in prognosis was not so great as was indicated in the paper. He had never had a fatal case of hæmorrhagic syncope; but had seen at the Workhouse a fatal case of nervous syncope following the use of the forceps.

The CHAIRMAN said he feared we could not divide these cases of syncope into a safe and a dangerous class; women may certainly die from the shock alone.

Mr. LOWNDS thought that, looking at the cases we generally meet with, we may accept Dr. Callon's views as to the relative danger of these two kinds of syncope.

Dr. VOSE said that Travers, in his work on *Constitutional Irritation*, has taken many examples from obstetrical cases. These cases of nervous syncope must not be treated too lightly. In surgery, shock is frequently fatal; and here we have what he believes is considered a severe traumatic lesion, liable to produce shock.

Dr. SKINNER remarked that embolism was sometimes a cause of very sudden death following confinement.

Dr. GRIMSDALE understood Dr. Callon to have referred to the two more ordinary forms of syncope, leaving out

of sight the more extraordinary cases that sometimes occur. The great danger of these latter is obvious. In all cases of syncope after delivery, of course, the first thing would be to ascertain whether there has been any flooding.

Dr. CALLON, in reply, said that he had meant to confine himself to these two distinct forms of syncope as they usually present themselves, and to place their different phenomena clearly in view.

## ODONTOLOGICAL SOCIETY.

MARCH 2ND, 1863.

DENTAL EXOSTOSIS: ITS PATHOLOGY AND DIAGNOSIS.

BY J. WALKER, M.D.

THE author commenced by defining what was to be understood by the term exostosis, and described the various forms of the disease, which were illustrated by diagrams and specimens.

He then considered the causes of exostosis, regarding inflammation of the peridental membrane as the first step in the morbid process leading to an exudation of organisable lymph, which is converted first into fibrous, and then into osseous tissue. The causes of inflammation of the peridental membrane were, caries, concussion, looseness of the tooth and its apparent elongation from rising in the socket, rheumatism, syphilis, gout, and mercurialism. Hence, exostosis may affect the fangs of sound as well as of carious teeth, though in a less degree. Speaking of rheumatism, the author expressed his opinion that this was a much more common cause of periostitis around the fangs and in the socket of the teeth than is generally supposed; and one chief reason for this opinion was the very great relief from pain which he had repeatedly seen follow the use of iodide of potassium when all other remedies had failed.

The last division of the subject was the diagnosis of exostosis from other diseases about the face and mouth, particularly neuralgia and incipient disease of the temporal bone from otitis, he placed its chief distinction in the character. In exostosis the pain comes on gradually, is continuous, and often severe. In neuralgia it is intermittent, often severe from the commencement, but the patient has intervals of ease. In otitis the pain is always increased by pressure about the ear, and at length is relieved by the occurrence of a discharge of puriform matter. Hearing will also be impaired or confused. The author more completely illustrated this division of the subject by cases occurring in his own and in the practice of others; he shewed also an interesting specimen of a monkey's head, with the cancellous structure of the bones of the face highly hypertrophied without extending to the bones of the skull, from irritation and inflammation, arising from a diseased canine tooth, the fang of the tooth being exostosed.

**EFFECT OF COLOUR ON DISEASE.** The power of colours on disease, once supposed to exist, may be considered as a branch of sympathetic medicine. White substances were considered refrigerant, and red ones heating. Red flowers were given for diseases of the blood, and yellow ones for the bile. In small-pox, red coverings, bed-curtains, etc., were used to bring out the eruption. The patient was only to look at the red substances, and his drink was coloured red. The physician of Edward II treated the king's son successfully by this rule; and as lately as 1765, the Emperor Francis I, when sick of the small pox, was, by the order of his physicians, rolled up in a scarlet cloth; but he died notwithstanding. Flannel, nine times dyed blue, was used for glandular swellings. To this day the tradition remains that certain colours are good for certain disorders. Thousands of people believe that red flannel is better than white for rheumatism. A red string worn round the neck is a common preventive of nose-bleed. (*Once a Week.*)

## Correspondence.

### LAW v. MEDICAL SCIENCE.

LETTER FROM F. T. PONCIA, ESQ.

SIR,—To you are due the thanks of every friend to humanity and truth, for the able and lucid remarks you made on the above subject in last Saturday's JOURNAL. The obscure ideas and confused language evinced by certain contemporaries rendered it necessary that, by some one at least, the truth should be clearly expressed. A subject of such magnitude as that which deals with life should not be settled by mere legal dogmatism, without recourse to the founts whence common sense dictates truth must flow.

The legal mind, whilst careful for the public safety, should be certain that its judgment is not misled by false reasoning, and by a principle as absurd and untrue as it is destructive and unjust. That principle on which is founded so much false reasoning, is the rule laid down by the judges; viz., "that a man was responsible for his actions if he knew the difference between right and wrong." It is this principle which has blinded the legal mind, and caused it to deny the existence of moral insanity. But this principle confounds *knowing* with *willing*. Of what use is my knowing, if I cannot help doing a thing? Will knowledge restrain me?

Now, that such a state exists in which there is uncontrollable impulse, we have the observation of medical men to prove, and of a host of psychologists who have devoted their whole time to the investigation of mental diseases. Surely these men ought to know, and their opinions to have weight, instead of the merely speculative notions of those who never knew anything practically of the subject. I presume that it is not from lawyers that a jury ought to form their verdict in such cases, but rather from the ascertained facts as laid down by the man of science—however strange those facts might seem—however inexplicable—or however alarmed and nervous a judge might grow whilst echoing that hackneyed, croaking, and ill-omened phraseology about "the interests of society and the security of life", which has been uttered with all the formality of learned stupidity over many an innocent victim. Now, since it is an ascertained fact that a man may be irresistibly impelled to do a certain act which he knows to be wrong, it follows that he is not responsible for it; and, therefore, the musty rule of the judges is inapplicable in such cases. That rule deals with knowing—the power of discriminating between right and wrong; it is applicable to cases of sound mind; but is as inapplicable to mental disorder as it would be to the case of a choreic patient who made faces at you. It is wrong to contort the visage and make odd grimaces, and he who is afflicted with St. Vitus's dance knows this as well as any man; but will his knowledge restrain his grotesque movements? And, in like manner, when disease seizes on the mind, propelling it in a certain direction—in that case, the knowledge of right and wrong is likewise impotent to check the headlong will, run mad.

The subject, sir, is one of vital importance. It would be well to see it further discussed, and brought forward more prominently before the legislature. It is humiliating to see, session after session, authorities in mental disease set down and snubbed by men in office who are no authorities whatever on the subject; but this is the least evil, for innocent lives are sacrificed because a great medical fact is ignored.

I am, etc.,

F. T. PONCIA.

161, Hockley Hill, Birmingham, March 26th, 1863.

## RUSSELL v. ADAMS.

LETTER FROM WILLIAM ADAMS, ESQ.

SIR,—In reference to remarks made in your JOURNAL of the 28th March, I am desirous of stating that, from the conclusion of the trial up to the present time, it has been my wish to proceed with the action for perjury against Mrs. Russell, but various circumstances have caused delay.

It must be borne in mind that nothing can be more uncertain than the verdict of a "British jury", of which the above case has afforded a remarkable example; and that nothing can be more certain than a lawyer's bill. The expense to which I have already been put by these worthless people may be stated to be between seven and eight hundred pounds, and the expense of the prosecution for perjury cannot be less than three hundred, and may extend to five hundred pounds; so that the total cost of defending an unfounded action and an atrocious attempt at extortion is more than any professional income can well be called upon to bear.

Nevertheless, in the year 1863, it is a fact that such an action has been brought, however disgraceful to the judicial system of the country; and it must not be forgotten that any professional man is at any time liable to be placed in a position similar to that which I have unfortunately occupied. I am, etc.,

WILLIAM ADAMS.

5, Henrietta Street, Cavendish Square, March 31st, 1863.

## TREATMENT OF TAPEWORM.

LETTER FROM JOHN W. OGLE, M.D.

SIR,—With reference to Dr. Leared's remarks on my cases illustrating the treatment of *tænia*, which appeared in your pages on the 14th inst., I would observe that I there adduced probable reasons why the "head" of the worms was not brought to me by patients. I would only adduce, in addition, the observation said to have been made by Bremser, that out of one hundred persons affected by, and treated by himself for, *tænia*, in only one of them was the expulsion of the head of the worm detected, and yet ninety-nine out of the hundred were cured.

As respects the reappearance of segments of the worm after the use of the remedy, I believe that, if such had been noticed, I should, in many cases at least, have heard of it, inasmuch as I always charge patients to "look out" for such a contingency, and to present themselves again at the hospital if necessary; and as so many of our out-door patients live in the vicinity—Pimlico, Brompton, Chelsea, Kensington, etc.—and habitually resort to the hospital for relief, this injunction can be, of course, readily complied with.

A few words with regard to another point in Dr. Leared's letter. He states that I speak "of the propagation of tapeworm in children by swallowing fragments of the worms". This is an inaccuracy on his part; and I cannot help thinking that careful reading of what I did say would have prevented it. I did not use the word "propagation". I spoke of the "communication" of the *tænia* segments, of their transference (*i.e.*, of the ova which they contain) from one person to another; but did not describe the possible results of this assumed communication, though I hinted at their being injurious. I am not aware of any observations which would render it other than likely that the mature embryos of such ova, if introduced from the digestive organs of one person into those of another, might find their way through the coats of the bowel or into the circulation, and thus induce harmful results in different viscera of the body, even as is known to be the case with some of the lower animals. Any one versed in the recent literature of

helminthology will know to what I allude. Will not the ova of the *tænia*, under exceptional circumstances, hatch in the human bowel; and the resultant embryos pass into the hydatid cysticercus, the larval or scolex form, in the human body, as it does in other of the vertebrata? I ask the question simply and confessedly with the hope and expectation of obtaining information from others on this subject. I am, etc.,

JOHN W. OGLE.

12, Upper Brook Street, Grosvenor Square, March 30th, 1863.

## THE MANCHESTER MEDICO-ETHICAL ASSOCIATION AND MEDICAL TITLES.

LETTER FROM THE SECRETARIES.

SIR,—The Manchester Medico-Ethical Association having been several times referred to in your JOURNAL, in regard to the vexed question of medical titles, we think it right to state that the above Association has never passed any resolution on the subject. In officially addressing a member or other person who is a Licentiate of a College of Physicians, the Honorary Secretaries follow the example set by Dr. Francis Hawkins, the Registrar. We are, etc.,

JOSEPH STONE, } Hon. Secs.  
JONATHAN WILSON, }

March 21st, 1863.

## MEDICAL PROTECTION SOCIETY.

LETTER FROM JAMES GARDNER, L.R.C.P.ED.

SIR,—In the last number of the JOURNAL you express a wish that a society should be formed for protecting the medical profession from unjust and vexatious actions at law brought against them. Does not the Medical Protection Society in Lincoln's Inn Fields answer this purpose? It has been in force many years. Perhaps one of the members will kindly explain, and state whether, if Mr. Adams had been a member, by the laws of that society he could have claimed protection and support from them in his late action. On looking over some old numbers of the *Medical Times* for 1852, I found the enclosed advertisement; and you will there see it called a Benevolent Society.

A word or two with regard to the proposed formation of a medical sick fund or club. I see no reason why our Association should not form one amongst ourselves, taking especial care to restrict it entirely to medical men only, and those qualified and in practice; and likewise to do it as economically as possible, by the secretaries and those taking office being honorary, and charging only for actual personal expenses. It appears to me to be feasible. I for one would willingly join it, and be happy to act as local honorary secretary to carry out the object. I am, etc.,

JAMES GARDNER.

Bungay, Suffolk, March 18th, 1863.

COMPLIMENT TO A NAVAL SURGEON. Staff-Surgeon R. T. C. Scott, of the *Royal Adelaide*, flag ship of the commander-in-chief at Devonport, recently superseded on the expiration of his period of service, was on Thursday last entertained at dinner by the officers on board his old ship. Mrs. Scott, the wives of the married officers, and other ladies, were also amongst the guests. After the removal of the cloth, and the disposal of the usual loyal toasts, the Rev. Percy Rogers, chaplain of the *Royal Adelaide*, proposed "The Health of Dr. Scott," who had endeared himself to his brother officers, and the ship's company generally, by his gentlemanly bearing and the kindest attention whenever his professional services were required. The healths of Mrs. Scott and the ladies present were also drank with much enthusiasm.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M.—Ethnological.—Epidemiological.

TUESDAY. Pathological.—Photographic.

WEDNESDAY. Society of Arts.—Microscopical.—North London.

FRIDAY. Astronomical.—Archæological Institute.

SATURDAY. Royal Botanical.

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

X. Y. Z.—A person who is not a surgeon has no right to hold a public surgical appointment, or to place the word "surgeon" on his door-plate.

LAW *versus* MEDICAL SCIENCE.—A correspondent writes: "Regarding Law *versus* Medical Science, I trust that you will again resume the subject. It is shocking to see the judges repeatedly shutting their eyes to a fact, and not allowing undoubted medical testimony so much weight as to raise even a doubt in their minds. Could not the matter be brought before government, so that the law should recognise moral insanity? Surely it is of sufficient importance. I cannot conceive one of greater moment."

## SUBSCRIPTIONS.

The following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., General Secretary.  
Worcester, April 1863.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPPEY; Dr. F. J. BROWN; Dr. J. W. OGLE; Drs. PEACOCK AND MEADOWS; Mr. J. M. BURTON; Dr. J. G. SWAYNE; Mr. WILLIAM COOPER; Dr. THORNTON; Mr. PRANKELL; Dr. KIDD; Dr. LIONEL BEALE; Mr. F. T. PONCIA; Mr. LOCKE; Dr. LAWSON; Mr. RICHARD GRIFFIN; Mr. T. M. STONE; Mr. WORDSWORTH; Mr. J. YOSE SOLOMON; Mr. MIDDLEMIST; and Dr. CHAMBERS.

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# Facts and Arguments

OPPOSED TO

## DR. BENNETT'S THEORY OF ORGANISATION.

BY

LIONEL S. BEALE, M.B., F.R.S.

PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY  
IN KING'S COLLEGE, LONDON; PHYSICIAN TO KING'S  
COLLEGE HOSPITAL.

DR. BENNETT, after having reiterated his statements and assured the candid reader that vibriones *are* formed by the coalescence of molecules, and that the molecules of the ovary *do* coalesce to form the ovum, retires from further discussion. In doing so, however, he treats his opponent with the most courteous and merciful forbearance; and Dr. Bennett is kind enough to say, "It forms no part of *my* intention to controvert the peculiar views of Dr. Beale. *I* think they may be safely left to the judgment of *physiologists*!"

Two of Dr. Bennett's statements which seem to me unsupported by actual observations have been under discussion:—the statement that ova were formed by the coalescence of the molecules of the ovary, and the statement that vibriones were formed by the coalescence of molecules. These opinions are entertained by Dr. Bennett alone. Now what evidence has he adduced to justify his inferences?

1. It has been elicited in the course of this discussion that the very positive statement, "the molecules of the ovary coalesce to form the ovum," has not been arrived at from original observation, but from an examination of what Dr. Bennett terms the "facts" observed by Nelson, Barry, and others. Now, it has been shown that, in order to arrive at these so-called "facts," Dr. Bennett has termed *ova*, in the ovary of *ascaris mystax*, figured and described by Dr. Nelson as "molecules." In his last paper, Dr. Bennett copies more of Nelson's figures, and maintains that the appearances delineated give him unequivocal support, although neither *Nelson*, *Barry*, nor any other observer, as far as I can ascertain, held the view which Dr. Bennett holds and supports by reference to observations not his own. He still maintains that the molecules in the ovary, by their aggregation, produce "higher forms." "Such is the essence of my theory." (P. 314.)

2 Dr. Bennett has not *seen* vibriones actually formed by coalescence, but is convinced that the particles do so coalesce, and gives drawings of the process as he concludes it occurs. He sees no difficulty in their subsequent division, for a body may be formed by the aggregation of molecules and multiply by division.

My paper on the formation of vibriones is not yet ready; but I may mention that I have not succeeded in making the vibriones come so close to each other as Dr. Bennett represents in fig. c, p. 209; nor do they exhibit any tendency "to aggregate together

and melt into one another!" In spite of the most attentive and repeated watching, continued for more than an hour at a time, with the aid of the highest power I can use (3000 linear), I have never seen two separate particles as close together as represented in Dr. Bennett's fig. 3, or *coalescing to form a filament*. On the other hand, I have *seen* elongated filaments like those represented in 5 and 6 *divide*. All I can make out, is, that the particles, from the very first, *grow* not by the aggregation and coalescence of molecules already formed, as Dr. Bennett asserts, but by the absorption of matters in solution; and that they multiply by *division*. Dr. Bennett thinks a living structure is formed by the physical processes of *aggregation and coalescence*, and may multiply by division.

It seems to me, on the other hand, that the two processes are opposed to each other, because, in the first, particles are supposed to be *attracted towards*, and in the last, to *separate from* each other. These opposite processes are, according to Dr. Bennett, explained by the molecular theory of organisation, and thus the various conflicting views of authors are harmonised!

Dr. Bennett and myself differ in opinion on these matters, and differ also in opinion as to the mode of conducting scientific inquiries of the kind. He grounds his conclusions on the formation of ova, mainly if not entirely upon "facts" observed by others; while it seems to me that the advocate of such a doctrine is bound to adduce actual "facts" which he has himself observed, or to appeal to experiments he has himself conducted.

Dr. Bennett has commented upon two sentences of mine, and I cannot allow his comments to pass without observation. As the whole paragraph is an excellent example of Dr. Bennett's mode of arguing and summing up, it will repay analysis.

The following is my statement on which Dr. Bennett will alone comment:—"A molecule of oil, or phosphate of lime, may result from disintegration; but as such molecule, it can never live. A *living molecule* of oil, phosphate of lime, or any other substance having a definite known composition, is a simple impossibility. We might as well speak of a living mass of iron, lead, or other metal."

Upon this Dr. Bennett comments as follows:—"Now, what is it that transforms cartilage into bone, if it be not the regular deposition of mineral molecules into its intercellular substance—a substance maintained by Dr. Beale to be incapable of living?" (not "*incapable of living*", but "*not possessing vital power*".) "If this is not a living process, what can be such? To say that it is mere infiltration of mineral matter is no argument against its *vital character*; for in the same manner all growth and nutrition consist of infiltrated matter."<sup>\*</sup>

Infiltration a *vital* character! Is infiltration

\* In his first lecture in the *Lancet*, Dr. Bennett adduces Mr. Rainey's observations on this very process in favour of his views concerning the aggregation of molecules and molecular coalescence. Now, Mr. Rainey has written one hundred and fifty-two closely printed pages, and has adduced many original observations for the very object of showing not only that the formation of shell and bone, but every soft tissue, is due to the operation of physical force. Many arguments are adduced specially to show that the process of ossification is *physical* and not *vital*, and to prove "the dependence of the rounded forms of organised bodies on physical and not on vital agencies." In Dr. Bennett's first lecture, many statements are advanced in favour of the very same inference, and yet here is one of the most undoubtedly physical processes occurring in the living body claimed by Dr. Bennett as a *vital* process.

going on out of the body a physical process, but when it occurs in a tissue a vital process?

"All growth and nutrition consist of infiltrated matter." Here it is asserted that the processes or acts of growth and nutrition consist of matter.

Next comes the following:—"Neither it is any argument to say such matters are first in solution. It is only when molecular formations are produced from such solutions, that we have any evidence of their vital nature, as in the molecular substance of bone and muscle."!

Then Dr. Bennett says, "Again, to maintain that, because the composition of the molecules in a texture is now known, therefore such molecules can never live, is certainly a curious proposition, and must lead Dr. Beale to support the paradox that *nothing* lives in a living structure."

Dr. Bennett must have been a little confused when he thus interpreted the sentences quoted by him. I have merely said that molecules of oil, as such, cannot live. If Dr. Bennett believes in living particles of oil or phosphate of lime, perhaps he will inform physiologists how to distinguish them from lifeless particles of the same substances. Nor am I led to support any such paradox as Dr. Bennett supposes. The so-called nucleus of a lacuna of bone may be *alive* without the hard bone-tissue itself being so. Is every part of a hair or a nail *alive* merely because it is attached to, or a part of a *living body*? Because the nucleus of an epithelial cell is living, must we assume that the outer hardened part (cell-wall) is living also? Is the outermost part of a cell *alive* simply because the matter within gives unmistakable evidence of life? Is not the shell of a seed which will germinate as inanimate as that of a seed whose germ is dead? The shell once consisted of soft living cells, but the matter formed by their agency has gradually condensed, and now the whole serves the part of a passive, inanimate, protective covering. The shell of a seed takes no active part in the process of germination; nor is the hard osseous tissue already formed, actively concerned in the formation of new bone-tissue. The matrix in which the earthy matter is deposited in obedience to physical and chemical changes was once *alive*, but has now *ceased to live*. The great difference between *living bone* and *dead bone* seems to be, that in the former there is *living matter* (nucleus) in each lacuna; while in the latter the lacunae are occupied only with fluid or air. It seems to me that, in the case of every elementary part or "cell" composing a living tissue or organism, part *lives*, and part consists of matter that *has lived*—part is "*living*", part has "*ceased to live*". This may appear paradoxical to the author of the "Molecular Theory of Organisation", who leaves it, with other peculiar views, "to the judgment of physiologists".

Dr. Bennett concludes this paragraph with becoming magnanimity. He says: "Lastly, to say of the *theory of an opponent*, that 'it is a simple impossibility', is in science the weakest controversial expedient."

It will scarcely excite surprise that a controversialist who for "ova" and "germinal vesicles" substitutes "molecules", should for "oil or phosphate of lime" read "theory of an opponent". I have not said of Dr. Bennett's theory, that "it is a simple impossibility"; but that a *living molecule of oil or phosphate of lime* is an impossibility. The entire sentence has been quoted above.

For Dr. Bennett to say, "If this figure, which is an *exact copy from nature*, be examined," when he has not copied it from nature;\* to assert that "the *throwing off* of germinal vesicles resolves itself into "the *coalescence of these molecules*"; to say that an inspection of certain figures drawn by others *must lead* to the conclusion that the ovum is formed by "an aggregation and coalescence of molecules"; to call Nelson's "germinal vesicles" "molecules"; and all this without taking the trouble to appeal to one original observation of his own upon the formation of ova,—are examples of the "controversial expedients" of Dr. Bennett, but I will not venture to characterise them as "the weakest".

Dr. Bennett stigmatises the doctrine "*omnis cellula e cellula*" as *fallacious* (!), and ventures to translate my notions into Latin. He informs his readers that my idea is "*omnis molecula e molecula*", which is giving me credit for holding the opinion that matter comes from matter!

In this controversy I have endeavoured to say as little as possible about any views of my own; but Dr. Bennett has taken care to let every one know that, like him, I possess "peculiar views". I may, therefore, be permitted to state that the conclusion to which I have been led amounts to this:

That every particle of living matter has been derived from preexisting living matter; that formed matter (cell-wall, intercellular substance, secondary deposits, etc.) was once in the state of living matter; and that the inanimate nutrient matter only acquired vital powers when it comes into contact with matter already possessing these endowments—that is, *living matter*.

\* The figure was copied from nature upwards of ten years ago!

SCIENTIFIC JOTTINGS. *Archiv der Heilkunde*, a German medical journal, announces that Professor Wunderlich uses foxglove (*Digitalis purpurea*) with great success in typhus and other fevers. In the former especially he administers it at the time when danger is chiefly threatened by the violence of the fever. When, therefore, in the second week particularly, the pulse is at 120, and the temperature high in the evening, and but little lower on the following morning, Dr. Wunderlich administers to an adult an infusion of one *gramme* of foxglove in water, and continues it until the pulse has fallen to its natural state. This method has never been known to aggravate either the cerebral or abdominal symptoms. Dr. Saint-Martin states in the *Bulletin de Thérapeutique* that the edible birds' nests so sought after by the Chinese possess the most nutritive qualities possible, and are a sovereign remedy in all cases of general debility. A nest well cleaned and ready for the market weighs from fifteen to sixteen *grammes*; is of a greyish-white colour, brittle, with scarcely any taste, and no smell. In this state it fetches about 100f. *per kilogramme*. Dr. Vinson, now at Madagascar, states that worms and caterpillars form part of the delicacies most highly prized by the natives. One kind of caterpillar, remarkable for its long silky hair, spins a cocoon like that of the silk-worm. This cocoon is opened and the animal taken out in the shape of a lump of curds. A sufficient quantity being collected they are fried in oil, a few yolks of eggs added, and the whole seasoned with scraped cheese. This is considered a dish for princes and nobles. The people also dig into the ground to get at a certain kind of beetle, which are boiled in oil or fat, and are thus eaten with great relish. (Galignani.)

# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE I. (Continued.)

#### MALFORMATIONS OF THE ANUS AND LOWER BOWEL.

HAVING thus far occupied your attention by dwelling for some length upon the congenital deficiencies which are to be observed at the upper orifice of the mucous or digestive canal, I propose to pass downwards to the other or terminal end, and to discuss the subject of imperforate anus or occluded rectum; and to attempt, from general as well as from personal experience, to bring before you some practical points, which may be of service in the treatment of this interesting and difficult class of cases. These malformations of the rectum may be divided into three great sections.

1. The simplest form, which includes the cases in which the orifice of the anus is completely closed, the rectum being partially or wholly deficient.

2. The more complicated class of cases, in which the anus exists in its natural condition, but opens into a *cul-de-sac*; the rectum being partially or wholly deficient.

3. Cases of imperforate anus, the rectum opening either into the vagina or urethra, or in some other abnormal position.

Under one or other of these headings can nearly all the cases of this congenital defect be readily classed.

To Mr. Curling's exhaustive paper, published in the forty-third volume of the *Medico-Chirurgical Transactions*, we are unquestionably indebted for the bulk of our information upon this subject; and as his description of these deformities with their assigned causes is so good, I may be pardoned for quoting them at some length.

It will be observed (says Mr. Curling) that the classification of these imperfections is founded on states which can generally be recognised during life. Unfortunately, the condition of the terminal portion of the intestinal canal, and its relations to the parts around, cannot be predicated with any certainty. In cases of imperforate anus, or of anus opening into a *cul-de-sac*, the intestinal canal may terminate in a blind pouch at the brim of the pelvis, the rectum being wholly wanting; or an imperfect rectum may form a short sac, descending to the floor of the pelvis, or as low as the neck of the bladder in the male, or the commencement of the vagina in the female.

It is known that the anal portion of the bowel is developed distinctly from the upper portion, and that the two afterwards approximate and unite, the diaphragm or septum disappearing by intestinal absorption. A failure in this process is the cause of the second form of congenital imperfection.

The cases of imperforate anus in which the rectum communicates with the urethra or vagina depend on the original existence of a *cloaca*, the malformation being due to an incomplete separation during foetal life. These conditions are the result of an arrest of development at different stages. The blind pouch, in which the intestinal canal terminates, is sometimes connected to the anal integument, or to the anal *cul-de-sac*, by a cord prolonged from the bowel above. These cases are not, like the preceding, the result of a non-formation of the rectum; but are produced by an obliteration of the bowel, which was originally well-formed; the obliteration being a pathological change, due, probably, to inflammation which had existed during intrauterine life.

Cases are quoted by Curling from M. Goyrand and Friedberg, where the muscular tissue of the intestine was clearly traced, which point with considerable force to the accuracy of these views.

It is, therefore, with a view of determining the practice which should be employed in these different varieties of malformed anus and rectum, that I now purpose to enter upon the consideration of this subject.

*Treatment of the First Class of Cases.* In the first class of cases in which the anus is closed or absent altogether, there would not be much difficulty in arriving at a correct conclusion as to the practice which should be followed, if it were possible for the surgeon to learn with accuracy by any examination the true position of the bowel, the terminal end of which is evidently malformed. It may be that the anus is the only part in fault, and that the bowel is natural as regards position, its orifice being alone closed. In these fortunate instances, there is not generally any great difficulty in determining the true condition of the parts; for a distinct bulging of the distended rectum will, in all probability, be readily felt on a careful manual examination; and in many cases the eye will at once detect the fact that a thin membrane alone obstructs the orifice. In such instances as these, there can be no doubt as to the practice which is to be pursued; a cautious incision over the spot in which the anus exists, or should exist, at once suggesting itself to the mind of the reflective surgeon. But this practice must be carried out with considerable care, and the finger should be the pilot. The incision must be carried backwards towards the sacrum, and not forwards towards the urethra or vagina, and it should be tolerably free; and under such circumstances, a free discharge of the retained meconium will in these simple cases be generally obtained.

In the more obscure class of cases of occluded anus, in which no such bulging of the bowel is to be seen or even felt, the practice which is to be carried out is not so certain, at any rate in its results; this uncertainty being due to the fact of its being perfectly impossible for the surgeon to form any opinion as to the true position of the malformed bowel. The rectum may be in its natural place, or it may not; it may terminate at the brim of the pelvis on the left side, or on the right, or it may not exist; and, under these diverse circumstances, the success of an exploratory operation in the perineum cannot but be uncertain; although I believe it to be justifiable if carried out with care.

The plunging of a large trocar and cannula into

the pelvis with the vain hope of puncturing the distended intestine, is a practice which must be unhesitatingly condemned. It is unscientific on principle and unsuccessful in practice. It is injurious to surgery, as it is not based on a correct foundation; and injurious to our patients, as it is most fatal in its effects. Nevertheless, I believe that an exploratory operation in the perineum, if conducted with care, is the best practice which can be primarily carried out.

An incision should be made in the same region as pointed out in the last class of cases—that is, in the position in which the anus should be, when naturally placed; and then, guided by the finger in the direction backwards and upwards, keeping the sacrum as the guide, the surgeon may fairly make an attempt to reach the bowel.

The tension of the distended intestine is to be readily recognised, particularly when it has been once felt; and, having opened it, the operator should use all fair endeavours to draw down the intestine to the margin of the external opening, and to fasten it to the integument whenever it is found possible. But the hope of being able to succeed in doing this is not great, although the advantages which are to be acquired by success warrant the attempt.

The bowel, in the majority of cases, however, terminates at some distance from the surface. Mr. Curling states that “it is rarely found at a less distance than an inch from the perineum”; and when we consider the shallowness of the child’s pelvis, this depth is very great; the fact fairly indicating to us the probability that the rectum terminates in the majority of cases at the brim of the pelvis, and seldom dips down into it.

Out of twenty-six cases of this variety, which Mr. Curling has tabulated, the bowel was opened in fourteen; and in the remaining twelve, failure followed the attempt. Of the fourteen cases in which the bowel was opened, five only proved successful; whilst of the twelve cases in which the attempt failed, the bowel was subsequently opened either in the loin or groin in ten cases, and three of these died; the remaining two dying without anything further being done.

It must, however, be added that the great fatality of the instances in which the bowel was reached is to be explained by the rashness with which the exploratory operation was performed; a blind perforation of the parts with a trocar, with the vague hope of securing success, forbidding, in many cases, any prospect of recovery; the *post mortem* examination too often revealing the fact that the bladder, uterus, and peritoneum had been freely punctured, and that death was the result of the secondary peritoneal inflammation.

These figures prove to us the danger of the perineal exploratory operation, and shew that, unless it be undertaken with great care, more harm than good will probably ensue; nevertheless the propriety of making the attempt cannot be questioned, although it must be conducted with extreme caution.

*Treatment of the Second Class of Cases.* In the second or more complicated class of cases, in which the anus exists in its natural condition, but opens into a *cul-de-sac*, the rectum being partially or wholly deficient, the uncertainty of being able to form any opinion as to the true position of the lower

bowel, renders any operative measure as hazardous, as it has been shown to be in the former division; although it can be proved that, when the attempt to relieve has proved successful, a large proportion of the cases terminate well.

The upper portion of bowel may be in contact with the extremity or side of the *cul-de-sac*, or it may be some distance from it; but there certainly appears to be a stronger probability that the two extremities of the bowel will be found nearer in position in these cases, than in the former class in which no *cul-de-sac* exists.

The upper bowel, in almost every instance, terminates somewhere at the pelvic brim; although it appears to be quite a matter of chance whether its terminal end lie to the right or left side of the pelvis, or on the sacral promontory; and as the *cul-de-sac* is evidently an attempt of the lower part to meet the upper portion of the bowel, the distance between the two ends is not generally very great.

Under such circumstances, an exploratory operation at the extremity and posterior part of the *cul-de-sac* appears to be justifiable on principle; and, when conducted with judgment, it has also been practically proved of value.

Mr. Curling gives us thirty-one examples of this class of cases. In twenty-seven, an attempt was made to reach the bowel, and in sixteen the attempt was followed by success, and ten of these subsequently recovered. In eleven instances, failure followed the attempt; and, although other measures were carried out, all died. In four cases, colotomy was alone employed; three in the groin with success, one in the loin which died.

In these cases, it would therefore also appear that an exploratory operation at the part is perfectly justifiable when conducted with caution; and that, if such should fail, colotomy is to be performed.

The exploratory operation must, however, be cautiously carried out; if a bulging at any spot can be detected, the attention of the surgeon should be directed to this part. An exploratory puncture may be made; a fine trocar and cannula, I believe, being as good an instrument as any that can be employed. It must be introduced carefully, and in the direction indicated, avoiding the anterior portion of the passage, and directing the point backwards and upwards. If any evidence can, in this way, be obtained of the bowel being perforated, the trocar may be taken out, and a grooved probe introduced in its stead, over which the cannula can be readily removed. The opening may subsequently be freely enlarged by means of a bistoury, and the divided bowel brought down and stitched to the *cul-de-sac* when found possible.

In the following case, the practice thus briefly sketched was carried out; and if a successful result forms a recommendation for the practice, it can in this instance be adduced.

CASE I. Edward B., aged 10 days, was brought to me at Guy’s Hospital on January 15th, 1862, from Lower Norwood. He had not passed any motion since his birth, and had vomited freely. The child’s general condition, however, appeared to be good.

On examining the part, a good anus was readily observed, and this led into a canal, which was about one inch long, ending by a *cul-de-sac*. The extremity of this was smooth, firm, and unyielding, and no evidence of any bulging of the bowel could be detected.

An exploratory operation was, however, deemed advisable; and I therefore introduced a fine exploring trocar and cannula, no larger than a fine probe, into the upper and posterior part of the *cul-de-sac*, and, using considerable care in the exploration, came against an elastic, firm body; this was punctured, and evidence of fæces was tolerably clear; a grooved probe was then passed through the cannula, and over it the cannula was removed; by means of a curved bistoury, the opening was subsequently enlarged, and about an ounce of meconium came away. In half an hour afterwards, however, the bowels were freely relieved; the fæces being of a semisolid consistence.

For domestic reasons, the mother was unable to stay at the hospital, and the child was therefore taken home. On the second day, the child appeared to be well in every respect; it had apparently been free from all abdominal pain; the motions had passed readily, and were of a healthy character; the abdomen was small, and all vomiting had ceased since the operation. The finger could be passed readily into the bowel, although a tight ring was at once observed. This digital dilatation was directed to be maintained daily; and Mr. Baker, the medical adviser of the family, kindly undertook to watch the case.

On March 7th, I had a letter from Mr. Baker, which contained a favourable report. Everything was going on well. The dilatation of the opening was persevered in, and no contraction had apparently taken place. The child's health was also good. Mr. Baker, however, added his fear that, unless constant dilatation was persevered in, contraction would follow.

The last report was on Dec. 10th; after which, the child having left the neighbourhood, Mr. Baker could give no intelligence.

In this instance, the success which followed the measures which were employed appears to me perfectly to justify the practice; and I do not think that a careful exploratory puncture by means of a fine trocar and cannula can be looked upon as less scientific or valuable than a cautious exploratory incision with a bistoury. The evils of a reckless and incautious introduction of a trocar and cannula cannot be too strongly condemned; but the same recklessness in the operator would attend the exploratory incision by means of a scalpel, and an equally bad result would probably follow.

To attain permanent success, however, in these cases, considerable attention is afterwards rigidly demanded. Repeated dilatation of the perforated bowel is absolutely essential to maintain its patency; for otherwise, like all artificial openings, its subsequent contraction will take place, with all the evils and fatal results of an ordinary stricture.

It will be gathered, however, from what has just been stated, that, in a large proportion of the cases of imperforate anus and obstructed rectum, a successful exploratory operation in the ano-perineal region is not always to be recorded; for, in nearly half the recorded cases, or in 43 per cent., failure followed the attempt; and, as a consequence, the surgeon has in like instances to consider the important question as to the best means for affording any further prospect of relief.

Two operations suggest themselves for consideration: first, the opening of the bowel in the left loin,

known as Callisen's or Amussat's operation; and, secondly, the one known as Littré's, or the opening of the bowel in the left groin.

The former operation, known as Callisen's, Amussat's, or the lumbar operation, is not one which offers many advantages. The irregularities in the position of the colon in the left loin, even in a healthy subject, become still greater in these cases of maldevelopment; and to the operating surgeon, they are, therefore, sources of considerable difficulty. The depth of the colon, when naturally placed in the young child; the probability of the kidney occupying the position of the colon; and the prospects of finding the bowel empty at the time of operation, —are also additional arguments against its performance; but the strongest of all reasons remains to be repeated, and that is the bad success which has followed its adoption; for, in seven instances in which it has been performed, five died. The operation is, therefore, one of uncertainty, difficulty, and danger; and these points become of greater power when it can be shewn that Littré's, or the inguinal operation, is attended with greater certainty, less difficulty, and a better success.

I need hardly repeat, that Littré's operation consists of the opening of the sigmoid flexure in the left groin. The integuments in this region are thin and readily divided; the bowel lies immediately beneath, and can without difficulty be opened; and it can be hardly said that the inconveniences of an artificial anus in this region are greater than they are in the lumbar operation. In these respects, therefore, the inguinal operation has the preference; and the greater success with which the practice has been attended tends to support it still more. Out of fourteen instances in which it has been performed, nine recovered; and it will be remembered that two only out of seven recovered after the lumbar operation.

It can, therefore, I think, be fairly stated that the inguinal operation is the one which the weight of evidence tends to support; and that, in the cases in which a careful exploratory operation in the ano-perineal region has failed to afford relief, such may be looked for with some confidence through these means.

[To be continued.]

PARLIAMENTARY VOTES FOR HOSPITALS. The following votes have been taken in the House of Commons.—£1,600 for the Lock Hospital; £700 for the Rotunda Lying-in Hospital; £200 for the Coombe Lying-in Hospital; £4,600 for the House of Industry; £1,500 for the Cork Street Fever Hospital; £600 for the Meath Hospital; £100 for St. Mark's Ophthalmic Hospital; £1,300 for Dr. Steevens's Hospital; £245 for the Board of Superintendence and Dublin Hospitals.

EXTRAORDINARY DEATH. A warder of the Bagne at Toulon, has just met his death in the following manner: He was amusing himself, while off duty, with fishing in the dock, when, having caught a fish about seven inches long and two broad, and not knowing where to place it, while baiting his hook conceived the idea of holding it between his teeth. The fish struggling in the convulsions of death, ended by slipping its head first into the mouth and thence owing to the viscous matter, with which the scales were covered, down his throat, completely filling up the cavity. The man rushed about for aid, but soon dropped dead from suffocation.

## Original Communications.

### CASES SHEWING THE NECESSITY OF MAKING CAREFUL VAGINAL EXAMINATIONS AND INSPECTION OF CLOTS IN HÆMORRHAGE AFTER ABORTION.

By EDWARD COPEMAN, M.D., Norwich.

CASE I. Mrs. C. miscarried on September 10th, and had such severe flooding afterwards, that I was summoned ten miles into the country to consult with her surgeon as to what means should be adopted to secure her from loss of life. A fœtus of about three months had been expelled in the morning, after which several clots passed, and hæmorrhage more or less had been going on all day, accompanied now and then by severe abdominal pain and forcing. All was thought to be over, but no one had seen the placenta, and I suspected the hæmorrhage and pain were caused by its retention. On examination, I found this the case; a small portion could be felt presenting at the os, and by means of the expulsive pains excited by my manipulations, a large firm placenta was soon sufficiently protruded to enable me to take it away. Hæmorrhage ceased after this, and I left her next morning suffering only from faintness and vertigo from previous loss of blood. She had a good recovery; and has never been pregnant since.

CASE II. On July 12, 1852, I was summoned to a lady on account of severe hæmorrhage in what she stated to be the third month of her fifteenth pregnancy. She was of good constitution; had nine children alive, twelve born at full period; an abortion three years ago, another last year, and now a third. As may well be supposed from these circumstances, her life was a most valuable one, and her surgeon was alarmed at the amount of hæmorrhage now going on. On the 7th, five days before I saw her, she missed her step in getting out of her carriage, and felt a shock to which she ascribed the present occurrence. On the 9th, slight hæmorrhage began, which two days afterwards increased considerably; and on the morning of the 12th, on getting out of bed, she had great loss, preceded by pains, and sent for her surgeon. A great many clots had passed, some of them very large, but no ovum was discovered. He at once plugged the vagina with sponge dipped in vinegar and water, and requested my assistance. I found her very faint, but with a fair pulse, and but little hæmorrhage until the plug was removed; but then there was free oozing, and on examination, I found the os uteri patent, and a substance presenting about the size of the end of the finger, but not projecting far enough to be caught and pulled away by the finger. I recommended the re-application of the sponge, and perfect quiet. Several doses of ergot, I believe an ounce of Battley's essence, had been given; but without effect. I thought that, unless an ovum had passed, there must have been a mistake about the date of pregnancy, as the uterus did not seem to contain anything nearly so large as an ovum of even two months; but the patient persisted in her statement that she was three months gone. She was very faint several times after this, but had no hæmorrhage, and felt better all the next day; but, on removing the sponge in the afternoon of the 14th, some pieces of membrane came away upon it, and the substance felt presenting on the two previous days, could no longer be felt at the os uteri, having escaped into the vagina, from which several portions of chorion were removed. The os uteri was more closed; the uterus itself was more contracted, and there was no hæmorrhage. The patient was in a much more satisfactory state, and I could not help thinking that the ovum, with the exception of the portions re-

moved this day, passed two days previously, and had been mistaken for a clot of blood. For several days, she suffered from nervous debility and the usual effects of loss of blood, but eventually recovered satisfactorily, and is now (1863) in the enjoyment of excellent health. She never afterwards became pregnant.

CASE III. I was summoned to a lady of middle-age, who had had several children, on account of violent hæmorrhage from abortion at about two months. Her surgeon was called in at about 3 A.M., and found hæmorrhage going on so profusely that he immediately plugged the vagina without ascertaining precisely the state of the uterus, there being a pressing necessity to prevent further loss, and administer nutriment and stimulants. He also gave several doses of ergot. When I arrived at 1.30 P.M., the patient had rallied a little, and been asleep more than an hour. There was no hæmorrhage going on, and the vagina was well plugged; but the quantity of blood that had been lost was enormous. A careful examination of the clots discovered no ovum, and the uterus was of sufficient size to prove it had not emptied itself of its contents. In the absence of hæmorrhage, I advised letting well alone, and not at present to interfere, except by giving nourishment with brandy, and supporting the system as much as possible. The uterus felt hard, and about the size of a pear. In about two hours, there appeared to be a little uterine pain; and on placing my hand upon the abdomen, I found the uterus diminished in size. Just at this time, the patient vomited, and the plug was partially forced away. I took this opportunity of examining the state of things; and finding a portion of the ovum projecting through the os, I passed my finger round it as high as I could, and then advised Mr. — to introduce his hand into the vagina and take it away. This he did without difficulty, removing the entire ovum, and the os immediately after contracted so as to refuse the end of the finger. No hæmorrhage occurred at the time, nor up to the period of my leaving at 7 P.M. For several weeks this lady was in a desponding state, and believed she would not long survive; but she gradually recovered, and I have seen her several years since in very good health. She has never been pregnant since.

CASE IV. On August 21st, 1856, I was requested to visit, in consultation with two surgeons, a lady, who was suffering from severe hæmorrhage. She supposed herself three months gone in the family-way. About six weeks previously, she had a sanious discharge which soon disappeared. Last week, while at the sea-side, she suddenly felt something snap while she was in the water-closet, and a good deal of blood passed from the vagina, but she had no pain. She was past middle-age, and had had several children. The hæmorrhage soon ceased, but returned again next day, and a surgeon prescribed acids, etc., and advised her to come home. On Sunday morning she had a severe return of hæmorrhage, and Mr. — was sent for. On Monday, it recurred at the same time, and again on Tuesday. On Wednesday, she was much better; but on Thursday (the day I was called in), the hæmorrhage returned so severely as to cause serious depression, and another surgeon was called into consultation. In the afternoon, the fainting was so continued and threatening that my assistance was requested, and I saw her about 4 P.M. She had then rallied somewhat, and the question put to me was whether, on the supposition that a placenta was left behind, it would be safe and right to introduce the hand and remove it. Mr. — believed he could feel placenta through the os uteri, and there was some offensive putrid discharge; but as she had been so long and dangerously faint, it was doubtful whether she could bear the pain and disturbance of any operative proceeding. On examining, I could not feel anything projecting into the cervix or through the os, nor could I distinguish any enlargement of the uterus through the walls of the abdomen. I thought it doubt-



ful whether the uterus contained anything more than perhaps small portions of putrid membrane, and advised the introduction of a sponge dipped in vinegar to prevent further hæmorrhage. She also took five grains of gallic acid every four hours, and mild nourishment. At 9 P.M. no more hæmorrhage had occurred; the rectum was emptied by means of a cold water injection, and we gave an opiate at night.

August 22. The patient passed a quiet night, without hæmorrhage. Pulse improved. The sponge was withdrawn, and a fresh one introduced after washing out the vagina with cold water. The sponge we removed was not tinged with blood, but was covered in places with an offensive purulent discharge. Nothing presented at the os uteri.

August 24. No more hæmorrhage had occurred. The sponge had been changed, and the vagina washed out with cold water each morning. The bowels acted well on the 23rd, and to-day the gallic acid was continued. The patient was rallying satisfactorily.

August 29. There was still no hæmorrhage. She had left off the gallic acid, and was now taking a grain of quinine every four hours. The sponge was continued. The discharge was less purulent, but still offensive. The uterus was regaining its normal condition, and was, I believe, empty.

The lady soon recovered, and has never since been pregnant.

CASE V. Mrs. B., of middle-age, was seized with flooding at 3 o'clock in the morning of July 29th, being about two months advanced in pregnancy. She had been married about eight years, had two children at full term, and four abortions. There was also some indistinct history of her having had some uterine disease. She lost a good deal all the day, complained of oppressed breathing and dying feelings, and was frequently very faint, the pulse being at times imperceptible. Ergot had been given several times without exciting uterine action. Her surgeon summoned me at 5.30 P.M.; and on examination, I felt a portion of placenta projecting at the os uteri, but not far enough to be taken hold of by the fingers; and as I could not easily introduce my hand into the vagina, I put a sponge soaked in vinegar and water up to the os uteri, hoping the uterus would ere long expel the remaining portion of its contents, and that she would meanwhile be secured against hæmorrhage. We gave her brandy several times, but she remained very faint for some hours, and we were not able to leave her until late at night.

July 30. 11 A.M. The patient fainted several times in the night, but was soon restored by means of jelly and brandy and water. She had some nice sleep; pulse restored; skin warm. No hæmorrhage had occurred. Renewed the sponge, and felt the portion of ovum slightly more protruded. There had been a little uterine pain once or twice in the night.

11 P.M. No hæmorrhage had taken place all day, and the sponge was scarcely tinged. Pulse 100. She had not been faint since the morning, and her manner was altogether improved. She had uterine pain several times in the afternoon; and I was able at night to draw away a portion of chorion large enough when spread out to cover the palm of the hand. I could still feel a small portion at the os, and replaced the sponge.

July 31. There was no hæmorrhage. The sponge was removed, and replaced. The os uteri was less patulous; and I removed another portion of membrane which was lying at the os, but too small, it would seem, for the uterus to act upon sufficiently to expel it.

August 1. The sponge was slightly tinged this morning, but there was no hæmorrhage, neither could I feel anything at the os, which was regaining its natural form. The sponge was not reapplied, as there seemed to be no danger of further bleeding.

August 2. No hæmorrhage had taken place. All was going on well.

CASE VI. Mrs. B., between 30 and 40 years of age, had some time before, I understood, suffered from displacement of the uterus, for which she had undergone treatment. About four months ago, she had an abortion at between the second and third month of pregnancy, expelling a fœtus simply, without any fluid, placenta or clots. A short time afterwards she began to feel some pain and inconvenience, and hæmorrhage to a moderate extent took place, but she soon got better and went to the sea-side. Then hæmorrhage recurred at intervals, with greater or less severity; and on examination *per vaginam*, her surgeon discovered an enlargement which he supposed to be either a retroverted uterus or uterine tumour pressing downwards on the perineum, and tilting the os uteri towards the arch of the pubes. For some time doubts were entertained about the nature of the case; her general health became deteriorated by repeated attacks of hæmorrhage, and it was suggested by a friend that she should go up to London to consult Dr. —; but she demurred to this, and I was requested to meet her surgeon. I saw her on June 14th, 1860, and found the uterus quite retroverted, the fundus lying on the perineum, and the os high up against the pubes. The os being a little patent, I succeeded in introducing my finger into it, and by pulling it downwards and pressing against the fundus with my thumb, I quickly restored the uterus to its proper position. I could then discover by the touch that the uterus contained something in its cavity; and expressed a belief that it was a placenta, although I think sixteen weeks had elapsed since the expulsion of the fœtus, and she was supposed to have recovered from the abortion. On a more careful examination, I was convinced of the correctness of this opinion, and proceeded to separate the mass from the uterus, so that it lay unattached in its cavity; it was previously universally adherent, and therefore not at all decomposed. I was not able to hook it with my finger and so pull it away; but as it was entirely separated from the inner wall of the uterus, there was no fear of a recurrence of hæmorrhage; therefore, instead of making any prolonged effort to get it away, a piece of sponge was passed up against the os in the expectation that, when it was withdrawn, the placenta would be found lying in the vagina. Accordingly, on removing the sponge the following morning, Mr. — found the entire placenta loose in the vagina and took it away. No hæmorrhage occurred in the night; the patient's mind was relieved by the disclosure of her case, and she soon recovered her usual state of health.

CASE VII. On July 21st, 1860, I was summoned in great haste to a lady about 35 years of age, living a distance in the country, in consequence of severe and alarming hæmorrhage after an abortion of about two months. The fœtus had passed two days before (on Thursday the 19th), and was seen both by the surgeon and the nurse, both of whom also believed the placenta to be there also. For some hours all went on well; but on the Friday, hæmorrhage occurred several times, causing fainting, for which brandy was freely given. Late at night, the hæmorrhage increased so much that her surgeon was hastily sent for, and he found her losing so much that at 4 A.M. on Saturday, he plugged the vagina and directed the husband to send for me. She was then so bad that her husband despaired of getting me there in time to see her alive, as it was twelve miles from Norwich. However, I arrived at about 10.30 A.M., and was told that when they sent for me she was unconscious; but after taking an opiate, she fell asleep and was asleep more than an hour, awaking just before I arrived. She just knew me, but was nearly bloodless, breathing very laboriously, tossing about the bed, cold from head to foot, and it was impossible to keep her covered with the bedclothes. Cold had been assiduously

applied to the vulva and lower part of the body, and a window near her was wide open as she craved every breath of air, and said she was so hot. A whole bottle of brandy, besides wine, had been taken during the night, and she had frequently been sick; the vomiting, indeed, continued, and it was useless to attempt to put anything into her stomach, for it returned immediately. I could, however, just distinguish a pulse, and the sponges in the vagina restrained the hæmorrhage; so I removed all the cold wet things, covered her with a hot blanket, put several bottles of hot water in the bed close to her icy cold legs and feet, and injected milk and brandy into the rectum. It was not until 2 P.M. that any satisfactory reaction commenced, but about that time she became warmer, said she felt a little better, and took another brandy and milk enema. In another hour, she expressed a wish to receive the sacrament, and her brother-in-law, who was in the house, administered it to her. In consultation with her surgeon, I expressed a strong opinion that the placenta was still in the uterus, as I had never seen so serious a hæmorrhage after an abortion when all had passed away. He heard this with no little surprise, as he had been convinced in his own mind that the after-birth had passed away and *that he had seen it*. We questioned the nurse, who also said she was certain it had passed away, and that she had shewn it to the surgeon. Still, knowing from experience how often nurses have been mistaken, and as Mr. — acknowledged he had not particularly examined what the nurse had shewn him, I did not feel convinced that the placenta was away; or rather I ought to say, I did, in spite of these circumstances, feel convinced that it was still *in utero*; this feeling was strengthened by the fact of a little fetid discharge passing from the vagina; and at 5 P.M. as she seemed to be sufficiently rallied to admit of the necessary examination, I carefully removed the sponges from the vagina, and then discovered a large mass partially protruding through the os uteri, which, by a little manipulation I extracted. It proved to be the entire placenta, a portion of it beginning to be decomposed. No hæmorrhage followed its removal, and I left her an hour afterwards in a more satisfactory state than might have been expected.

I visited her again the following morning, and all was going on well. She was disposed to sleep, and intolerant of noise and light; suffering in fact from the effects of loss of blood, but in no other respect uncomfortable. A fortnight afterwards, I received a very favourable report, and the patient soon got quite well.

CASE VIII. On October 6th, 1862, I received an urgent message to visit a lady at a distance of thirty miles, who was suffering from hæmorrhage after abortion. I arrived at about 8 P.M., and found she had been flooding so much for several hours that her surgeon, thinking her in imminent danger, had plugged the vagina. This had been effectual in stopping the hæmorrhage for a time, and hopes were expressed that it would not return. The patient was of a delicate constitution, and the loss she had suffered had made a serious impression upon her, producing great exhaustion and a very feeble pulse. It was supposed she had miscarried soon after the loss commenced, but the nurse, as usual threw away what she believed to be the ovum, and the surgeon did not see it. As so much hæmorrhage occurred afterwards, I doubted the fact, and was unwilling to leave the case without further examination, especially as I discovered some oozing going on in spite of the vagina being very carefully plugged. After waiting several hours, until she had somewhat rallied and had a little sleep, I carefully removed the plug, and found, as I expected, an entire ovum partially protruding through the os; this I was able to remove without much difficulty, and the hæmorrhage quite ceased. It appeared to be an ovum of eight or ten weeks and corresponded with the period she supposed herself to be advanced in pregnancy. I left her at

5 o'clock the next morning, still faint, but with a better pulse and tolerably comfortable; there had been no more hæmorrhage, and she had slept at intervals, taking a little nourishment now and then.

She took some time to recover her strength, but eventually recovered her usual state of health.

### A PUZZLING CASE, AND A WARNING!

By HUGH NORRIS, L.R.C.P.Ed., South Petherton, Somerset.

A. C., a labourer's wife, aged 31, pale and anæmic, with an eye full and prominent, and presenting somewhat the dropsical appearance so graphically described by Dr. Begbie, walked three miles and a half to my house on February 16th, 1863, to consult me about a prolapsus of the womb, from which she had suffered at least eight or ten years.

On examination, I found the os uteri protruding between the labia externa, the cervix very flaccid, and at least an inch and a half long, the whole organ being apparently much enlarged.

Having occasion to pass her house in the course of my morning round, I sent her home at once, desiring she would await my arrival in bed, when I would further investigate the case.

During my visit, I was informed for the first time that she had been unable to pass urine for three days. I at once proceeded to use the catheter in bed, and drew off a goodly quantity of urine, pale and opalescent, but not apparently ammoniacal. There was a considerable uterine tumour in the hollow of the sacrum, globate but irregularly hard; and the os was now tilted up so high forwards that I could only reach it by considerable manipulation.

I at first suspected pregnancy, and that (as I had several times before seen) the uterus in escaping from the pelvis at "quickening," had missed its aim, and meeting the promontory of the sacrum had become retroflexed, and thus opposed a mechanical impediment to the bladder's emptying itself. The idea of pregnancy was quite scouted by the patient and her friends, and on questioning them, I obtained the following history.

The patient was 31 years old; had been married four years; had never been pregnant; was always an unhealthy child and woman; did not begin to menstruate until past the age of 24; had never been "regular," oftentimes seeing nothing for three or four months together, and the catamenia had always been scanty and pale in colour; she had suffered from prolapsus uteri for eight or ten years past, even to the extent of external protrusion, but had never worn a pessary; had frequently felt difficulty in passing urine, but never before suffered from total retention; her occupation, in a neighbouring flax-mill, necessitated much standing.

After passing the catheter, I examined the abdomen; but although I pressed over the pubes until I could feel the pulsating aorta just above its bifurcation, I could detect no tumour. Still, I left with an impression that after all I might be right as to her being pregnant; but there had been none of the ordinary positive or sympathetic signs of pregnancy; there had been no sickness; the breasts were not fuller than usual; she had seen some scanty appearance of what she deemed her "courses" twice within the four months last past; there was no particularly dark areola around the nipples, but there existed three or four papillary prominences around each, and these indeed were the only affirmative indications of pregnancy I could at all detect. I gave an active aperient, and followed it up by a mixture containing some Dover's powder to be taken every four hours.

On the 17th (*i.e.* next day), I passed the catheter in a standing position (because I had reason to believe that the bladder was not thoroughly emptied on the previous

day), and drew off this time a third more fluid than before, clear, of a pale colour, and having no unpleasant smell.

On the 18th, I passed the catheter again, standing; and, finding the os uteri presenting downwards but not protruding, although there was still the sacral tumour, I introduced Dr. Simpson's uterine-sound, and, to my amazement, it passed in upwards and forwards with ease, to the extent of six inches and a half. No discharge, either coloured or uncoloured, succeeded this exploration, and it caused no pain; but on withdrawing the instrument, I noticed a bit of what appeared to be thick vaginal mucus adhering to it, near its tip. The patient was ordered to keep perfectly quiet, and to continue the mixture.

On the 19th, in the morning, I received the welcome intelligence that she had passed urine voluntarily twice since my last visit, and was much better in every respect. I have no doubt the sound had helped the uterus to right itself in the pelvis.

On the 20th, on my visit I found that a four months foetus had made its appearance; and I removed the placenta, which was chiefly in the vagina, but causing some hæmorrhage by reason of not having completely emerged from the os uteri. The woman did well, and thus my case terminated.

Now for the application.

The result shows how very fallacious it is in some cases to trust to the ordinary signs and symptoms of pregnancy; and, even where we suspect it, how we may be thrown off our guard by unlooked for complications. For my part, on my first examination, I felt almost sure that the tumour in the hollow of the sacrum was the retroflexed gravid uterus, and I tried again and again to help it out of the pelvis by placing the woman on her elbows and knees whilst I manipulated; but in vain. Subsequently, after a long and careful consideration, I came to the conclusion—a very erroneous one, however—that the case was one of fibroid uterine tumour, until I introduced the sound so easily to the extent of more than six inches; and even then I was puzzled, for we know how hypertrophied the uterus may sometimes become when occupied by a tumour. Of course, I should not have introduced the sound had I known pregnancy to exist, for doubtless in a few days the uterus would have contrived to escape from the pelvis; but I was led to infer the contrary from—

1. The patient's previous history.
2. The absence of all positive signs.
3. The extreme improbability of conception taking place in such a state of uterine displacement as had existed for eight or ten years at least.
4. My inability to reduce the retroflexion of the uterus; for in three cases at least, where I had previously seen the pregnant organ impeded in its attempt to escape from the pelvis, I had found no difficulty in correcting its malposition very soon after the bladder had been emptied, and the bowels moved.

Here the question will arise: "How far did the passage of the sound contribute to the result?"

I have little if any doubt that it helped to rectify the position of the uterus. When I found the sound enter to the extent it did, I at once desisted from any further exploration, but most carefully withdrew it instantly; and there was not the slightest flow of either blood or liquor amnii, nor did any pains supervene until the middle of the next day, (*i.e.*, at the expiration of twenty-four hours at least) and then almost immediately after passing a copious amount of urine.

A second question is: "Supposing the sound had not been introduced, have we any reason to believe that abortion would have taken place?"

I think we have: for the uterus had undergone a considerable amount of irritation from the five or six days retroflexion (it was not mere *retroversion*), and with-

out more care than a woman in my patient's class of life would usually take of herself,\* we could scarcely hope that a flaccid habitually prolapsed womb would long retain its burden, after suddenly regaining an erect position; and although I used the sound, yet, in my own mind, I am inclined to attribute the abortion to the above cause.

I must apologise for the length to which my communication has run, but I do not think I could have made my case understood in much less space; and, although on reviewing it, I cannot say it tells greatly in my favour, yet I think it so full of interest and instruction, that I should do wrong not to make it known for the sake of others, who meeting perchance with a similarly perplexing train of symptoms, may be able to regard this record as a landmark, and hence avoid the mistake of ever passing the sound into a pregnant uterus.

## Transactions of Branches.

### SHROPSHIRE SCIENTIFIC BRANCH.

CASE OF LITHOTOMY FOLLOWED BY PHAGEDENIC ULCERATION AND PNEUMONIA: RECOVERY.

By WILLIAM EDDOWES, jun., Esq., House-Surgeon to the Salop Infirmary.

[Read February 13th, 1863.]

B. D., aged 4 years, a native of Dawley, was admitted into the Salop Infirmary, under the care of Mr. Wood, for stone in the bladder. He was a fine, fat child, and appeared to be in good health.

Upon two examinations, a stone was detected in the bladder. It appeared to be a small one, from the fact that it could be seldom struck with a sound.

On November 10th, he having been put under the influence of chloroform, Mr. Wood performed the lateral operation, and extracted a small lithic acid calculus. The patient was then placed in a double-bedded ward adjoining the operating-room (specially reserved for patients after severe operations), together with another patient whose thigh Mr. Wood amputated on the same day for disease of the knee-joint.

In five or six days, symptoms of pyæmia came on in the amputation case, from which the patient subsequently died; and, shortly after the occurrence of pyæmia in this case, the edges of the wound in our little patient became somewhat hard and erysipelatous looking. He was ordered a mixture of tincture of sesquichloride of iron, with beef-tea *ad libitum*; and a poultice to the wound.

Nov. 27th. The erysipelatous appearance of the wound had gone on increasing; and now, seventeen days after the operation, it was found to be covered with phagedænic ulceration; the surface being coated with a yellowish tenacious secretion, and the edges hard and brawny; it was also very painful. Strong nitric acid was freely applied over the surface of the wound, a carrot poultice laid on, and a mixture containing ammonia and bark administered.

Dec. 1st. The wound appeared about the same; the pulse was very weak; the tongue moist and furred. The patient was evidently much weaker. Wine was ordered, and the mixture was continued.

Dec. 3rd. The ulceration was excavating the tissues of the perinæum, and the edges remained hard. Strong nitric acid was again rubbed freely over the wound; chlorate of potash was added to the mixture; opium was added at bedtime; and the wine was increased.

Dec. 9th. The ulceration was still spreading, and ex-

\* I insisted from the first on my patient's lying in bed, but to no purpose.

cavating the tissues more deeply; in fact, quite a chasm was formed in the pelvis, which the urine, in passing through, irritated very much. The patient was weaker; the tongue furred, but moist; and the pulse weak and very quick. Chloroform having been administered to him, strong nitric acid was a third time freely applied to the wound; and a dressing of lint, dipped in a mixture of two drachms of tincture of benzoin and an ounce of resin ointment, was applied hot to the wound. The wine was increased to sixteen ounces in twenty-four hours.

Dec. 14th. He was weaker; tongue furred; pulse very quick and feeble; the appetite bad. Wine was almost the only support taken. He appeared to be sinking. The same dressing and mixture were continued; and oxygen gas was now ordered to be diffused under the bedclothes and inhaled.

Dec. 15th. A change for the better had taken place. The tongue was moister. He had taken an egg and some fowl, in addition to the wine. Superficial sloughs appeared to be separating over the surface of the wound; small granulations were becoming evident; and the discharge was more profuse. Oxygen was twice administered on this day.

Dec. 18th. The wound was suppurating and granulating healthily; it was washed with Condy's solution before the application of the dressing. The feet were œdematous. He took beef-tea and arrowroot, in addition to his wine. The bowels acted naturally.

Dec. 19th. He was better; pulse stronger; appetite good. He had had a good night. The feet were less œdematous, and the wound was beginning to fill up.

Dec. 23rd. The wine was decreased to ten ounces in twenty-four hours.

Dec. 25th. The wound was filling up. The bowels were regular, but the motions white. Castor oil was ordered, and hydrargyrum cum cretâ.

Dec. 30th. He was better. All the urine still passed through the wound. The hydrargyrum cum cretâ was repeated.

Jan. 2nd, 1863. The motions had regained their natural colour, and the patient was progressing favourably.

Jan. 6th. Now, for the first time since the occurrence of the ulceration, the urine was observed to pass *per urethram*. A short cough and quickness of breathing came on this day, and there were spasmodic twitches of the muscles of the face. He vomited all that he took. The pupils were dilated. Ammonia and chloric ether were administered.

Jan. 7th. Vomiting had ceased.

Jan. 8th. His breathing was very quick; pulse quick and feeble; tongue much furred. A mustard poultice was applied to the right side of the chest. Crepitation was heard over the right lung.

Jan. 12th. He was not so well. There being extensive dulness over the lower part of the right lung, a blister was applied, and a mixture ordered of ipecacuanha, conium, and chlorate of potash.

Jan. 14th. He was relieved. The remedies were continued.

Jan. 19th. He was much better. The lower part of the right lung had become resonant, a little crepitation only remaining.

Jan. 22nd. He was almost well, and was carried out of the ward. The wound had healed, except a slight superficial sore; and no deformity remains.

Jan. 31st. He was this day discharged cured. He appeared quite well, gaining flesh; and his appetite was very good.

REMARKS. The chief objects of interest that I would mention are: the previous good health of the patient; the occurrence of the phagedænic ulceration; and the wonderful rallying power of the patient, to have enabled him to recover from such severe relapses after the

operation. The child had always enjoyed good health, except what arose from the inconvenience of the stone in the bladder. Knowing this, one would ask: How did this particular form of ulceration come to attack him? The ward in which this patient and the man who died of pyæmia were placed is adjoining the operating-room, and sometimes for weeks together is without an inmate. It was, therefore, evidently not from overcrowding; nor would one think that it was owing to the neglect of ordinary sanitary precautions, for the rest of the patients appeared to progress as well as could be wished for in any hospital. With the exception of one with necrosis of the first metatarsal bone, who was attacked a few days afterwards with similar ulceration, only one other case of this kind occurred, and that after a period of six weeks, in a case of necrosis of the tibia.

Erichsen, in his work on *Surgery*, states that, at the time of the two outbreaks of hospital gangrene at University College Hospital, erysipelas, influenza, and *phlebitis* were very prevalent; and as these poisons appear to be so nearly allied, and so very insidious, one can arrive, I think, at no other conclusion but that the poison originated in the case of pyæmia, and, being conveyed to this patient, caused in him this dreadful form of ulceration.

It must be recollected that the turning point in this interesting case was immediately after, and concurrent with, the administration of the oxygen gas. How far the recovery is to be attributed to this agent is an open question; but when we consider the nature of this powerful stimulant, the change it produces in the blood, thereby renovating the nervous power, it is not too much to suppose that it gave that bias to the scales, just on the balance between life and death, that decided the turn. At any rate, it leads us never to despair where there is no organic disease, and suggests a further trial of this agent in similar cases. The nitric acid had been thrice applied, and it did not seem as if it had been able to arrest the disease; for when the sloughs separated on the first two trials, the parts beneath were still in a state of ulceration.

A YANKEE NOTION OF BRITISH SURGERY. Dr. D. P. Smith, surgeon of volunteers in a Federal regiment, writes as follows:—"One of the great faults of medical men here (London), is the great tendency to follow implicitly the teachings of some great authority, without any reasoning upon their individual cases. If a Brodie should advise exsection of joints for acute synovitis, or a Fergusson propose division of the peroneus longus as a means of facilitating union in staphylophary, or a Bennett hint the weekly application of potassa fusa as a prophylactic, many zealous followers would, to use the usual phrase, try the merits of the procedures advised. The men here, of course passing over the lights of the profession, are too apt to run on rails and rules before laid down, and while, like the locomotive, everything is as before met with, they do splendidly; but the moment anything out of the usual way occurs, they are as helpless as said locomotive off from the track, and an object of commiseration equally with their patients. The habit of continually depending on others to do your own thinking, is a state of things not favourable for mental growth. After considerable time spent, I had almost said wasted, in visiting the hospitals in this metropolis, I have arrived at the conclusion that *relative influence* had more to do with the appointment and continuance in office of some of the surgeons than *relative anatomy*, and *regional connexions* more than *regional anatomy*. *Qualities of blood* have more influence, I fear, than those of the head and heart. After a visit here one is better fitted to read Roux's 'Parallel between English and French Surgery.' I have certainly seen as bad surgery here as did Roux."

## Reviews and Notices.

RESEARCHES ON THE NATURE, PATHOLOGY, AND TREATMENT OF EMPHYSEMA OF THE LUNGS, and its Relations with other Diseases of the Chest. By A. T. H. WATERS, M.D.; Member of the Royal College of Physicians of London; Physician to the Northern Hospital, Liverpool; etc. Pp. 114. London and Liverpool: 1862.

DR. WATERS has already established for himself an honourable reputation by the able essay which he published a few years ago on the Anatomy of the Human Lung, and for which the Fothergillian gold medal was awarded to him by the Medical Society of London. He now brings forward the result of his researches, literary and practical, on one of the morbid structural changes to which the pulmonary organs are liable; and, in doing so, has at least established a claim to be enrolled among the most able and diligent of those who have striven to explain the nature and mode of production of emphysema, regarding which considerable difference of opinion still exists among pathologists.

The book is divided into six chapters.

In the first chapter, the author describes the Morbid Anatomy of Emphysema. After a brief historical notice, given with the object of shewing the present uncertainty of our knowledge as to the nature and pathology of the affection, he describes in outline his views as to the minute anatomical structure of the healthy lung. He then goes on to describe pulmonary emphysema as of two kinds—vesicular and interlobular; the former being the most frequent and important, and the latter occurring rarely, except in advanced cases of the vesicular form. Vesicular emphysema is further divided by him into *partial lobular*, where a few air-sacs or a single lobulette are affected; *lobular*, where the whole of a lobule is affected; and *lobar*, “where the whole of one lobe of a lung, or more frequently the whole of the lung itself, is involved in the disease.” Lobar emphysema is regarded by Dr. Waters as the most important form of the disease.

The condition of the pulmonary tissue in the various stages of emphysema has been carefully examined by Dr. Waters. In the early stages, the air-sacs are dilated, the alveoli increased in size, and the alveolar walls partially obliterated. This obliteration increases as the disease advances; so that, instead of presenting the honeycombed appearance arising from the depressions or alveoli in their walls, the inner surface of the air-sacs becomes smooth. The walls of the air-sacs, being distended, become thinned and perforated; so that “in some instances, the whole of the walls of the air-sacs and the septa of the alveoli are perfectly riddled with small openings, so that a horizontal section of the lung-substances has a general cribriform appearance.” Further changes consist in greater distension of the air-sacs, enlargement of the perforations, and rupture of the fibres composing the walls, with consequent coalescence of the openings; until, in the most advanced stages of the disease, the partitions between the sacs may form mere shreds. Dr. Waters has observed a difference in different lungs which he thinks important; viz., in lobular emphy-

sema he has found much distension and little perforation; while in lobar emphysema there has been extensive perforation with sometimes even less distension than in the lobular form. This greater liability to perforation in lobar emphysema he believes to point to the presence of degeneration of the lung-tissue.

In the second chapter, Dr. Waters discusses the Pathology of Emphysema, and brings forward some very ingenious views. He observes that the great question is, whether emphysema is preceded or attended by any degeneration of tissue; and he holds that lobar or general emphysema is produced under different conditions from those which prevail in the lobular or partial form of the disease. Regarding the latter, he says:—

“Where the disease is partial, and situated, as is then usually the case, along the margins and at the apex of the lung, and is associated with or has followed some other pulmonary affection—as, for instance, chronic bronchitis, or, in fact, any disease which has been attended with long standing or violent cough,—I believe the morbid changes may have been brought about mainly by mechanical violence, without there having been any preexisting affection of the lung-tissue. The general appearance of the lung substance, in these cases, is very different from that which characterises the disease to which the name of lobar emphysema has been given; the tissue has more the appearance of that of the healthy lung, but it is paler and more anæmic than the latter. It is quite true that in these cases the same anatomical changes—dilatation, perforation, etc.—take place in the progress of the disease, as in the larger and more formidable affection; but these changes necessarily ensue, not merely from a rupture of the elastic fibres and basement membrane, but also from the giving way and absorption of the capillary blood-vessels—circumstances which lead to imperfect nutrition and consequent atrophy.” (Pp. 24-5.)

On the other hand, speaking of lobar or general emphysema, he observes:—

“That this form of the disease differs very materially in its pathology from partial emphysema.... will, I think, be admitted by all who will give a careful attention to the subject. The insidious manner in which the disease comes on; the almost entire absence of cough frequently observed, as well as of all other symptoms except a gradually increasing dyspnoea, and, as the patients constantly describe it, ‘a smothering in the chest’; the occasional rapidity with which the affection progresses; the secondary consequences which ensue; and the general cachexia which supervenes—all point to the grave character of the malady, and, I believe, to its constitutional origin in some degeneration of the pulmonary tissue.” (P. 26.)

What the nature of this degeneration is, Dr. Waters does not pretend to determine. Mr. Rainey and Dr. C. J. B. Williams have believed it to be fatty; Dr. Jenner holds that fibrous degeneration is the most common change in emphysema. Neither of these conditions, according to Dr. Waters, is sufficiently constant to be regarded as a cause. He has found fatty degeneration in some cases; but it has here sometimes not only affected the pulmonary vessels but also the aorta; and he questions whether it may not be “the result of the imperfect nutrition which necessarily ensues in the progress of the disease.”

The author thus sums up his reasons for believing emphysema—i.e., lobar—to be the result of a degenerative process of constitutional origin:—

"1. The high degree of development which the disease often reaches, without any previous history of violent or long-standing cough, either in connection with bronchitis, hooping-cough, or any similar affection.

"2. The frequency with which the disease attacks the whole of both lungs; and the uniformly equal character of the morbid change often observed throughout all parts of the lungs.

"3. The hereditary nature of the disease.

"4. The manner in which the disease is influenced by certain remedial measures which are known to act beneficially on other diseases attended with degeneration of tissue." (Pp. 34-5.)

In the third chapter, the Determining Causes and Mechanism of Emphysema are examined. The author here notices the two principal theories which have been proposed—the inspiratory, in which it is assumed that the dilatation of the air-sacs is produced by inspiration; and the expiratory, which refers the morbid change to the effect of expiration. The views of Laennec and Gairdner especially are noticed; and, after an examination of the arguments for and against each of the theories to which reference has been made, Dr. Waters arrives at the conclusion that, while lobular emphysema may be produced by expiration, the lobar form is produced by inspiration.

"From a knowledge of the peculiar arrangement of the walls of the chest, and a consideration of the action of those muscles which are concerned in expiration, it appears to me that, with violent expiratory efforts, the lungs must be unequally compressed, and that air must be driven, first to those portions of the lungs where the walls are least resisting, and secondly, to those portions which contain the least volume of air." (P. 47.)

This remark applies to the *partial lobular* and *lobular* forms of emphysema, which Dr. Waters believes arise most frequently from violent expiratory efforts, as cough. With regard to emphysema affecting the whole or a large part of one or both lungs, where no such obvious cause is present, Dr. Waters observes:—

"From the non-existence of cough and bronchitis, and the prevalence of the disease throughout the entire lung, we cannot attribute any effect to expiratory efforts; and I am disposed to think that the distension is brought about by inspiration; that the lung-tissue, being in an unhealthy condition, and abnormally weak, gives way before the pressure which it would in a state of health resist; that, having once yielded, it is unable to recover itself, from having lost its elasticity. Consequently, it undergoes further distension, as increased efforts are made to dilate the chest in order to meet the requirements of respiration; until, at length, the thorax having reached its extreme point of dilatation, no further enlargement of the lungs can ensue." (P. 52.)

In the fourth chapter, Dr. Waters describes the Symptoms and Physical Signs of Emphysema; and in the fifth, the Sequelæ of Emphysema, and the Diseases associated with it.

In the last chapter, on the Treatment of Emphysema and of the Diseases connected with it, Dr. Waters, holding to the view already expressed by him of the constitutional and degenerative nature of the disease, advises the employment of "all measures which invigorate the system, give tone to the walls of the vessels, and improve the condition of the blood." The most useful remedy in his hands has been iron, sometimes combined with small doses of quinine. Mild bitters, and mercurial, with rhu-

barb pill, are sometimes required to relieve dyspeptic symptoms. Cod-liver oil has been found of service in cases attended with much wasting. He has confined himself mostly to iron and quinine, "except in regard to the sparing use of expectorants, and remedies addressed to the bronchitic and asthmatic conditions from which the patients generally suffer more or less." The diet should be as nutritious and digestible as possible; a main object being "to keep the blood moderate in quantity but rich in quality." For other particulars as to treatment, we must refer to the work itself.

In concluding this notice of Dr. Waters's work on *Emphysema*, we feel bound to express our hearty thanks to him for the ability and diligence with which he has endeavoured to clear up one of the obscure points in pathology; and, while we congratulate him on the success which has hitherto attended his labours, we hope that he will continue his researches in the path on which he has entered with so much credit to himself and promise of advantage to science.

#### THE PRINCIPLES AND PRACTICE OF OBSTETRICS.

By GUNNING S. BEDFORD, A.M., M.D.; Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York, etc. Third edition, carefully revised and enlarged. Pp. 743. New York: 1863.

THIS work consists of forty-seven lectures, on the subjects usually treated of in systematic works on Midwifery. In its general plan, and in the doctrines inculcated in it, the book presents nothing remarkable. But for the completeness, clearness, and general soundness of the instruction which it contains, it is fully worthy of being placed in the foremost rank among books of its kind. That the profession in America have arrived at this conclusion, may be reasonably inferred from two facts stated by Dr. BEDFORD in his preface; viz., that this—the third—edition has been called for within little more than thirteen months from the first appearance of the work; and that the treatise has already been adopted as a text-book in nine of the medical colleges of the United States.

While, however, it is not necessary to give an elaborate analysis of the work, there are one or two points in it on which it may be interesting to know the author's opinion.

In regard to the recently discussed question—the management of twin-labours—Dr. Bedford points to what takes place when the progress of the case is left to nature, as a guide to the practitioner. The statistics collected by Dr. Collins tend to show that, if left alone, the birth of the second child follows that of the first at an interval generally ranging from fifteen to thirty minutes. Hence, his advice is to wait, unless there be some complication, such as hæmorrhage or convulsions, at least half an hour before attempting to expedite the birth of the second child. If it be then necessary to interfere, ergot may be given; and, if the fœtus be not expelled at the end of two hours, turning, or the forceps if the head have descended, should be employed. He regards it as important that, as a general rule, the accoucheur should not leave the room until the delivery of the second child has been accomplished. But he admits that these instructions as to the



management of twins must not be regarded as of universal application; for instances sometimes occur—as in premature delivery—where the birth of the second child is delayed two or more weeks after the birth of the first.

In speaking of Dr. Simpson's recommendation to substitute turning for craniotomy in cases of deformed pelvis, Dr. Bedford holds that, if the contraction in the antero-posterior diameter of the pelvis at the inlet be less than three and one-eighth inches, the delivery of the head by version would be physically impracticable.

"But again, if there be a space of three inches and an eighth, it is possible that the head may descend in a vertex presentation, for the reason that the transverse diameter of the arch will occasionally, through the overlapping of the bones, yield to the extent of half an inch. Therefore, with such a pelvic deformity—such as we have described, it is far better to trust, all things being equal, to the resources of nature than to attempt delivery by version. . . . Turning, under the most favourable circumstances, is an operation of peril both for mother and child; and just in proportion as the natural dimensions of the pelvic canal are abridged, the peril will be enhanced. Again; another solid argument, it seems to me, against version in pelvic deformity, is the very probable contingency, after having subjected parent and child to the danger of the alternative, that the delivery will be required to be terminated by craniotomy. My advice to you is this—if the antero-posterior diameter do not measure more than three and an eighth inches, trust, as long as circumstances will justify it, to the resources of nature; if these be found inadequate, and there should be indications of peril either to mother or child, then, in lieu of version, have recourse to the forceps; for although, as a general rule, when the head is at the superior strait, I prefer turning to forceps delivery, yet, in the event of pelvic deformity, such as we have been considering, my choice would be the instrument. The safest practice, however, would unquestionably be the induction of premature delivery; but this would, of course, involve the necessity of ascertaining the existence of the deformity at some time prior to the completion of utero-gestation." (Pp. 54-56.)

In concluding, we must not omit to notice the elaborate manner in which certain operative details are described by Dr. Bedford. We refer in particular to the lectures on the use of the forceps; where special directions are given for the application of this instrument in each position of the child's head in which it may be necessary to use it.

Dr. Bedford's book is a very complete exposition of the present state of obstetric knowledge; and, as such, is worthy of a favourable reception in this country as well as in America.

**EXTRAORDINARY LONGEVITY.** For some time past the obituary of *The Times* has exhibited some rare instances of old age. Our impression of Tuesday last published the deaths, among others, of six persons, whose united ages amounted to 519 years, or an average of 86 years and 6 months for each of them, five being women, the youngest being 82, and two numbering 91 years each. The gentleman was 84. The obituary of yesterday was still more remarkable than that of the preceding day, inasmuch as the deaths of seven persons are given, whose united ages amounted to 611 years, or an average of 87 years 3 months and 12 days; and again the ladies take the lead, there being four to three of the opposite sex, the youngest being a man (82), and the eldest a lady, reaching the great age of 91 years. (*The Times*.)

## British Medical Journal.

SATURDAY, APRIL 11TH, 1863.

DR. WATERS.

THE profession will warmly congratulate Dr. Waters of Chester upon the result of the action to which he has been subjected. Not only has Dr. Waters been subjected to an action at law; but he has for many months past had to bear the still greater burthens of the suspicion attaching even to the very bringing of such a charge against a man in his position, of the malignancy of enemies, and of the lukewarmness of friends. This has been no ordinary action; nor has it been carried on in an ordinary way. Dr. Waters has had to contend against powerful influence and wealth. Whatever money can do to assist in bringing home such a charge against a man, has been thoroughly done in this case. We believe we are correct in stating, that the expenses of the parties who have backed the hysterical female in the attempt at carrying out her slanderous accusation cannot amount to less than £3000! This will give our readers an idea of the influence against which Dr. Waters has had to contend—of the battle which he has had to fight. Of course, under such circumstances, the triumph of his cause becomes all the greater.

We need hardly allude to the history of this case. Dr. Waters gives, kindly and unfortunately, his gratuitous services, at his own house, to a hysterical female, the servant of one of his patients. He examines her with the speculum, finds superficial ulceration of the os uteri, and applies lunar caustic six or eight times. The woman is long under his observation. She at last goes to Malvern, where she comes under Dr. Gully's care, and complains of a swelling in her stomach, the nature of which was not appreciated by the extensive experience in hydropathy and homœopathy of the presiding doctor. Eventually, and to her great astonishment (?), the female is delivered of the tumour in the shape of a child. She had never had connexion, she swore, to her knowledge, with any man; therefore she must have been impregnated—in other words, raped—by Dr. Waters in his own house, on the occasion of one of her visits to him. She was, as her tale runs, made insensible during two hours by a potion administered to her by Dr. Waters, and in that condition the deed was effected. She named the time and day on which the thing was done.

This was her statement, which the jury by their verdict, and the judge in his charge, pronounced to be an infamous lie. The woman was of the class of clever, cunning, hysterical impostors; and by her

plausibility had won the complete confidence of her mistress, who, out of kindness to her servant, was determined to have justice done upon Dr. Waters.

We need hardly add that there was not a shadow of suspicion attaching to Dr. Waters in the matter. He has been most cruelly subjected to an accusation to which every member of the profession is every hour liable. And, therefore it is that he has especially a right to ask at the hands of his medical brethren their warmest sympathy and, if need be, pecuniary support.

But how comes it that those high in rank in the profession are to be found to lend their countenance to the carrying on of such an action as this? We think the profession has a right to demand an explanation from gentlemen who appear against a medical brother in such a case as this. Heaven forbid that we should for one moment support the doctrine, that medical men are not to give evidence against an accused party merely because he is a medical brother. No! let justice be done under all circumstances. But what we do unhesitatingly affirm is this: that when medical men, and especially medical men of note and mark in the profession, travel all the way from London to Chester, to assist in the prosecution of a medical brother, in a prosecution which, if successful, would for ever blast that medical brother's name, destroy his family, drive him from society, drive him from his country, ruin him in money, and ruin him in character, medical men should have the most convincing proofs of the guilt of the party inculpated before they lend the influence of their high names to the furthering of such a fearful charge. They should not appear as mere partisan experts, summoned on an action for damages against a railway company.

We have carefully read through the medical evidence (as reported in the *Chester Courant*) given by Dr. Lee and Dr. Ramsbotham; and we say, without hesitation, that such evidence never ought to have been given by them. The learned judge said that the theory of the plaintiff's case was this, as he understood it:

"The young woman had to go to Dr. Waters, and he had applied the speculum to her without good medical reason for it, but in order to gratify some filthy desire either in inspecting her person, exciting her lust—or getting possession of her person. That finally he committed the offence whilst she was insensible, rendered so, as alleged, by the use of drugs. That was the theory propounded by the plaintiff. If they came to the conclusion that the treatment was improper, and directed to that end, it was no doubt a corroboration of the young woman's statement."

Well; and here we find Dr. Lee and Dr. Ramsbotham both declaring that the treatment was improper. Both the doctors together examined the female; and said Dr. Lee, "In my opinion, no ulceration ever existed there at all, and the speculum has been most grossly abused." We have, therefore,

both these gentlemen "corroborating the young woman's statement" by declaring that the treatment was improper. Now we are not going to say a word in favour of the modern use of the speculum; we may agree with Dr. Lee that the instrument is grossly abused; but we nevertheless affirm that Dr. Lee and Dr. Ramsbotham were utterly without justification in lending their great names to the support of this prosecution—resting their positive assertions on what is manifestly nothing but a mere matter of *opinion*, on their *medical opinions*. For what, after all, is their assertion, but a mere opinion? They assert that the treatment was improper. Well, here are, then, equals in celebrity to themselves—Dr. Simpson of Edinburgh, Dr. Keiller, and Mr. Brittain, and Dr. Fyfe—who go into the witness-box and swear that the treatment adopted by Dr. Waters was, in their opinion, right and proper, and just the very treatment which they themselves would have adopted!

What must the world, and what must the profession think of the conduct of medical celebrities who go into a court of justice to assist, on the strength of a mere opinion, in bringing home such a charge as this against a professional brother? And who can tell what baneful influence such evidence as this might have had on the minds of the jury, had not Dr. Waters, happily, been able to avail himself of the counter-evidence of Dr. Simpson and Dr. Keiller?

It is high time that some serious steps were taken by the profession to put down this most unseemly persecution of medical men by medical men. How often have we not of late had occasion to refer to such scenes as these, where medical men too eagerly appear in court to assist in the blasting a brother practitioner's fair fame! The very fact of men in the position of Dr. Lee and Dr. Ramsbotham appearing in the case, gives an immense impulse to the accusation. Nay, we may even venture to believe that, but for their countenance, such an action as this could never have been brought at all. Is it not, indeed, reasonable to believe that their influence could have even arrested the action? Surely no men should know better than they how scrupulously cautious a medical man should be in accepting the one-sided statements of a clever hysterical female; and especially so when, as was evident, the blasting of Dr. Waters's fame would be the saving of her own reputation!

As regards Dr. Taylor, we will only remark that we regret to see his name connected with a prosecution in which he positively had no special evidence whatever to give—where his presence was, in fact, quite superfluous. The only statement of consequence which he made was one which, we believe, he would have the very greatest difficulty in substantiating by fact; namely, that impregnation can take

place during the insensibility of the female. Every one will theoretically at once admit the thing as possible; but can Dr. Taylor give any proof sufficient that impregnation has ever taken place under such circumstances? And if he cannot, for the sake of his medical brother, why did he not say so? We would remind him of his own quotation concerning this point in his work: "*Non omnes dormiunt, qui clausos tenent oculos.*" Why not at least have given Dr. Waters the benefit of the doubt?

We may have occasion again to return to this subject; and will only now add that we consider the profession has a right to call upon these gentlemen to justify themselves for the part which they have played in this most serious trial, wherein what is of more importance to a medical man than life itself has been the stake played for.

### JOURNEYMEN BAKERS.

THE wrongs of the journeymen bakers have been often brought under the notice of the public. We are glad to see that they are now to come under the especial notice of the House of Commons.

Mr. Bruce has brought forward a bill to regulate the employment of bakers, and his bill has been ordered to be printed. It is called the Bakehouses Regulation Bill. According to its terms, persons under the age of eighteen are not to be employed in bakehouses between the hours of nine o'clock P.M. and five o'clock A.M.—i.e., during the time when people ought to be in bed. Again, in this bill, provisions are made to enforce the cleanliness of bakehouses; bakehouses are to be painted and lime-washed according to Act of Parliament. The measure seems strong, and contrary to his-house-his-castle idea of the Englishman; but it is undoubtedly warranted by the requirements of the case. The ventilation of these places is also to be provided for, and they are to be kept free from all offensive odours. Sleeping places are not to be permitted on the same floor with the bakehouses unless under certain strict regulations.

This bill is founded on the reports of Mr. Tremenhoe, who has inquired into the subject at the instance of Sir George Grey. In fact, the result of Mr. Tremenhoe's investigations was the following recommendations:—

"1. That no youth under eighteen be allowed to work in a bakehouse later than nine P.M. or earlier than five A.M.

"2. That bakehouses be placed under inspection, and subjected to certain regulations in regard to ventilation, cleanliness, etc.; and

"3. That it would be desirable that the provisions of the Act for Preventing the Adulteration of Articles of Food should be made more effectual."

The following extract from the *Social Science Review* will give our readers an idea of the evil which this bill seeks to remedy:—

"The work of a London journeyman baker begins at about eleven o'clock at night, at which time 'he makes the dough.' This is a laborious process, and lasts from half an hour to three quarters of an hour. He then lies down upon the kneading-board, which is also the covering of the trough in which the dough is 'made,' and with one sack under him and another rolled up under his head for a pillow, he sleeps for about two hours. He is then engaged continuously for about five hours, 'throwing out the dough,' 'sealing it off,' moulding it, putting it into the oven, taking it out of the oven and up to the shop, etc. When the bread and roll making is ended, the distribution of it begins, and a considerable proportion of the men thus employed during the night are upon their legs for many hours in the day, carrying baskets or wheeling handcarts, and sometimes in the bakehouse at work again. Some of these men leave off work at various hours between one and six p.m., according to the season of the year or the amount of their master's business, while others are engaged again in the bakehouse, 'bringing out' more batches, until late in the afternoon.

"It appears from the evidence that a very large majority of the journeymen begin to work in this manner when they are under eighteen; usually when only sixteen, and frequently when fifteen and even fourteen years of age. The total number of journeymen bakers in the metropolis is now considerably more than fourteen thousand, and of this number two thousand are under eighteen years of age.

"The locality in which the bread of London is made is what in houses in general is the coal-hole and the front kitchen. The ovens are usually under the street. Mr. John Bennett stated in his evidence, 'that many bakehouses in London were in a shockingly filthy state, arising from imperfect sewerage and bad ventilation and neglect; the bread therefore, during the process of fermentation, became impregnated with the noxious gases surrounding it; also, that many journeyman bakers in London slept under the pavement, in the bakehouses.' Another witness said, that 'the places where he had worked had almost always been arches under the ground with no means of ventilation, except through the doors. These were generally fearfully hot, and many of them infested with vermin. The bakehouses were also often so close to the drains that they smelt very bad. It was a common practice to lock the bakehouses at night, while the men were at work; consequently, there being no ventilation except through the doors, it was very stifling, and apt to injure the men's health.' Mr. Neville also stated, that 'he had known many bakehouses in a shocking state, as places of work, and most injurious to the men, and so infested with rats, beetles, cockroaches, and so full of noxious smells, that they must infect the bread.' Other witnesses spoke of the extreme dirt in the bakehouses, of the large cobwebs which hung from the ceilings, of the blackness of the rafters caused by the sulphurous exhalations from the oven, of the animals which crawled in considerable numbers in and out of the troughs where the bread was made, of the smell from the drains, the draught of the oven continually drawing the effluvia through the bakehouse, and of the foul gases with which small bakehouses in particular are overloaded, from the drains, the ovens, the fermentation of the bread, and the emanations from the bodies of the workmen.

"No person who has not seen it can form an idea of the process which flour undergoes in a London bakehouse in the course of its being converted into bread. Even under the most favourable circumstances the process is such that no one would wish to witness it a second time. Presuming the utmost cleanliness on the part of the foreman, who is obliged to plunge his arms into the semi-liquid mass in the trough in which he mixes the ingredients for the bread, this method cannot

but suggest frequent impurities. For instance, in the process of making the dough, in particular, the work is so severe, the posture so disadvantageous, and the heat of the bakehouse so intense, that it frequently happens that the perspiration drops from the men's faces into the dough; and their arms, immersed in the dough, are necessarily at the same time covered with perspiration. Another fact is that, during the process of making the dough, which usually lasts from half an hour to three-quarters of an hour, the men inhale the flour-dust, and the carbonic acid gas, generated by the fermentation, both prolific causes rendering them so liable to lung disease. The attention of Mr. Tremeneheere was called to these facts by several witnesses, and, from their unvarying testimony, he came to the conclusion that it was next to impossible to prevent the perspiration of the men employed in making the bread, according to the present system, from mixing more or less with the batch of bread so made. One of the witnesses stated that, on a cold day in November, in a large bakehouse which was cool, he had seen one of the men making the dough, from whose face the perspiration was dropping, and yet he was standing within four feet of an open door."

### A PHYSICIAN KEPT BY A DRUGGIST.

WE have received the following, which is printed on paper of the size and shape and quality which are met with at certain useful corners of streets. We are assured that the physician alluded to is not a mere abstraction, but is a person who holds a position of some mark in the profession. We trust that our informant is mistaken.

"J. H. Morton, Medical Hall, Upper High Street, New Brompton, respectfully invites attention to the superior quality of the medicines sold at his establishment, and solicits a trial of the following preparations, the large and increasing sale of which is a sufficient proof of their efficacy. Morton's Tasteless Antibilious Pills. Morton's Celebrated Powders for Children. Morton's Tasteless Castor Oil. An experienced physician attends every evening. Advice Gratis. Urgent cases, accidents, or midwifery, attended at any hour."

### THE WEEK.

THE deaths of Mr. Stewart and his assistant, of Edinburgh, after accidental inhalation of nitric acid vapour, have called the attention of several persons to the subject who have themselves witnessed similar dangerous consequences. In the *Chemical News*, Mr. F. Trachsel of Manchester writes:

"The notice of the deaths at Edinburgh of Mr. Stewart and his assistant reminded me of a similar lamentable case which occurred some years ago to a friend of mine, Mr. James Heywood, lecturer on chemistry at Sheffield. His death was occasioned by the breakage of a carboy of mixed acids, nitric and sulphuric, which he used for exciting some voltaic batteries. During the act of pouring out into a jug the acid, he slipped and fell; the glass vessel broke, cutting his hand severely. The pupil who assisted him had his clothes burnt; he was quickly taken to a pump; he did not die. But poor Heywood went home; in a short time his feet became very cold, he felt an increasing difficulty in breathing, and died in the night."

Mr. Trachsel attributes the cause of death to coagulation of the blood produced by the action of the

nitric acid vapour. Another case, illustrating the injurious effects of the acid, is related of himself by Mr. J. S. Blockey, who writes in the *Chemical News*:

"Some years ago, after experimenting for some time with Callan's battery, I was attacked with a sort of pleurisy, which the doctor (Mr. Nichols of Savile Row) attributed to the fumes of the battery."

Again, Mr. Peter Spence, of the Pendleton Alumnworks, in the same journal remarks:

"I fully agree with Mr. Swindells as to the lamentable characters of the accident at the Edinburgh Institution, by which the lives of Mr. Stewart and his assistant were sacrificed. Sad experience, however, makes me differ entirely with him as to the occurrence being singular; and, if not more careful, it would not surprise me to hear of his being the next victim to the deadly power of nitrous acid gas. The following analogous case in my own works may serve as a warning to him and others who might by his letter be thrown off their guard. Last October, at my works at Goole, in Yorkshire, it became needful to clean out a vitriol-chamber for repairs. It had been off work for ten days, and was thought to be well ventilated. Some men were sent in; and, while cleaning out the accumulated sulphate of lead, nitrous fumes arose freely. The men naturally complained; and my manager, a most worthy and faithful man, whose only fault was a reckless determination always to do his duty whatever the consequences, went in along with them, and continued longest exposed. He came out apparently none the worse, sat down and wrote me his daily letter, in which he detailed the event, merely saying that it was not pleasant. He went home, took tea, dressed, and actually went to a meeting in the town, where he was seized with Mr. Swindells' symptoms of difficulty in breathing; and for twenty-four hours this continued with varying symptoms, followed by violent inflammatory action of the brain; and, in about forty hours after the exposure, he died. One of the men, who had been exposed for a shorter time, after a similar attack died the following day. No gas is, I am convinced, more dangerous; its worst feature being, that an exposure deadly in its ultimate result may give its victim no particular uneasiness for some time after he has inhaled a fatal dose."

The subject is one of much interest, and has not, we venture to think, received from the profession all the attention it merits.

WE copy the following from a daily paper, and can only trust that such unseemly and unjustifiable remarks, made in court by one professional man respecting the treatment adopted by another professional man, have been wrongly reported. If we were satisfied of the correctness of the report, we should give the gentleman's name who uttered them, and also state our opinion of his behaviour in the matter.

"The *post mortem* examination," he is reported to have said, "showed that the ribs were fractured from violence. There was also chronic inflammation of the chest from long standing disease. He was of opinion that death resulted from the fracture, badly managed in the first instance by the gentleman who was called in, and acting on a constitution already enfeebled by illness. The ends of the ribs had not been placed in apposition. It was possible that she might have lived if the ribs had been properly set; but it was most difficult to say that she could have recovered from such injuries."

It does not appear to be sufficiently well known that candidates for the membership of the Royal College of Physicians of London are expected to give proofs of their knowledge of the Latin language. A knowledge of this language by candidates for the membership is considered by the College *a sine qua non*. Candidates may also, if they please, translate passages from Greek authors, and exhibit a knowledge of the modern tongues; but this part of the Member's programme is not obligatory, like the former.

At a late meeting of the Cork Medical Protective Association, Dr. Mackesy proposed a resolution and made the following remarks relative to medical representatives in Parliament:—

"Dr. Mackesy proposed the resolution:—

"That we still keep in view, in the event of further parliamentary reform for the United Kingdom, the justice of having the medical profession represented in the House of Commons."

"As, fortunately, reform at the present moment is totally forgotten, the object of this resolution is to keep the subject of medical parliamentary representation under the notice of the public and of the medical profession. The England people have proved their sound judgment and good sense by the manner in which they ignored the reform bills that had been brought forward by different governments, which only dealt with the masses of the community, and gave no adequate conceded representation in Parliament to the educated classes. It is, therefore, to be presumed that, when Government shall again introduce a reform bill, the educated classes will receive proper consideration, and amongst them the unrepresented educated classes. The Colleges of Physicians and Surgeons of the United Kingdom occupy the first place—each College having a numerous, respectable, well-educated constituency, regularly and legally registered under the judicial act, and when those Colleges shall be enabled to send representatives to Parliament, I expect that voting by voting papers will be granted to them, the same as to the Universities, thus enabling the most remote medical practitioner to record his vote without trouble or expense. The advantage of having medical men of station and acquirement in their profession in the House of Commons to arrange the many sanitary measures introduced and generally so mismanaged as to render them in many instances inoperative, is too obvious to require observation, and render medical parliamentary representation of more consequence to the community at large than to our profession."

SOME interesting particulars of the epidemic of yellow fever which reigned in Lisbon in 1857 is recorded by M. Alvarenga, have been lately given by Dr. Simonot to the Medical Society at Paris. The epidemic began on September 9th, 1857, and lasted to December 27th. During this time, out of a population of 200,000, there were affected by the disease 13,757. Of these, 7,842 were treated in private, 5,161 in hospitals, and 754 in military hospitals. Of the deaths, 3,466 occurred in private, 1,933 in hospitals, and 254 in military hospitals. In the special hospitals, of 155 *employés*, 34 were affected, and 8 died. At the Hospital San José, situated in

the midst of the most infected part, of 242 *employés*, 43 were affected and 21 died. 33 ecclesiastics and 3 medical men, who attended the sick, also died. Thus there was one person affected in 14.53; and one death in 35.38 of the population; moreover, there was one death in 2.43 of patients. Hence, this epidemic of yellow fever at Lisbon was more fatal than the cholera at Paris in 1832—the mean mortality being 21.83 in 1000 of population. In the vast establishment of Desterio, the total number of patients was 2514. At the outbreak, M. Alvarenga courageously shut himself up with them; and it was here that he made his clinical observations on sixty-three autopsies, in which all the organs were examined with the greatest care. M. Alvarenga has published a most minute, and no doubt faithful, account of the observations thus taken by him.

M. Becquerel has communicated to the Academy the results of his new researches respecting the temperature of the air. There exist, according to him, in every place two mean temperatures: one which depends upon latitude, and another upon the nature of the earth's surface. The latter temperature has hitherto been neglected by travellers, and it is the one to which he now calls attention.

Erysipelas is always present in Parisian hospitals. During January last the number of cases have been notably increased. Lariboisière has still the sad reputation of affording the greatest number of cases and the greatest mortality; four out of fifteen cases were mortal.

Dr. Schreiber of Leipzig recommends the use of clay as the most "energetic, the most innocent, the most simple, and the most economical of palliative applications to surfaces yielding foul and moist discharges." He moreover considers that it has a specific action in accelerating the cure. Clay softened down in water, and freed from all gritty particles, is laid, layer by layer, over the affected part to the thickness of about a line. If it become dry and fall off, fresh layers are applied to the cleansed surface. The irritating secretion is rapidly absorbed by the clay and the contact of air prevented. The cure thus goes on rapidly. This clay ointment has a decisive action in cases of fetid perspiration of the feet or armpits. A single layer applied in the morning will destroy all odour in the day. It remains a long time supple, and the pieces which fall off in fine powder produce no inconvenience.

The thirtieth session of the Scientific Congress of France is to take place this year at Chambéry on August 10th and 12th. Amongst others an interesting subject figures for discussion on the programme; viz., Is it for the benefit of medical science, that centres of instruction should be multiplied in proportion to the clinical and material resources of the empire?

## THE LATE JOHN SMITH SODEN, Esq.

DIED at Bath, on the 19th of March, John Smith Soden, one of the oldest members of our profession, one of the founders of this Association, and one who leaves behind him an honoured and respected name.

Mr. Soden was born at Coventry on the 29th of March, 1780; a few days longer of life would have completed his eighty-third year. He was educated at the King Edward's Grammar School of his native city. He commenced his professional career under the tutelage of Mr. George Freer, a distinguished surgeon of the Birmingham General Hospital, with whom he resided five years. He then went to London and became a pupil of St. George's Hospital, and attended lectures at the Hunterian School in Great Windmill Street. On March 20th, 1800, he became a member of the old Corporation of Surgeons, immediately before its elevation to the dignity of a College. In the same year he entered the medical service of the army, and was appointed assistant-surgeon to the 79th Highlanders. He joined this regiment in June, and immediately afterwards embarked with it on that expedition which landed on the shores of Egypt on March 1st, in the year 1801.

Mr. Soden served throughout the whole of the Egyptian campaign, and was present with his regiment both at the landing and at the battle of Alexandria on March 8th. He returned with the army to England on the termination of the war; and then, his health having in some degree suffered, and influenced by the belief that the peace of Amiens would be permanent, he retired from the service and settled in practice in his native city. He remained there a few years, and in 1812 established himself at Bath, where he continued to practise until 1845, when he retired from the active duties of his profession. For the last twelve years, Bath was again his residence. Within a year of his removal to Bath, he was appointed surgeon to the Eye Infirmary then just established, and also to the City Dispensary. The latter appointment merged with the charity itself into the Bath United Hospital, in which Mr. Soden continued to fill the same office till his retirement from practice. His professional services were also given for many years to the Bath Penitentiary, with which charity he was connected from its foundation. After his retirement from active professional life, he ever manifested the warmest interest in the support and success of these humane institutions.

From this sketch it appears that Mr. Soden was early thrown into active and responsible positions, and that he enjoyed great and varied opportunities of acquiring practical experience, of which he fully and zealously availed himself. This initiation produced an earnest love for his profession and an enthusiastic estimate of its high calling. The natural tenor of his mind, an excessively modest appreciation of his own capabilities, and a fervid admiration of the labours and powers of others, led him rather to study and acquire the knowledge that existed than to seek its extension by original experiment and research; consequently, his mind was a storehouse of medical literature, and few of his contemporaries were

so well acquainted with the works of English medical writers and the existing condition of his profession. His memory was singularly retentive, and, following the dictates of his natural tastes, he had accumulated a vast fund of not merely the useful but of all that was quaint and remarkable in medical lore, whether concerning the writings or the deeds and characters of those to whom it relates.

His early experience, his extensive knowledge, combined with great powers of analysis, a sound judgment, and a calm and even temperament, essentially contributed to render Mr. Soden the good and successful practitioner which he was justly allowed to be by all who were in any way associated with him. From his retiring disposition and natural diffidence of manner, he did not take that lead in extent of practice that might have seemed the just reward of his qualifications; but he filled a high professional position, and largely enjoyed the confidence both of the profession and of the public.

In one branch of practice, that of diseases of the eye, he stood preeminent. As an operator, he had perfect self-possession and steadiness of hand, as was well exemplified in his operations for cataract. The writer has often seen him extract the lens, and, with full experience of the skill of contemporary operators, he can justly place Mr. Soden on a par with the most successful. His mode of operating was a good test of his powers. After the fashion of his time, he always made the lower section, and was ambidexter. Sitting in front of his patient, who was also in the sitting posture, Mr. Soden punctured the cornea almost vertically; he liked to see the little jet of aqueous humour issue by the side of the knife, as it assured him that the point of that instrument had penetrated all the layers; he then slowly carried the knife across the anterior chamber, and with such steadiness that he was never known to touch the iris or to fail in his section.

In general operations, it must be recorded that he was one of the first who successfully tied the external iliac artery. The case is published in the seventh volume of the *Medico-Chirurgical Transactions*.

As may be supposed, such a lover of books was likely himself to make use of the pen. He was not a voluminous writer, but he contributed several papers to the medical periodicals and local societies. These papers were of a practical nature, excellent epitomes of all that was known on the subjects of which they treated, and valuable records of the writer's own experience. Among them may be enumerated "A Case of Malformation", in the *Edinburgh Medical and Surgical Journal*, vol. iv; "Poisoning by Arsenic", in the *Provincial Medical and Surgical Journal*; "On the Use of Ergot of Rye"; "On Benzoic Acid"; "On Purulent Ophthalmia"; etc. He also gained the Jacksonian Prize of the Royal College of Surgeons in 1810, for his essay on "The Bite of a Rabid Animal". He wrote fluently, with clearness, and in an easy, inviting style, as was well exemplified in an interesting address on his early recollections of the changes that have taken place in professional practice, particularly with reference to blood-letting, delivered at a Branch meeting of the Association



in Bath on the last occasion of his being President, in 1854.

It would be doing scant justice to his memory to terminate our notice with this record of Mr. Soden's professional characteristics. It was the combination of these special qualifications with the general attributes of his mind that renders his name worthy not only of the honour of passing attention, but also of that lasting remembrance that the profession accords to those whose lives have been a credit to their order.

Mr. Soden strove to promote a spirit of good fellowship amongst his brethren, and to maintain a high tone of interprofessional relations; and to this end he was throughout an earnest supporter of the British Medical Association. He also, by the example of his own uprightness, his warm and benevolent heart, his power of attaching friends, his varied and extensive knowledge, and his gentlemanly deportment, presented to society at large the true type of a professional gentleman, and tended to elevate his profession in public estimation by the respect he exacted for it in his own person. It has been most justly observed of him by a provincial contemporary (the *Bath Chronicle*): "Those who knew him and saw him frequently in ordinary life could not help admiring the serenity of his temper, his calm self-possession, and the sweetness of his disposition. During his closing days, notwithstanding great physical weakness, his mind was fresh and unclouded to the last. Few men have sunk more gracefully to their rest, or better deserved the encomiums pronounced upon him by his friend and pastor, the Rev. H. M. Search, at the close of a sermon preached last Sunday morning from the text, 'Mark the perfect man, and behold the upright: for the end of that man is peace.' (Psalm xxxvii.)"

J. S.

ON THE FUNCTION OF THE LIVER. Henle remarks that Handfield Jones has the merit of first pointing out that the bile is prepared in the biliary ducts from the blood of the hepatic artery, and that the parenchyma of hepatic cells serves for the formation of sugar only. Henle has come to a similar conclusion from anatomical research. He believes the bile to be the secretion of particular glands opening into the bile-ducts, which have no connection with the lobules of the liver and their component cells. These latter form from the portal blood a substance hitherto identified with sugar. Ligation of the hepatic artery arrests in the most constant manner the secretion of bile. That the ligation of the portal vein should not offer a result so purely negative, Henle explains from the circumstance that the venous branches which arise from the capillaries of the hepatic arteries reach the hepatic veins through the portal system, consequently a disturbance of the portal current can react on the hepatic artery. He expects no change of the glucogenic function from obliteration of the hepatic artery; but a cessation of the glucogenic function would arise from obliteration of the portal vein, as indeed occurred in two pathological cases reported by Frerichs, and also in the experiments of Stokvis and Moss. From a teleological point of view the sugar in the liver may be regarded as consisting of the constituents of the bile as they are again taken up from the intestine; in other words, the bile can directly, through this channel, reach the cells of the liver. (*Henle und Meissner's Bericht, and Edinburgh Medical Journal.*)

## Special Correspondence.

### MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

I AM delighted to be able to report the apparent success of the bold but necessary step lately taken by the Medical Society in doubling its subscription for town members. The falling off in our numbers which was prophesied by its opponents, and feared, to some extent, by its supporters, has not taken place except in a very trifling degree, and that has been compensated by the addition of new members. More than one of our leading physicians has joined us since, assigning the very change as their reason for doing so. A successful future appears to lie before us; great additions have already been made to our list of new and valuable books; and altogether there seems to be taking place a "renewal of life." The number of readers is already on the increase; and our late meetings have been very interesting and well attended. Our library promises to be far the best out of the metropolis. It is already rich in old works of reference and valuable foreign books; and we shall now be enabled to keep pace with the progress of recent literature at home and abroad. The next step that I hope to see in progress is the formation of a pathological museum.

I cannot say, however, that the most interesting topic with the profession in Manchester at the present moment is connected with scientific medicine. Our attention has been rather turned of late to subjects touching our general social polity, and your articles on the subject of medical evidence have not been without an echo amongst us. At the last meeting of the Medico-Ethical Society, Dr. Walsh brought the question of medical evidence before the members in an able paper, touching lucidly on most of the points involved. Though no action was taken on the matter, it promises to come again before them at an early day; and I should like to draw your attention to a matter in connection therewith which has been keenly felt here, and should call for some expression of opinion by the medical press. Dr. Evan Thomas was, as you are aware, condemned at the present Lancashire assizes for wilful perjury before a coroner's court. A brief detail of the case appeared in your last number. He was found guilty and duly punished, and severely reprimanded by Mr. Baron Martin. So far all well; but I enclose for the benefit and due humbling of your readers a portion of this reprimand, as reported in the *Manchester Guardian*:—

"It is immeasurably sad that a person in your position as a surgeon should be guilty of such an offence. I find that in railway cases medical men frequently are examined as to the probable extent of injuries received in cases of accident, and the nature of their evidence has cast a doubt upon all such testimony; and such will be the result in this case. It will be said, 'How can we believe a medical man after the conviction of Evan Thomas by a Lancashire jury?' I regard it as a national misfortune that such a thing should have occurred. It will throw doubt and disgrace upon the medical profession."

Such language hardly needs any comment. That

some foolish persons may argue as here supposed is possible; but a judge upon the bench, if he referred to such reasoning at all, should have done so only to expose its fallacy and injustice. How many medical men have been even accused of perjury during the last half-century? Are there no black sheep in any profession or trade except ours, that we are thus to be all gibbeted for the sins of one who has been convicted almost solely by our own evidence? We have heard of men even upon the bench who were by no means ornaments to society. To speak thus of a profession numbering many thousands of hard-working, conscientious, and honourable men, and including many whose names will be handed down to a grateful posterity that will have utterly forgotten such men as Mr. Baron Martin, however respectable in their own sphere, is unjust, impolitic, I had almost said impertinent. Why on earth should railway trials have been dragged into the question? We know, unfortunately, that they have sometimes brought forward men who have acted rather as advocates than as witnesses; but, as a body, we deplore such conduct, and are not unmindful that the evil is caused by our contact with the gentlemen of the long robe. Besides, the cases are utterly different. Here was a man tried for a distinct perjury as to facts for a definite object; while the evil in these railway trials is simply a difference of opinions, which opinions are thought to be biased by the retaining side. But of all men to cast the stone in such a case, a great lawyer should be the last. I will almost be bound that, in the very case then being tried, the counsel on each side held different opinions as to the result, and that half a dozen other judges would have differed as to the precise amount of guilt incurred. But I have said enough to show you that, in other cases than those of criminal lunatics, we stand in need of some way of asserting our professional status.

Another case has just come to light during the last two or three days, which shows the dangers to which on all hands we are exposed. Dr. Waters of Chester, a gentleman high in professional esteem, and very lately President of our Branch of the Association, was accused by a wretched servant girl of having, while treating her for an uterine affection, administered a narcotic potion, and thus seduced her. Of course, the affair was a complete fabrication, and Dr. Waters was acquitted; but I sincerely trust that his acquittal may not have been such a costly affair as that of Mr. Adams. From the sort of evidence, and the leaning of juries to the side of the weaker sex, it is not impossible that a younger or less esteemed man might have succumbed; at any rate, it would have given his character a shake that years of good conduct alone could have lived down.

I must conclude with apologising for having filled my letter with matter which has but little of a scientific cast about it, but which, nevertheless, I thought deserving of notice.

DR. ARMSTRONG, R.N., who accompanied his Royal Highness the Prince Alfred home, has left Windsor Castle, having previously received the Queen's thanks for his care and attention during his Royal Highness's alarming illness.

## Association Intelligence.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.]

THE next meeting (the fourth of the sixth session) is appointed to be held at the Bull Inn, Dartford, on Friday, April 24th, at 3.15.

Dinner at 5 o'clock. Price of tickets, 5s., exclusive of wine.

Trains leave Dartford for London at 7.40 and 8.40; and for Maidstone at 8 o'clock.

FREDERICK J. BROWN, M.D., *Secretary*.

Rochester, April 6th, 1863.

## Reports of Societies.

### LIVERPOOL MEDICAL INSTITUTION.

MARCH 19TH, 1863.

JAMES HAKES, Esq., Vice-President, in the Chair.

*Perforation of the Stomach.* Dr. GEE shewed a specimen taken from a poor woman aged 65, who had died in the Workhouse Hospital. She had been in the hospital for four or five weeks, and had been ill for some time before. On admission, she was much emaciated, and had pain in the epigastrium, where a small tumour could be felt. She had great distaste for food, but no vomiting whatever. She died gradually of asthenia; and at the *post mortem* examination, the coats of the stomach were found very thin, and there was a perforation of about the size of a crown piece in the central part of the posterior wall. This was bounded behind by the pancreas, which had become adherent to the stomach, and had so prevented extravasation of the contents of that viscus. No cancer-cells were found in fluid taken from the pancreas. The heart, liver, and kidneys had all undergone fatty degeneration. Dr. Gee thought the ulcer of the stomach had probably been of long standing.

*A Bladder from which Hæmorrhage had taken place.* Mr. FLETCHER shewed a specimen from a case of paraplegia. The discharge of blood by the urethra had been copious, and neither tannic acid, nor acetate of lead with opium, checked it at all. The patient died apparently from hæmorrhage. The mucous membrane of the bladder was deeply stained with blood.

Dr. STOKES had recently given small doses of turpentine with good effects in a case of hæmorrhage from the bladder.

THE CHAIRMAN observed that this specimen was an example of what we frequently see, inflammation and disintegration following deficient innervation from paralysis.

*Ligature of the Femoral Artery for Popliteal Aneurism.* Mr. FLETCHER related two cases in which he had performed this operation. In the first case, there were, in addition to the aneurism, a cardiac murmur and occasional attacks of stridulous breathing. Mr. Fletcher tied the femoral artery on December 2nd, 1862. The patient went on well until Dec. 9th, when the little toe became discoloured. Subsequently, the whole foot passed into a state of senile gangrene, while, at the same time, a process of moist gangrene went on in the lower half of the leg. The man sank exhausted on February 17th, 1863. The femoral artery was found to be completely cut through by the ligature, and obliterated up to the origin of a large muscular branch. There was dilatation of the whole arch of the aorta, and an aneurism

of the innominate pressing on the trachea. There was an aneurism of the left subclavian artery commencing.

In the second case, the patient, a man aged 40, who had been a hard drinker and the subject of syphilis, was admitted into the Workhouse Hospital on October 21st, 1862. On October 25th, Mr. Fletcher tied the femoral artery with a silk thread, and the pulsation in the aneurism completely ceased. On the 30th, there was some return of the pulsation; and on Nov. 2nd, this was very distinct. A splint was placed along the front of the knee, and a strong compress and bandage applied to the tumour, and on Nov. 10th pulsation had entirely ceased. On the 12th, about a tablespoonful of blood escaped from the wound; and on the 13th, there was smart hemorrhage which recurred near midnight. With Mr. Hakes's assistance, Mr. Fletcher extended the wound and laid bare the artery above and below the former ligature. No clot had formed above the ligature; and the blood had come from a small hole just above the point of ligature. The vessel was secured by a ligature half an inch above and another half an inch below the old one, and one was also applied close to the seat of the latter. The wound was brought together with sutures. On the 21st, the patient had a rigor; on the 22nd, there was great pain and redness about the ball of the great toe. This toe mortified and separated a little above the joint between the first and second phalanges. On March 23rd, he was seen, and was well with the exception of a small fistulous opening on the side of the foot near the ball of the great toe.

Mr. FLETCHER remarked that in the last case the man recovered with the loss of his toe; the hemorrhage he attributed to his not having tied the thread sufficiently tight. With regard to the first case, he thought himself justified in operating, as the aneurism was rapidly increasing and threatened to burst. The man's life was prolonged for a time.

The CHAIRMAN said he had seen this case, and it was one of difficulty as to the treatment to be adopted. On the one hand, there was the stridulous breathing and cardiac murmur; on the other, the fact that the aneurism was certainly getting larger, and the skin thin, and this might very soon have given way.

Mr. FLETCHER said the administration of chloroform for the operation had given great relief to the breathing. Mr. Bickersteth had seen the case with him, and agreed that the aneurism was likely very soon to burst.

*Cases of Pneumonia; with Remarks on the Treatment of that Disease.* By A. B. STEELE, Esq. These cases, Mr. Steele said, he offered as illustrations of a plan of treatment in acute diseases which can no longer be considered novel, but which is still sufficiently recent to justify discussion, and to demand for its confirmation such evidence as the records of well marked typical cases can afford. He alluded to the treatment of inflammatory disease without the use of those remedies which are understood by the term "antiphlogistic."

The cases he brought forward were three in number, and it was worthy of remark that they all occurred within a few days of each other.

CASE I. The patient was a cow-keeper living in the suburbs, a stout, florid man, who had previously had robust health, to which an attack of acute anasarca six years ago, and a few attacks of gastralgia after indulging in drink, have been the only interruptions. On the first appearance of the pneumonia, Mr. Steele gave purgatives, and one-eighth of a grain of tartar emetic and half an ounce of paregoric every four hours, and linseed-meal poultices were applied to the seat of pain. For two days there was no change; but the patient now became worse, and the pain very acute. The medicine was now given every three hours in double doses. Next day he was rather better; but as there was much pain and much prostration, a grain of opium was ordered every two, three, or four hours, as might be necessary, and half an

ounce of brandy every hour for the first twenty-four hours. From this time improvement took place. The brandy was given at longer intervals for two or three days, and in seventeen days the man was convalescent.

CASE II. A dock labourer, aged 50, in previous good health, was seized with general bronchitis and pneumonia of the lower half of the right lung. The treatment adopted was similar to that in the last case; but on the second day a glass of wine to be given three times a day was ordered. He progressed slowly but favourably until the tenth day, when an attempt to get out of bed brought on an attack of syncope. Half an ounce of brandy was now given every two hours; but after the first night he refused to take it regularly. He was convalescent on the twenty-fourth day.

CASE III. An old lady, aged 69, who had enjoyed good health up to a recent period, when it began to fail, was seized with acute pneumonia of the right lung. Tartar emetic, in doses of one-sixteenth of a grain, was given for twenty-four hours, and then nitrous ether, ammonia, and paregoric substituted, with half an ounce of whiskey every hour, or *ad libitum*. The latter she would not take regularly. No abatement of the symptoms occurred, except that the sputa lost the pneumonic character in three or four days; but the general prostration gradually increased, and she died on the ninth day from the commencement of the treatment.

Referring to the first two cases, Mr. Steele thought they went to prove that pneumonia could get well without active depletion; and that stimulants are not absolutely necessary at the commencement of the disease. The tartar emetic he had given only in doses sufficient to assist expectoration and the action of the skin. Within the last few years he had seen several cases of pneumonia recover in which no stimulants had been used. The fact of our having discovered that bloodletting, salivation, etc., are no longer required, does not justify us in rushing to the conclusion that acute inflammation is to be treated by the free and full administration of alcohol. He quoted as applicable to the treatment of acute disease, the words of the author of *Horæ Subsecivæ*. "Indeed here, as elsewhere, man's great difficulty is to strive to walk through life, and thought, and practice, in a straight line; to keep *in medio*—in that golden mean which is our true centre of gravity, and which we lost in Eden."

Dr. GEE agreed with the author in many respects. He would not be disposed to commence the treatment of pneumonia with stimulants, nor on the other hand to delay their use too long. He believed that in sthenic pneumonia in country districts a blood-letting may be most useful, but in the town he used antimony freely, and always with good effect. Those who give stimuli from the first ought to favour us with their reasons. He thought it certainly more philosophical to give antimony when the parts are in a state of hyperæmia, and stimuli when these parts are beginning to lose their tonicity.

Dr. BURROWS insisted on the importance of being guided by the stethoscope in these cases. He was satisfied of the great value of tartar emetic. How could the violence of inflammation be more likely to increase after depressing, than after stimulating treatment?

Dr. Vose thought this matter was in a transitional state. With regard to inflammation, principles have proved wills-of-the-wisp, and left us floundering in the mud. We must now depend on experiment, and all cases honestly reported are valuable contributions to this end. As to the difference between the treatment suitable in town and country, he read a case that had been reported to him by his friend Dr. Parr, of New Brighton. A sober and industrious man, aged 25, was attacked with well marked pneumonia, affecting two-thirds of the right lung. He had "a hot skin, flushed face, quick full pulse, and hurried breathing." *Liquor ammoniæ acetatis* was ordered. Next day, all the symptoms were aggra-

vated, "the expectoration was scanty but permeated with blood, the face very anxious, the breathing very hurried and oppressed." Brandy was ordered in doses of half an ounce every two hours, and it was next day increased to six drachms every two hours. The night but one following, he was reported much worse; his breathing was very short, and he was insensible to the passing of the contents of the bowels; double the quantity of brandy was now ordered; next day he was better, and the increased dose of brandy was continued. He was in bed three weeks, and his recovery is perfect; and he has now returned to work. Here then, Dr. Vose said, we have a young man in a rural district, who underwent no depletion, passed through a most severe attack, and gets well. He himself had recently brought forward a case of pneumonia, and also one of pericarditis, both treated from the first stimulants. Referring to the statistics on the subject, he said, Dr. Bennett shows that Andral, who relied on bleeding in all cases of pneumonia, lost half his cases, while Dr. Bennett himself, who scarcely ever bled at all, but relies on diaphoretics, mild nutriment, and a cautious use of alcohol, only loses one case in thirty-five. It is notorious that inflammation is not a disease of health, but let a man be reduced in any way and he becomes a subject for inflammation. The most devastating forms arise in those who are already suffering from some organic disease. Without attempting to teach that inflammation must be always treated with stimulants, it may be believed that where there is inflammation we need not further debilitate.

Mr. HODGSON said he had under his charge eight hundred foundry-men, who worked in hot places, half naked, exposed to draughts. Pneumonia was frequent among them, and it was a common thing for several of them to be attacked about the same time, confirming a remark in Mr. Steele's paper on the frequent coincidence of these cases. In no case in the last year had he found it necessary to give stimulants in the early stage, but he always gave tartar emetic at first, and had recourse to stimulants in the latter stages when necessary. The disease seemed generally of a low type, though these were strong men who lived well. In the case of an old lady, however, he was satisfied that the very free use of stimulants was the saving of her life.

Mr. FLETCHER had seen very great benefits derived from stimulants, particularly in the form of pneumonia that occurs in fever.

Mr. STEELE, in reply, said he should be guided in giving stimulants, not by the fact that there is pneumonia, but by the general symptoms. As to the occurrence of inflammation in debilitated people, he did not find inflammation in general, nor pneumonia itself, so frequent among his poorer patients as among those rather higher in the social scale.

ST. BARTHOLOMEW'S HOSPITAL. The expenditure of St. Bartholomew's Hospital during the past year was £10,000; and its income £51,000

VACANCIES. The following appointments are vacant: Physician, and a surgeon to the Western district of the Chelsea, Brompton, and Belgrave Dispensary; assistant-physician to the University College Hospital; two assistant-physicians for the diseases of women and children at King's College Hospital; resident physician and medical superintendent to the Lunatic Asylum at Garlands, near Carlisle; physician to the Finsbury Dispensary; assistant house-surgeon to the General Hospital, Nottingham; assistant medical officer for the female department of the Middlesex County Lunatic Asylum, Colney Hatch; medical officer for the Shardlow District of the Shardlow Union, Derbyshire, and a medical officer for the Workhouse of the same Union; medical officer for the Orton District of the East Ward Union, Appleby, Westmoreland; and a medical officer for the Woodstown Dispensary District of the Waterford Union.

## Correspondence.

### PROSECUTIONS AGAINST MEDICAL MEN.

LETTER FROM JONATHAN TOOGOOD, M.D.

SIR,—Persecutions against medical men are become very common of late; but those of one of our profession against a brother practitioner are rare.\* Some years since, an action was brought against me for defamation of character by a medical practitioner, the damages being laid at £500. The facts of the case were as follows.

A woman, after having been under his care for several months without deriving any benefit, became a patient at the Bridgwater Infirmary, where she was carefully examined by all the surgeons of that institution, who agreed that her left hip was dislocated from long continued disease. The head of the bone could be easily dislocated from its socket, and as readily replaced. She stated that her hip had never been examined, although she had repeatedly called the medical man's attention to that part; and he had assured her that no disease existed there, and she had only to follow his plan—the homœopathic—which he had lately adopted. In consultation, it was determined to replace the head of the bone in its natural position, and retain it by moderate permanent extension; and to make an issue near the hip. Little hope of benefit from any treatment was held out, and she was distinctly told that she would most probably be always a cripple. She soon became tired of the infirmary, and left at the end of three weeks, expressing herself grateful for the attention she had received. Three months after this, I received a letter from the homœopath's attorney, charging me with having said to the woman that "her hip was out; that the homœopath was a fool; that she had been improperly treated; and that she might have been cured in a fortnight." Through my attorney I gave a full and unqualified denial of having used the language imputed to me. Instead, however, of observing that course which is usual amongst gentlemen, or what is due from one professional man to another, with whom he was on the ordinary terms of professional friendship, and from whom he had never received anything but attention and civility, the homœopath was unwise enough to go to a lawyer, and he was wise enough to get up a law-suit. Homœopathy was but just introduced into the neighbourhood, and it was necessary for its success to give it as much notoriety as possible. I was, therefore, selected as the victim, as of long standing and generally known.

The action was tried at the assizes at Taunton, before a judge, a great favourite of homœopathy, and who had suffered a dislocation of the shoulder, and either could not or did not distinguish dislocations from accident or disease. In vain did my colleagues, the house-surgeon, the nurse, and the patients in the adjoining beds, swear that I had never used such words; for, if I had, they must have heard them, being present. The woman was so well drilled, the learned serjeant brow-beat my witnesses so unsparingly, and the judge summed up so directly against me, that the jury (a special one) could not agree, and were locked up for many hours.

Fortunately, a retired physician, a gentleman whose name I had never heard, was one of the jurors, and, some time afterwards wrote me a full account of the scene which passed. His letter is too long for insertion, but some extracts from it may be acceptable.

On retiring, several of the jurors proposed giving a verdict for the plaintiff, damages £700. Against this the doctor protested; and stated that, in his opinion, the verdict should be for the defendant. He goes on to

\* We are sorry to say that we cannot endorse this opinion of our respected correspondent. EDITOR.

say: "I never believed the slanderous expressions imputed to you. It was upon conviction that I gave my verdict as a juror; and I should have held out for a verdict for the defendant, were I not apprehensive, from the judge's charge, that the plaintiff's lawyer would have advised a new trial, which would have occasioned fresh troubles. The judge's charge was the most one-sided address I have ever heard from the bench to a jury. He is a clever man; but I question whether he is fit for the bench. It is not every man that can administer justice without leaning to the right or to the left. Equity is a science for which every mind is not adapted. The hopeless and helpless state of the woman made a deep impression on the court and jury. There was an internal evidence in her statement which made me doubt her veracity, and that she swore to a tissue of falsehoods. I showed my brother jurors that no reliance was to be placed on her evidence, as all the witnesses had contradicted her on matters of fact. I asked those who were for heavy damages whether they would hang a man on the evidence of such a witness, so contradicted by credible witnesses. They declared they would not; to which I replied, 'Then why should you rob him?' This turned the scale, and caused a new train of thought; and it was then left to me to name the verdict and the damages, which were assessed at one farthing. The refusal of the two judges, in consultation, to certify for costs, ought to convince both parties that justice was done."

I regret to add that medical men were found willing to support the plaintiff's case (from some of whom better things might have been expected); but either from dislike of being subjected to cross-examination, or shame of being mixed up in so disgraceful an affair, they did not appear.

Entirely agreeing with the late Dr. Blackall that homœopathy is the greatest insult ever offered to the human understanding, I have steadfastly declined all acquaintance with men who, having failed in the profession for which they were educated, have joined the ranks of quacks.

On my relating this case to the late Sir Benj. Brodie, he remarked that, if surgeons were to be subjected to actions in such cases, scarcely a week passed in which he did not render himself liable.

My defence against this iniquitous action cost me one hundred pounds. I am, etc.,

JONATHAN TOOGOGD.

Bridgwater, April 1863.

## DR. MAYNE AND DR. FOWLER: REPORT OF THE REFEREES.

SIR,—Having been appointed referees in the questions in dispute between Dr. Mayne and Dr. Fowler as to their works published under the title *Medical Vocabulary*, we beg to forward a copy of our decision, and would feel obliged if you would insert it in an early number of the *BRITISH MEDICAL JOURNAL*.

We are, etc., THOS. B. PEACOCK.  
A. MEADOWS.

### Report.

1. Dr. Mayne states that Dr. Fowler first announced his *Medical Vocabulary* about two months after the publication of the *Expository Lexicon*, which, he says, appeared on the 17th of September, 1860; thus fixing the announcement of Dr. Fowler's work as having been first made about the 17th of November, 1860. He also states that its publication did not take place till the 5th of January, 1861; or four months after the appearance of the *Expository Lexicon*.

In answer to this, Dr. Fowler has proved to our satisfaction that his *Medical Vocabulary* was first announced on the 27th of October, 1860; was advertised

as "now ready" on the 17th of November, and as "just published" on the 24th of November, and was actually distributed on or before the 27th and 28th of that month; this being two months after the publication of the concluding part of the *Expository Lexicon*. Dr. Fowler has also shown that his work was commenced in 1858; that the whole of his manuscript was in the hands of the printers at the end of June or beginning of July 1860; that the first revise was despatched to him on the 29th of August, and the last on the 7th of November, of the same year.

Dr. Mayne rejoins, that the tenth or last part of the *Expository Lexicon* being entirely an appendix, the work was in effect completed by the publication of the ninth part, which appeared in November 1859, just twelve months before the appearance of Dr. Fowler's work.

It thus appears that Dr. Mayne's statement on the above points was not entirely correct; but the difference is of little importance, for Dr. Mayne's *Lexicon* having appeared in parts commencing in 1853, it was quite possible for Dr. Fowler to have made an improper use of the earlier portions of the work in the compilation of his own.

2. Dr. Mayne charges Dr. Fowler with having appropriated "the idea, the very title of his original *Medical Vocabulary* of 1836."

It appears to us that the compilation of Dr. Fowler's work and its title were suggested by Dr. Mayne's earlier work. In making this statement, we do not in the slightest degree doubt the correctness of the assertion of Dr. Fowler, that he had never seen the original *Medical Vocabulary* of Dr. Mayne.

But Dr. Fowler states that the proposition to compile the *Vocabulary* proceeded from Mr. Renshaw; and Mr. Renshaw was evidently acquainted with the original work, and expresses the opinion that such a publication "was a necessity of the day". That this is the correct statement of the origin of the work, is tacitly admitted by Dr. Fowler in the pleas which he advances for the employment of the title by himself; viz., that Dr. Mayne's work was published anonymously, and that it had been long out of print.

Dr. Mayne says that he announced himself as the author of the original *Medical Vocabulary* in the prospectus of the *Expository Lexicon*. This, he previously stated, appeared in 1852; but he has proved to us that the announcement was first made in 1851.

Dr. Mayne also states that he had long been collecting materials for the publication of a second edition of the *Vocabulary*, but that he did not commence the arrangements for the printing, etc., of the work till about March 1861, or two months after the period at which he had previously asserted that Dr. Fowler's work was published, and nearly four months after the appearance of the work, as shown by Dr. Fowler. It does not appear that Dr. Mayne announced his intention of publishing a second edition of the *Medical Vocabulary* at any previous period.

3. Dr. Mayne charges Dr. Fowler with having appropriated "the plans, peculiar arrangements, style, and general aspect of his *Medical Vocabulary* of 1860."

On this point we have failed to see the similarity which is contended for by Dr. Mayne. There appears to us no greater resemblance between the two works than is quite compatible with the supposition of their independent authorship.

4. Dr. Mayne has furnished us with a list of certain words which appear either in the original *Medical Vocabulary* of 1836, or in the *Expository Lexicon*, and which he regards as showing that an unfair use has been made of such words by Dr. Fowler in the compilation of his *Medical Vocabulary*.

This charge he bases upon the assertion that the words referred to had either not appeared in any me-

dical dictionaries published prior to the works of Dr. Mayne, or that the derivations given, the character of the definitions, or the spelling and mode of insertion of the words, were too closely similar in the several works to be ascribed to accidental circumstances. These words we have very carefully gone over, and we do not find the assertions of Dr. Mayne to be substantiated. We have ascertained that many of the words were inserted in dictionaries published prior to either of Dr. Mayne's works, and with similar derivations and definitions; that others are contained in treatises to which Dr. Fowler had access equally with Dr. Mayne; while yet others, though new, have come to be of such common employment in medical works, that they would almost necessarily be inserted in any modern medical dictionary or vocabulary.

In conclusion, we are of opinion—

1. That the title of Dr. Fowler's work was derived from the original *Medical Vocabulary* of Dr. Mayne; and we do not consider that the anonymous publication of the original work, the long period which had elapsed since its first appearance, or the circumstance that no second edition had been announced prior to the publication of Dr. Fowler's *Vocabulary*, justify the appropriation, so long as the copyright of the original work existed.

2. On the other hand, we do not find anything in Dr. Fowler's work which leads us to suppose that he has copied in his *Medical Vocabulary* the plan of the work first published by Dr. Mayne; nor have we found such similarity in Dr. Fowler's *Medical Vocabulary* to Dr. Mayne's *Expository Lexicon* as would indicate that Dr. Fowler had availed himself of the use of that work in the preparation of his own. We are, therefore, of opinion that the charge of plagiarism against Dr. Fowler, implied, if not directly expressed, by Dr. Mayne in the preface to the second edition of his *Medical Vocabulary*, has not in any degree been substantiated.

(Signed) THOS. B. PEACOCK.  
A. MEADOWS.

London, March 26th, 1863.

### LACRYMAL OBSTRUCTION.

LETTER FROM E. C. HULME, ESQ.

SIR,—I am very glad to find, from a perusal of an article in your last number (April 4th, 1863), by Mr. Walton, that he has introduced into his private practice, with a great amount of success, a plan of treatment for the remedying of lacrymal obstructions which I submitted to the profession in the *Medical Times and Gazette* of May 21st, 1859. The plan of treatment which Mr. Walton describes is essentially the same; and, although I have not seen Mr. Walton perform the operation, the description he gives of the use of the silver wires of various diameters tallies completely with the method which I adopt myself. Those interested in this subject might refer to the two papers of the above dates. As an improvement upon my plan (in order that the cut end of the wire, which hung about a quarter of an inch over the cheek, might not irritate), the Messrs. Weiss nearly three years ago made for me some styles of soft metal, with a capped head to them, and a narrowing round its neck where it bends over the edge of the lid. I have had these made of various diameters; and the full-sized one I have found useful to introduce, and for the patient to wear when the obstruction has been of such a nature that force has been absolutely necessary to obtain a passage.

My adoption of the virgin silver wires, as I have acknowledged, was but a modification of Mr. Bowman's "bent styles" described in the *Ophthalmic Hospital Reports*, vol. i. p. 19; and the only advantage I claimed was a more rapid dilatation than the passing of probes, with a saving of time to the patient, and an absence of

irritation to the eye of the patient, by the shorter angle being bent over the cheek.

An extended experience of the treatment of these complaints for the last few years has convinced me of the great advantages obtainable from the early slitting up of the canaliculus when the first symptoms of obstruction manifest themselves. I believe that abscess of the sac and other consequent complications are very much rarer than they used to be, in consequence of free vent being given to the accumulated secretions of the sac; and the treatment I always myself adopt in threatening suppuration is to open the sac through the canaliculus at once. The free opening, and the few drops of blood which escape, almost invariably afford relief, and prevent the skin from giving way in front of the sac. There are, however, some cases in which obstructions are of a very obstinate character, and must be overcome; for such, I know no better plan than the one I have now long advocated, and it gives me some satisfaction to find it is followed out by Mr. Walton.

I am, etc., E. C. HULME.

19, Gower Street, April 6th, 1863.

### MEDICAL PROVIDENT ASSOCIATION.

LETTER FROM ROBERT B. CARTER, ESQ.

SIR,—I beg leave to inform you that, in consequence of the various letters that have appeared in the medical journals on the subject of Health Assurance, a meeting of medical practitioners was held at Cheltenham, on the 31st ultimo, for the purpose of taking the matter into consideration.

The meeting was held at the house of W. Dalton, Esq., F.R.C.S., under the presidency of Dr. Abercrombie, F.R.C.P. It was convened by circulars, signed by the above gentlemen, as well as by Dr. Colledge, Mr. Ramsay, Dr. Eves, Dr. Rooke, and myself.

I will not attempt to give anything like a *verbatim* report of the remarks of the various speakers; but will only say that the meeting regarded the question under a threefold aspect; wishing to ascertain, first, whether a provident association, for the purpose of giving its members an income during sickness, would be generally acceptable and useful to the profession? Secondly, what would be its proper scope and aim? Lastly, what would be the cost of maintaining it in operation? It was the opinion of the meeting that the first two questions must be satisfactorily answered by the profession, as a necessary preliminary to the solution of the third by an actuary.

It was therefore moved by Dr. Eves, seconded by Mr. Dalton, and carried unanimously:—

"That the proposition for the formation of a Medical Provident Association is one entitled to the best consideration of the profession."

It was moved by Dr. Hobson, seconded by Dr. Philson, and carried unanimously:—

"That the editors of the medical journals be requested kindly to give publicity to the following questions; and that individual practitioners be requested to reply to them:—

"1. Do you think such an institution desirable for the profession generally?

"2. Should you be inclined to become a subscriber?

"3. What has been, in weeks, your own annual average of sickness, sufficiently severe to disable you from practice?"

Having intimated to the meeting that I was prepared to receive and arrange the answers to these questions, I was requested to undertake the task. I hope that all gentlemen who feel interest in the matter will favour me with early communication; and, in a fortnight from the publication of this paper, I purpose to commence an analysis of the letters I receive. If the scheme should



be generally approved, a second meeting will be in a position to make public an outline of the scope and aim of the association, as a basis for the discussion of details into which it would now be premature to enter. As soon as this can be done, it would be advantageous to hold meetings in various parts of the country; but, at present, in the absence of further information, such meetings would hardly produce benefit equivalent to the trouble and inconvenience of holding them.

Having said thus much as the mouthpiece of the meeting, I would beg leave most earnestly to urge the matter upon the attention of my professional brethren. If a provident association can be carried out at a moderate cost, it will be a great benefit to a large number of practitioners; and on the other hand, if there be insuperable difficulties or objections in the way, they may now be brought to light, and the question set at rest for ever.

I am, etc., ROBERT B. CARTER.

Stroud, Gloucestershire, April 4th, 1863.

## Medical News.

APOTHECARIES' HALL. On April 2nd, the following Licentiates were admitted:—

Bateman, William Adolphus Frederick, Richmond, Surrey  
Goold, Horatio Date, Gosport  
Purvis, John Prior, Blackheath, Kent  
Thomas, George Jenkyn, Haverfordwest  
Trevan, Matthew, St. Bartholomew's Hospital  
Wicksteed, Frank William Slow, St. Bartholomew's Hospital

At the same Court, the following passed the first examination:—

Ashton, John Henry, St. Bartholomew's Hospital  
Cooke, Alfred Square, St. Bartholomew's Hospital  
Gooding, Ralph, King's College  
Martin, Paulin, St. Bartholomew's Hospital  
Shaw, Thomas Clare, King's College  
Taylor, James May, Queen's College, Birmingham

### APPOINTMENTS.

DEMPSTER, F. H., M.D., appointed Resident Surgeon to the Melbourne Hospital, Australia.  
GOODCHILD, Frederick, M.D., elected Physician to the Warwick Dispensary.

LITTLE, Frederick, Esq., appointed House-Surgeon to the Loughborough Infirmary.

MACINTOSH, William C., M.D., appointed Medical Superintendent of County Lunatic Asylum at Murrthly.

SMITH, Charles S., Esq., appointed Surgeon to the Marlborough Railway Works.

THOMPSON, Edmund Symes, M.D., appointed Assistant-Physician to the Brompton Hospital for Consumption.

TOULMIN, Frederick J., Esq., appointed Consulting-Surgeon to the Stamford Hill Dispensary.

### POOR-LAW MEDICAL SERVICE.

ADYE, William, M.D., to be Medical Officer to District No. 2 of the Bradford-on-Avon Union.

BLASSON, William, Esq., to be Medical Officer to the Edgware District of the Hendon Union.

BROWN, John W., Esq., to be Medical Officer to the Wymeswold District of the Loughborough Union.

CALLENDER, John, Esq., to be Medical Officer to the Rlyton District of the Gateshead Union.

CANDY, John, M.D., to be Medical Officer to the Alstonfield Parish and Workhouse.

COOPER, Richard W., Esq., to be Medical Officer to the Silverstone District of the Towcester Union.

FAIRWEATHER, A. J. A., M.B., to be Medical Officer to the Parish of Kirkowan, Wigtownshire.

FAWTHROP, Joseph, Esq., to be Medical Officer to the Clayton District and the Workhouse of the North Bierley Union, Yorkshire.

FIELD, Richard, Esq., to be Medical Officer to the Tong District of the North Bierley Union.

M'CADE, Francis X., L.K. & Q.C.P.I., to be Medical Officer to the Kilmakevogue District, Waterford Union.

MACLEY, Thomas, Esq., to be Medical Officer to the Wilsden District of the North Bierley Union.

MARKS, Alexander H., M.D., to be Medical Officer to the Shrinone District of the Roscrea Union.

MAY, William G., Esq., to be Medical Officer to the Riltormer District of the Ballinasloe Union.

METCALFE, Robert, Esq., to be Medical Officer to the Checkley District of the Cheadle Union.

OSWALD, James W. J., Esq., to be Medical Officer to the Workhouse and Rochford District of the Rochford Union.

STURKEY, Henry G., L.R.C.P.Ed., to be Medical Officer to District No. 2 B of the Wisbech Union.

WELCH, John, M.D., to be Medical Officer to the Eastern District of the Strand Union.

### ARMY.

BROCK, Staff-Assistent-Surgeon E., to be Assistant-Surgeon 1st Foot, *vice* J. A. Fitzpatrick.

FITZPATRICK, Assistant-Surgeon J. A., 1st Foot, to be Assistant-Surgeon 1st Dragoon Guards, *vice* E. L. McSheehy, M.D.

JACKSON, Staff-Assistent-Surgeon R. W., to be Assistant-Surgeon 80th Foot, *vice* T. S. Barry.

WALL, Assistant-Surgeon W. R., 18th Hussars, to be Assistant-Surgeon 51st Foot, *vice* H. P. Gregory.

### To be Staff-Assistent-Surgeons:—

BARRY, Assistant-Surgeon T. S., 66th Foot.

GREGORY, Assistant-Surgeon H. P., 51st Foot.

MC SHEEHY, Assistant-Surgeon E. L., M.D., 1st Dragoon Guards.

ASHTON, G., M.B.

CARTER, N., Esq.

CLAPP, W. H. B., M.D.

CLOSE, C. S., Esq.

CUMMING, K. W., M.D.

CURTIS, J. L., Esq.

DEWAR, J., M.D.

DOUGLAS, C. M., M.D.

DUNBAR, F. H., M.D.

FANNIN, J. E., Esq.

FLOOD, S., M.B.

FOLLIOTT, W., Esq.

HALL, R., M.D.

HARE, R. W., M.B.

### ROYAL NAVY.

CRUCE, William H., Esq., Surgeon, to the *Alecto*.

FINNCANE, Daniel, Esq., Surgeon (additional), to the *Meander*.

SMITH, H. H., Esq., Surgeon (additional), to the *Meander*.

### BIRTH.

ROOKE. On April 8th, at Cheltenham, the wife of \*T. Morley Rooke, M.D., of a daughter.

### DEATHS.

CLARKE. On January 2nd, at Melbourne, Australia, Cuthbert C., eldest son of the late Dr. Clarke, R.N.

JONES, Michael T., Esq., at Shardlow, near Derby, aged 69, on March 30.

MARCHANT. Lately, at North Curry, Somerset, Sarah, wife of \*Robert Marchant, Esq.

MARTIN, Robt. E., Esq., Surgeon, at Ipswich, aged 44, on March 25.

\*SERRAGE, Thomas L., Esq., at Clifton, aged 83, on March 31.

WATERMAN, Henry, Esq., Surgeon, at Saigon, China, on Jan. 14.

TESTIMONIAL TO MR. P. HUMBLEY BANKS, M.R.C.S., AND HIS WIFE. On the occasion of Mr. and Mrs. Banks leaving Essex to reside at Risley, Bedfordshire, they were presented, the former with a time-piece, and the latter with a silver salver. The inscription on the time-piece was as follows:—"Presented to Mr. P. H. Banks, M.R.C.S. and L.A.C., by a few friends, in token of their high esteem for his kind and energetic conduct in promoting the welfare of the inhabitants generally of this locality." The inscription on the silver salver was—"Presented to Mrs. P. H. Banks, with kindest wishes, by a few lady friends of Barking Road, Essex."

ROYAL COLLEGE OF SURGEONS. The following address has just been forwarded to the Queen:—"To the Queen's Most Excellent Majesty. We, your Majesty's dutiful and loyal subjects, the President, Vice-Presidents, and Council of the Royal College of Surgeons of England, beg permission humbly to approach your Majesty to express our dutiful and heartfelt congratulations on the union of his Royal Highness the Prince of Wales with her Royal Highness the Princess Alexandra of Denmark. We fervently pray that this auspicious event may conduce to the personal felicity of your Majesty, and we feel satisfied that it will ensure the continuance of that high moral example of your Majesty's domestic life which has been of such infinite importance to the happiness and welfare of this country, and to its influence with the other nations of Europe. Given under our common seal, at the College, this 25th day of March, 1863. (Signed) James Luke, President."

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Centra! London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Mr. Gay, "On Intestinal Stricture."—Royal Geographical.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Henry Thompson, "On Treatment of Severe Stricture of the Urethra by Gradual Distension at a Single Sitting"; Dr. H. Weber, "Pathology of Crura Cerebri."—Ethnological.

WEDNESDAY. Society of Arts.

THURSDAY. Harveian Society of London. Dr. Cock, "On Rickets, and the Connection of Laryngismus Stridulus or False Croup with that Disease."—Zoological.—Royal.—Antiquarian.—Linnean.—Chemical.

FRIDAY. Western Medical and Surgical Society, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.—Royal Institution.

SATURDAY. Association Medical Officers of Health.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—APRIL 4, 1863.

[From the Registrar-General's Report.]

	Boys .. 955	1972	1675
During week .....	{ Girls .. 1017 }		
Average of corresponding weeks 1853-62 .....		1924	1368

**Barometer:**  
Highest (Tu.) 30.083; lowest (Sun.) 29.670; mean, 29.914.

**Thermometer:**  
Highest in sun—extremes (Th.) 95 degs.; (Sat.) 73 degs.  
In shade—highest (Fri.) 61 degs.; lowest (Wed.) 28.3 degs.  
Mean—45.3 degrees; difference from mean of 43 yrs., 4.5 deg.  
Range—during week, 32.7 degrees; mean daily, 20.9 degrees.  
Mean humidity of air (saturation=100), 77.  
Mean direction of wind, Var.—Rain in inches, 0.04.

## TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

A MEMBER.—We cannot state with certainty who is the London agent for the *Gazette des Hôpitaux*; as we receive our copies direct from the office of publication, 13 rue Bonaparte, Paris. Perhaps, Messrs. Williams and Norgate of Henrietta Street, Covent Garden, or Mr. H. Bailliére of Regent Street, would import the *Gazette* for subscribers. Our correspondent is of course aware, that odd numbers of the foreign medical periodicals are not to be obtained in London: the whole year's volume must be subscribed for. If he wish particular numbers, he had better apply direct to the office in Paris.

THE MEDICAL COUNCIL.—SIR: By a curious coincidence, your editorial leader on the failure of the Registration Clause in the Medical Act, appeared in the same number of the JOURNAL which contained a list of new members, and amongst them the Registrar of the Council. The leader conveys the impression that, in its original form, it was a ruder onslaught on the Medical Act; and I have no doubt it told some home truths, and showed the utter

failure of the Registration Clause, as regards its protecting power of the interests of the forty shilling-holders; but it certainly was so toned down in its present form, that it will not offend even the bland and courteous Registrar.

I maintain that registration is simply and solely a fine, and nothing more or less, for being dubbed a physician or surgeon. Originally, the rank and file of the profession were told that it was a great protecting power; all who entered through its portals were safe; and woe betide those who practised on Her Majesty's liege subjects without the license! What are the results? It allows full play to charlatanism, encourages irregular practice, and publishes the fact to the *ὄφθαλμοι*, that any one may bleed and physic whoever he pleases, without let or hindrance.

I have to thank Dr. Heygate for coming to the rescue; and I fervently hope that, with his powerful aid, the Medical Council will not grudgingly but cheerfully take the initiative, and endeavour to have the Registration Clause so amended, that at any rate we may have a real and not a fictitious license.

Apologising for occupying your space.

March 17th, 1863.

I am, etc., AN OLD ASSOCIATE.

[Our correspondent seems to assume that the Medical Council have the power to put down irregular practitioners. It is clearly useless to abuse the Medical Council for not exercising powers which they do not possess. Let those who thus cry out show the legal powers under which the Council can do what they desire should be done. Our correspondent must have a strange idea of the management of this JOURNAL, if he thinks that the appearance of a name in the list of associates could alter the sentiments expressed in a leading article. EDITOR.]

COMMUNICATIONS have been received from:—MR. THOMAS BRYANT; MR. R. S. FOWLER; MR. R. B. CARTER; MR. AUGUSTIN PRICHARD; MR. LOWNDEN; MR. G. W. PRETTY; DR. HUGH NORRIS; DR. AITKEN; DR. F. J. BROWN; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. LIONEL BEALE; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; DR. THORBUERN; DR. J. O. FLETCHER; THE HONORARY SECRETARIES OF THE HARVEIAN SOCIETY OF LONDON; MR. GREAVES; DR. W. PRICE; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; DR. GRAILY HEWITT; MR. A. B. STEELE; MR. HODGSON; MR. GASCOVEN; MR. T. M. STONE; MR. HUMLE; DR. PARKES; DR. W. H. DAY; SIR HENRY COOPER; MR. J. SPOURLE; MR. T. H. SMITH; DR. BOWER HARRISON; DR. T. M. ROOKE; MR. R. PROSSER; MR. FURNEAUX JORDAN; DR. F. PAGE; DR. HABERSHON; and MR. J. ESSEX.

## BOOKS RECEIVED.

1. Uterine Therapeutics. By E. J. Tilt, M.D. London: 1863.
2. The Calabar Bean. By D. A. Robertson, M.D. Edinburgh: 1863.

## ADVERTISEMENTS.

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# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE I. (*Concluded.*)

#### MALFORMATIONS OF THE ANUS AND LOWER BOWEL.

HAVING, then, satisfactorily arrived at the conclusion that the inguinal or Littre's operation is the soundest practice to carry out, when relief cannot be secured by any operation in the anal region, we have next to determine whether the intestine should be opened in the left side, in which it was originally suggested, and has hitherto been practised; or whether it would not be a more certain and equally effectual operation to open the colon in the right groin. After carefully reviewing the chief facts connected with this subject, I believe that the best practice lies in the performance of this last suggestion; and my opinion is based upon the following reasons.

Firstly: The large intestine will to a certainty be found in the right iliac region, whilst in the left this certainty does not exist; this has been shown by Mr. Curling even in normal subjects, in which no deformity exists. In two instances out of twenty in which he practised this operation upon the dead child, the colon could not be found in its natural position; and, on subsequent dissection, it was found to be lying on the right side.

In cases of maldevelopment, there is strong reason to believe that this irregular position of the descending colon exists in a larger proportion of cases; and that in such the terminal portion of the bowel will be found more frequently on the right side than in well developed and well formed children; or it may perhaps have assumed some median position. Under these circumstances, the attempt to open it in the left groin would necessarily fail, and the life of the patient be probably sacrificed.

It appears, therefore, to me to be a more certain and equally scientific practice to open the colon in the right groin; for if the descending colon pass in that direction, it can be opened; and if otherwise, the cæcum can readily be secured; and, without doubt, under both circumstances an equal relief will be afforded to the patient.

The difficulties of the operation in the right or in the left groin are the same; and the certainty of finding the large intestine on the right than on the left is much greater. The relief which is to be expected by either operation is the same; for I imagine, even if the cæcum or ascending colon be the part opened, there will be no difficulty in securing the emptying of the lower portion. At any rate, it will be no greater than is experienced in Callisen's or the lumbar operation.

In one case which I now bring before you, this

operation was carried out; and, although ultimate success was not secured, the following details will not supply any argument against the practice; but, on the other hand, I believe that they will materially tend to support the recommendation which I have just made.

CASE II. *Imperforate Rectum; Anus terminating in Cul-de-Sac; Exploratory Operation in the Anal Region failed; Operation in the Right Groin; Death of Patient.* Eliza S., aged 17 days, was brought to me at Guy's Hospital on July 31st, 1862. It was a well nourished and apparently healthy child; and, with the exception of the absence of any action of the bowels, had been free from all symptoms of obstructed intestine till the ninth day, when some slight vomiting appeared. Since that date, this symptom had returned at times, but was not in any way severe.

When seen, the abdomen was full, but not tense. The anus was perfect, and communicated with a *cul-de-sac*, which was about one inch long. On a careful examination of the part, no trace of bulging of the bowel could be detected, and no indication of granulation at the upper extremity of the *cul-de-sac* could be observed. An exploratory operation, however, in the region of the deformity, was at once performed by means of the fine trocar and cannula, but without success; consequently, the opening of the bowel in the groin was at once decided upon. Chloroform was, therefore, administered to the child, and a careful abdominal examination made, when a curious coil of intestine became visible on the left side. There was no projection of the distended colon in the left iliac fossa, but rather a deficiency; and marked tympanitis existed upon that side. There was, however, a distinct prominence in the right iliac fossa, with palpable dulness; and from the left loin the intestine apparently passed across the abdomen, and terminated in the centre beneath the umbilicus.

Having previously well thought over the operation which appeared to be the most applicable in cases of this description, and having determined that the opening of the colon in the right groin offered advantages which did not exist when the left was selected, I at once proceeded to carry out the practice; the case before me being apparently a good instance for the realisation of my views. I therefore made a vertical incision at the distance of one inch from the anterior superior spinous process towards the umbilicus; and, having divided the muscles and peritoneum, came down at once upon distended large intestine. Two thick ligatures were then passed through one margin of the integument, and carried completely through the intestine and integument on the other side; after which the bowel was opened, its thick clayey contents at once escaping. The walls of the intestine were observed to be considerably thickened, and felt quite leathery, being evidently much hypertrophied. It must be added also, that when the peritoneum was opened, a fimbriated growth, which turned out subsequently to be the Fallopian tube, made its appearance, which was, of course, at once returned.

The parents, contrary to all wishes, removed the child home; and some few hours afterwards, during a fit of coughing, the stitches gave way, and several feet of small intestine protruded. Medical advice was subsequently taken, but too late to afford relief, the child dying ten hours after the operation.

The following day, a *post mortem* examination was obtained, when the following appearances were observed.

About six inches of small intestine were extruded from the abdominal wound; these were dry, and of a dark colour. Upon opening the abdomen, it was at once detected that the *descending* colon had been opened by the operation; that some of the stitches had given way, and had allowed it to fall from the abdominal wall, small intestine passing in front of it, and protruding through the wound. The cæcum was situated to the outer and upper portion of the descending bowel; the transverse colon was placed in its natural site, and passed towards the left loin; to this it was connected by loose tissue and a distinct mesentery, proving that all attempts to open it by Callisen's operation would have completely failed. From this point it diverted from its natural path, and, instead of passing downwards over the left ileum to the pelvis, it took a transverse direction obliquely across the abdomen over the sacral promontory, to terminate at the brim of the pelvis on its right side. The intestine terminated by a distinct pouch at the brim of the pelvis; and it was, therefore, a considerable distance from the anal *cul-de-sac*. The exploratory operation had done no harm, not having touched any of the pelvic viscera or the peritoneum. The trocar had only passed into the cellular tissue at the posterior portion of the pelvis. It was then seen that it was the right Fallopian tube which had protruded from the wound during the operation; it was resting at its lower border.

It thus appeared that, by the operation in the right groin, the descending colon had been unexpectedly opened; and, had proper care been taken of the child, there is every reason to believe that a good result might have been secured.

This case must certainly be brought forward as a good one to illustrate the wisdom of selecting the right groin for the inguinal operation in preference to the left, and well supports the arguments in its favour which have been given in another portion of this lecture.

Should another opportunity offer, I shall follow the same practice, believing it to be the best. I have since seen that this suggestion was made some time since by M. Huguier at the Imperial Academy of Medicine in 1858-59; but I believe that it has not been put into practice until the present occasion.

It would appear, therefore, that in both classes of cases to which our attention has been directed, a primary exploratory operation in the anoperineal region appears to be the best practice which can be followed. Great care and caution in the attempt being absolutely essential; should it fail, as past experience has proved that it will in nearly half the cases, the inguinal operation is to be preferred; and I believe that the right groin is the preferable seat.

In the subsequent treatment, constant dilatation is a necessary point of practice in order to prevent the recontraction of the part which will otherwise to a certainty take place.

*Treatment of the Third Class of Cases.* We will now pass on to the consideration of the third and last division of cases: in which the anus is imperforate, and the rectum terminates either in the urethra, vagina, or some other abnormal position.

It will scarcely be necessary to occupy your attention by describing all the vagaries of development which have been seen in practice at different times; for I believe that there is hardly a point in the median line of the perineum, from the coccyx to the pubes, in which the rectum has not been seen to open; and that the vagina from its orifice to its end, the urethra from its vesical termination to its close, have at different times been found to have received the contents of this malformed and ill-directed intestine.

The difficulties which are experienced in the treatment of these cases are peculiar to each; and although every example must be treated on its individual merits, some general rules of practice may be laid down. It would appear, from Mr. Curling's researches, that it is into the urethra that the rectum most frequently finds an outlet; for out of forty-three cases which he collected, the bowel terminated in the urethra in twenty-six, in the vagina in eleven, and at some other part of the perineum in six examples.

There is a practical point connected with this subject which claims our notice; and that is, in these cases of maldevelopment, the rectum, as a rule, is present, although misplaced. As a consequence, there is always a good hope that an operation in the seat of the natural anus will terminate with success.

When the urethra is the part implicated, the exploratory operation must be conducted in the anal region in precisely the same way as it has been recommended to be practised in the first class of cases which have been related, and in which no outlet exists; and judging from past practice, the bowel will be reached in nearly two-thirds of the cases operated on. The intestine must, however, be forcibly brought down and firmly stitched to the integumental margin; for, if this point be disregarded, the opening will subsequently contract, and disappointment will, to a certainty, be eventually experienced. Should success follow this effort for relief, it is unfortunate, however, that nothing can be done in the way of closing the urethral orifice; if the anal opening be a free one and remains permanent, there will always be a solid hope of the abnormal passage in the urethra closing; but unless the former be kept open by surgical means, a double passage may remain for ever; the freedom of the flow of the fæces through the normal channel being the only condition upon which the slightest hopes of the ultimate closure of the unnatural channel can be based.

When the vagina is the canal into which the rectum passes, a much better prospect of ultimate relief can be offered to the sufferer, than in the last class of cases to which we have alluded. In these the outlet is often free, and, as a consequence, there is but little immediate danger to life arising from this maldevelopment; but the private and social disadvantages which the subjects of this deformity experience render any operation which offers a probability of relief, not only justifiable, but necessary.

In the majority of cases which have been operated upon, no difficulty has been experienced in opening the rectum in the anal region; for in eleven cases in which a record has been preserved, the gut was opened in all; and, in like instances, this same result can be readily secured by making a free section in

the anal region upon a bent probe with a button end made to project in the perinæum, after being introduced through the vaginal orifice.

The most difficult step of the operation, however, remains to be performed; and that is, to fix the walls of the intestine to the integument. This must be done by means of sutures; lateral incisions through the skin and tissue being made should any difficulty be experienced. If success follow this operation, an attempt to close the vaginal orifice may be made by a plastic operation; but this latter hope appears somewhat vague; for, judging from past experience, there is not one case on record in which it has been realised. In one instance, the ultimate closure was secured; but this closure was spontaneous, and it took place two months after the new one was established.

Two instances of this deformity have fallen under my care; and the following brief records of the cases may be read with interest.

CASE III. Henrietta D., aged 8 months, was brought to me at Guy's Hospital, on Nov. 8th, 1857, with an imperforate anus, and a small orifice communicating with the bowel at the mouth of the vagina. The child was well nourished, and apparently quite healthy.

Upon examination, this abnormal opening was found to be directed backwards, and to communicate directly with the bowel; and a bent probe, when introduced, was readily observed in the perinæum, in the position in which the natural anal outlet should have existed. A puckering, as of an anus, was also to be detected; and it appeared as if the orifice were closed by integument alone. An incision was therefore at once made in the site of the anus, the bent probe acting as a guide, and feces at once escaped. In a week's time, when I next saw the child, the feces had passed freely the right way, but little coming through the vaginal opening. There was a good control also over the action of the bowels; and in other respects the child appeared well.

She remained under my observation for three months; and, when she disappeared, the original vaginal orifice had completely closed, and the artificial and normal anus was firmly established. The control over the bowels' action was complete; and no signs of subsequent contraction had taken place. Indeed, the anus appeared to be as natural as if it had always existed.

This case cannot but be regarded as being most satisfactory. It is true that an anus apparently existed, although it appeared to be closed with integument; and no great thickening of tissue had to be divided. The spontaneous closure of the abnormal opening, after the reestablishment of the natural outlet, with an absence of the subsequent contraction of the anus, are points also of considerable interest.

CASE IV. Ellen H., aged 8 months, was brought to me on May 14th, 1862, with the following congenital defect. The perinæum was altogether absent; there was not more than a quarter of an inch between the extremity of the coccyx and the median fissure, which fissure extended forwards to the pubes, and was bounded by labia. In this fissure were the orifices of three canals. Each canal was divided by a membranous septum, and their extremities were most distinct. The posterior canal was small, not being larger than a swan-quill; it was also the most

prominent. The vaginal tube was large and very patulous, its anterior wall apparently falling forwards; the orifice of this canal being evidently less advanced than the anal; and above this passage, and more deeply placed, was the opening of the urethral canal. In other respects the child appeared perfectly sound and well developed. There was no control, however, over the bowels' action; feces were always passing with perfect facility, complete absence of sphincter being very apparent.

In this case nothing could apparently be done. The outlet of the bowel was sufficiently free to allow of its complete evacuation; and there was nothing to lead one to hope that the least benefit could be obtained by an operation. The peculiarity of the case, indeed, appeared to consist in the complete absence of the superficial perinæal muscles, and the distinct presence of the three canals—the rectal, the vaginal, and the urethral.

As a general summary of the subject, the following conclusions may be given.

1. In all cases (with some rare exceptions), whether of imperforate anus, obstructed rectum, or misplaced anus, an exploratory operation in the normal anal position is perfectly justifiable; and it may be attempted with the fair hope that, in nearly half of such cases, primary success will be secured.

2. Such exploratory operations, however, to be successful, must be conducted with great caution; and that the exploratory puncture or incision is to be made upwards and backwards towards the sacrum.

3. If these measures fail, or if from some peculiarity in the case they appear useless and unjustifiable, the intestine is to be opened in the groin; the lumbar or Callisen's operation being quite inapplicable.

4. In the inguinal operation, the right groin appears to possess advantages over the left; as the intestine is found with more certainty, and the benefits to be expected from the operation are equally great.

5. The treatment of these cases does not terminate with the success of the primary operation; for constant dilatation of the artificial anus is a necessity to preserve life.

A BELLIGERENT DOCTOR. At the conclusion of the Cork Medical Protective Association, the following incident is reported:—Dr. Wall said, "Before you leave the chair, sir, I would wish to make a few observations. I saw by the *Medical Press* a while ago, some observations creditable to a countryman of ours in London (hear.) Some distinguished graduate of Heidelberg (laughter)—an individual named Dr. Rogers—had the temerity, the audacity to asperse the Irish medical profession—he had the impertinence to do so; but it was well that in his own immediate vicinity an Irishman was placed in juxtaposition with this graduate of Heidelberg (laughter.) That Irishman is Dr. O'Connor of London, who is a Kerryman (great laughter), and therefore he is in truth an Irishman (hear, and continued laughter.) I now take the present opportunity of introducing this matter, and of proposing that the thanks of the meeting be given to Dr. O'Connor for his manly stand against this asperser of the dignity and attainments of our Irish profession (hear.) It was well for this man from Heidelberg that I was not near him, for I would make him know what Paddy could tell him (hear, and laughter)." (*Cork Constitution*.)

# Illustrations

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The tarsal border in this affection becomes the seat of a well defined and hard tumour, in the centre and free border of which a yellowish spot is apparent. At this stage, the tubercle bears a rude resemblance to hordeolum or sty.

The yellow spot sooner or later ulcerates; and if the molecular changes be not controlled by mercury, a deep triangular notch is made in the border of the eyelid, and remains as a permanent deformity. The ulcer is at first superficial and of a dusky yellow colour, and the lid-tissue around is widened out by a circumscribed and dense exudation, as in the Hunterian chancre.

CASE I. My introduction to this form of syphilis of the lid was made many years ago, in the case of a married lady, who consulted me respecting a tumour such as I have described. One of her eyelids was disfigured by a notch, which she told me marked the site of a tumour similar to the one which now concerned her, and which had run a natural course. The disease was not “tarsal tumour,” for this never ulcerates or suppurates at the free margin of the tarsus. The chronicity of the disease and appearance of the yellow spot forbade the idea of its being hordeolum. On calling upon the surgeon who attended the family, I learned from him that the patient had been infected with syphilis by her husband two years ago, and had been treated for secondary symptoms.

The following case affords a good clinical picture of the early stage of syphilitic tubercle.

CASE II. A young woman aged 20 (married) applied at the Eye Hospital on Oct. 21, 1856, with a hard tubercle on the edge of the right upper lid close to the outer canthus, and a similar tumour on the corresponding situation of the left lower lid. They were not inflamed; but presented, upon the integument at its line of union with the muco-cutaneous surface of the tarsus, an excoriated ulcer, of small size and oval shape. The ulcer on the right side was covered by a sticky secretion of yellowish colour.

The face of the patient was disfigured by syphilitic papule.

The disease of the lid had existed upwards of three months, and that of the throat a little more than half a year. She denied having suffered from sores on the genitals, leucorrhœa, ardor urinæ, or blotches on the surface of the body or face.

The velum palati was œdematous, the tonsils foul and deeply ulcerated, and one side of the tongue presented a blanched patch, in the centre of which was an ulcer. Plummer's pill was ordered.

In three days (Oct. 24), the right lid was much inflamed and swollen. The ulcers had extended; they were oval, and covered by a dirty gray crust (epithelial scales), on the removal of which a tawny surface was exposed.

Treatment was now directed to the relief of the inflammation of the integument; and gray powder in com-

bination with the extract of conium was substituted for the Plummer's pill, which did not appear to agree.

R Hydrargyri cum creta, ext. conii, aa gr. v. Fiant pilulæ ij ter in die sumendæ.

The importance of abstinence from alcoholic stimulants, the necessity of a nutritious diet, and of keeping the body warm, were fully explained to the patient.

My notes for Oct. 23 state:—“There is less inflammation of the lid, the tubercles are smaller and softer, but the ulcers remain unchanged. The woman looks better, and says she feels so.”

In six days afterwards (Nov. 3), the thirteenth of the treatment, the ulcers had cicatrised, and the surrounding hardness had disappeared. The appetite was good, and the complexion wore the aspect of health. It was a long time, the poor woman said, since she had felt so well as now. She remained under observation for a time, taking small doses of the mercury and iodide of potash. There was no relapse.

For the cure of this disease, all that is needed is a course of mercury adapted to the constitutional power and idiosyncrasy of the patient. The supervention of inflammation is to be met by the application of such remedies as would be appropriate if there were no syphilitic complication.

The inflammation should not be considered as belonging to the venereal complaint, but as an independent disease; hence a leech or two and an evaporating lotion may be necessary in addition to the mercury.

In syphilis of the eyelid I have not been able to satisfy myself of the value of yellow or black wash as a topical application. The occasional touching of the sore with a crayon of nitrate of silver, in combination with nitrate of potash, is useful. A solution of nitrate of silver in distilled water, to which so much glycerine has been added as will give a coating to the ulcer, is a good form of application.

I have encountered a difficulty in the administration of mercury in two cases. Both were females: one was phthisical; the other suffered from tertiary osseous symptoms, and was old and feeble.

Cancer of the eyelid is to be distinguished from syphilitic tubercle by its history, the absence of secondary symptoms; by the accompanying tumefaction being less, and of a different feel when manipulated; by the inefficiency of mercury; and by the results of a microscopic examination of the diseased structure. I have not laid stress on the generally more advanced age of cancer patients, because I have seen a flat syphilitic tubercle on the integument of the eyelid of a woman who was nearly 60 years of age, and which rapidly disappeared under mercurial treatment; nor upon slight enlargement and tenderness of the preauricular gland, as they are common to syphilis, cancer, and hordeolum.

CASE III. A woman, aged 25 years (married to a policeman), of strumous diathesis, complexion rather white, moderately plump, presented herself on March 17, 1863, with a red swelling of the lid, situated very near to the right tear-sac, and was prescribed for by Mr. Bowen, our intelligent house-surgeon.

On March 20th, I saw her for the first time, and noted the following symptoms. The integument of the inner half of the right lower lid is shiny and of a slightly coppery hue; and its surface slightly uneven. On taking the lid between the finger and thumb, a swelling occupying nearly one-half of the lid, of soft cartilaginous feel and slightly lobulated in front, is discovered; to the touch it closely resembles the remains of a large Hunterian chancre of the prepuce, for which mercury has been somewhat recently administered with effect. The margin of the swelling can without difficulty be clearly defined, there is no sort of blending with the surrounding tissue.

The voice of the patient is “veiled.” In the base of



the nula is a small hole with a sharply defined and rounded edge; there is no secretion from it; the velum palati is white, and chronically cedematous; the right pillars of the fauces are in the same condition, and there is a little notch in the centre of the free margin of the anterior pillar, marking the seat of a cicatrised ulcer. These parts present a diffused pale pink shade.

The patient denies all knowledge of a primary sore of the genitals, and the existence at any time of leucorrhœa or uridor urinæ. The throat has been affected upwards of six months, and the eyelid about three months and a half. She has had medical treatment, which does not appear to have included mercury in any form, or specific treatment of any sort.

The disease commenced at the inner end of the lid and was believed to be a sty, but it never suppurated. It was at one time inflamed, and became of a large size; a leech was applied with great relief, and the swelling diminished much. At the present time, the part is not inflamed or tender, and the conjunctiva is healthy. She was ordered to take every night a pill containing hydragryum cum cretâ and extract of conium, two and a half grains of each; and a drachm of syrup of iodide of iron in a cup of milk three times daily.

March 31st. The tumour is nearly gone; the copper coloured stain continues, as on the 20th, well marked. The patient is looking more healthy; she says she feels better than she has done for five years, and that her appetite is now excellent. Four pills only have been taken.

The preceding case affords an example of tertiary syphilis, of the same nature as the indolent nodes (lumps?) which sometimes form in the skin of the arms or its subjacent cellular tissue, and are much benefited by preparations of iodine and sea-air.

## HULL GENERAL INFIRMARY.

### REPORTS OF CASES.

[Reported with remarks by C. J. EVANS, Esq., House-Surgeon.]

CASE I. *Obstruction of Bowels; Death; Autopsy; Biliary Calculus found in Small Intestine.* Sarah L., aged 40, married, but without family, was admitted into the Infirmary under the care of Dr. Sandwith, on May 6th, 1858. She stated she was the wife of the master of a vessel, and had been poorly for about two months, though able to get about; was generally of a costive habit, and required medicine to relieve her bowels. On April 29th, seven days before, she had been taken very sick, and was obliged to take to her bed. The vomiting had continued ever since, occurring three or four times in the night, as well as the day. The bowels had not been moved since the same day (April 29th), when she took aperient medicine. On May 2nd, four days after the vomiting commenced, she noticed that the vomited matters possessed a fecal odour; and this had continued up to the time of admission. She had aperient medicine and injections, by the advice of, but had not been seen by a medical man. She stated that she had never had a rupture.

On admission, she complained of sickness and pain in the abdomen, which was tumid, though not tense, but tender on pressure, and resonant everywhere except in the lumbar regions. The countenance was somewhat anxious, though not indicative of much distress; tongue pale and flabby, thinly coated on dorsum; pulse 128, small and sharp. No protrusion of the abdominal contents could be detected in any of the usual situations. She was ordered to take at once six grains of calomel in a pill; also, every three hours, two tablespoonfuls of the following mixture, with twelve grains of citric acid.

R Potassæ bicarbon. ʒiss; magnesiæ sulphatis ʒvj; aquæ menthæ ad ʒvj. Fiat mistura.

She vomited once, after taking the medicine, a brownish fluid, of stercoraceous odour; but she thought the pill had not returned. Vomiting of a similar fluid recurred in the evening, and she had occasional hiccup. She was ordered to take one grain of solid opium at bedtime.

May 7th. She got but little sleep. There had been no action of the bowels. Pulse 120, feeble. She was directed to omit the mixture, and take a grain of opium every four hours.

6 P.M. Fæulent vomiting continued. The abdomen was more tense, and tympanitic; pulse very small and feeble; countenance more anxious. The pain in the abdomen was not fixed in one part, but generally diffused. She stated that she had suffered before from cramps in the abdomen.

She was seen by Dr. Sandwith again at 9 P.M. He ordered ten grains of calomel to be taken at once; and a warm water enema to be administered every four hours; and an ounce of brandy.

May 8th. The stercoraceous vomiting continued. She was ordered to have an injection composed of an infusion of ten grains of tobacco-leaves in six ounces of water; and to take, every four hours, two tablespoonfuls of a mixture containing a drachm of bicarbonate of potash and a grain of muriate of morphia in six ounces of water.

5 P.M. There was no improvement in the symptoms. The tobacco enema was ordered to be repeated (with fifteen grains of tobacco-leaves to six ounces of water), and followed, after four hours, by an enema containing turpentine and castor oil.

May 9th. She passed a bad night, and there was no relief to the symptoms. There was severe pain in the abdomen, which was more tense and tympanitic. The countenance was anxious, and the eyes sunken. Pulse 120. The tongue was coated with brownish fur. She took, by way of nourishment, beef-tea and brandy; but only in very small quantities. The tobacco enema was repeated; and six leeches were applied to the abdomen, followed by a linseed-meal poultice. Two grains of calomel and a fourth of a grain of opium were ordered to be taken in a pill every four hours.

May 10th. She passed a better night, and vomited only a little watery fluid, not having a feculent odour. She complained of feeling faint and sickly after the injections. The tobacco enema was continued every four hours, alternately with a common enema. The calomel and opium were continued, and taken alternately with a pill containing two grains each of extract of henbane and purified extract of aloes.

9 P.M. She had vomited no fæulent matter during the day, but only a yellowish watery fluid. The abdomen was less tympanitic. Pulse 112, rather sharp. There was no action of the bowels. She has taken more beef-tea, and has retained it.

May 11th. There was no vomiting at all to-day, and she was able to take more nourishment. She was somewhat narcotised. She was ordered to take calomel and opium pills of half the strength formerly given; to continue the enemata, and the aloes and henbane pills. A blister was applied over the region of the cæcum.

May 12th. She vomited stercoraceous fluid once during the day; but, after that, a small quantity of fecal matter passed *per rectum* at the time of giving the injection, which returned now almost directly.

May 13th. She passed several small stools of healthy colour during the day. There was no return of the sickness, and her pulse possessed a better volume. The enemata were omitted, but the pills continued.

May 14th. Several copious fluid evacuations passed to-day. Her tongue was rather dry. She was ordered to have a dose of effervescent saline mixture every four hours, and three ounces of port wine.

May 15th. She stated that she passed but little urine,

and that with difficulty. There was no dulness over the region of the bladder. The catheter was introduced, and only a few ounces of high coloured urine withdrawn. Pulse very feeble. She was ordered to take every night a pill containing one-third of a grain of muriate of morphia and two grains of purified extract of aloes.

R Potassæ bicarbon. 5ij; magnesiæ carbonatis 3j; acidi citrici 3j; spiritus ætheris sulphurici comp. 5ij; aque menthiæ piperitæ ad 3viij. M. Fiat mistura, ejus capiat 3i 3tiis horis.

She was reported in the afternoon to have risen up suddenly in bed, and then fallen backward. When seen, a great change was observed in her condition; and she gradually sank, and died at 12 p.m.

**Autopsy**, twelve hours after death. There was but little fluid in the peritoneal cavity. The greater part of the small intestines was much distended with flatus, and a good deal congested, especially the lower part of the ileum. The transverse arch of the colon was adherent to the liver. The former, together with a portion of liver, the stomach, and duodenum, was removed *en masse*. The mucous membrane of the stomach presented numerous red spots of extravasated blood (hæmorrhagic erosion), more especially in the cardiac portion. The transverse colon (the part removed) was laid open its whole length, and no unnatural appearance was observed. The duodenum was exposed in a similar manner; and at about an inch and a half from its commencement was found a somewhat circular opening, with rounded edges, which admitted the little finger. There was a bluish gangrenous appearance of the mucous membrane in its immediate neighbourhood, but no increased redness. On tracing the aperture, it seemed to terminate as a *cul-de-sac* in the substance of the liver. Leading from it also was another sac or pouch, about an inch long, passing behind the pancreas, and lined with a rough membrane. The substance of the liver was softer than natural. The gall-bladder was not found. The rest of the large intestines were healthy. In the jejunum was found a biliary calculus, of about the size and shape of a partridge's egg. The intestine above and below it, to the extent altogether of about three feet, was empty and contracted. The bladder was also empty. The lungs and heart were quite healthy.

**REMARKS.** Great difficulty was found, at the *post mortem* examination, in ascertaining the exact nature of the changes which had taken place in the region of the gall-duct. The gall-bladder was not recognised; but it is probable that the sac or pouch, spoken of above as being lined with a rough membrane, was really the remnant of this, though there was no appearance of biliary fluid in or about it. The *cul-de-sac* leading into the substance of the liver from the perforation in the bowel may also have been remains of the common bile-duct. It is tolerably certain that the calculus had been fixed in the position where it was found for some time; that is, from the period of the setting in of the stercoraceous vomiting. Both the contracted state of the intestine above it, and the condition of the perforation in the intestine, with its smooth rounded edges, would seem to favour this view of the case. Moreover, had the obstruction occurred at the time the calculus entered the bowel, its point of entry being so close to the commencement of this, the regurgitation of the contents of the intestine from below would have been prevented, as well as the onward passage of fluid or other matter from above.

The symptoms in this case were very severe. Vomiting had continued for fourteen days without intermission, half that time the matters ejected being stercoraceous. It occurred only once afterwards, following on an intermission extending over two days. There was no action of the bowels also for thirteen days. The symptoms were slow in yielding to the treatment adopted, a part of which consisted of the free yet cautious admini-

stration of tobacco enemata, which was apparently attended with a beneficial result. The urgency of the symptoms had subsided; and there was every hope that the patient would ultimately do well, though she was in an exceedingly weak and debilitated condition. But without the least warning, or any evident cause, a sudden change for the worse took place, dating from the act of her suddenly rising up in bed. This was not witnessed by the nurse, but reported by another patient in the ward. Whether the exertion of sitting up in bed, in her weak state, was too much for her system to bear, and produced a shock from which she was unable to rally, is not clear. At any rate, the *post mortem* examination threw no light upon her unexpected and comparatively sudden death.

**CASE II. Obstruction of the Bowels; Peritonitis; Recovery.** Robert H., aged 24, a groom, was admitted under the care of Sir H. Cooper, on June 10th, 1862, with the following symptoms. There was considerable pain and tenderness of the abdomen, especially at the lower part; abdomen itself tumid and tense; transverse colon much distended; countenance anxious; pulse rather feeble. The bowels had not been relieved since the 8th, two days previously.

**History.** He had been taken ill on June 6th, while out exercising, with a sudden and severe pain in his body. An hour or so previously, he had taken a glass of beer, being very hot; and he went home and drank a glass of cold water. He was quite well the previous day. The pain in the body continued more or less the two following days; and he was seen by a medical man on the 8th, when he was violently sick. His bowels had been relieved on the 5th, but not on the 6th nor 7th. On June 8th, an enema was administered, and was followed by one stool.

As the pain and vomiting increased in severity, he was brought to the Infirmary. Ordered hot fomentations to be constantly applied to the abdomen; a grain of calomel and a fourth of a grain of opium to be taken in a pill every four hours; with a dose of saline mixture, containing fifteen minims of compound tincture of camphor. He was placed on milk diet.

He was very sick in the afternoon. The vomited matter was of a greenish black colour, but without a fæulent odour.

**Vespere.** The pain in the abdomen continued. He was ordered to have six leeches applied to this part.

June 11th. The abdominal pain was somewhat less, but there was great tumidity and tympanitis. The vomiting continued, and there was no action of the bowels. He was ordered to have a common enema at once; and turpentine stupes to be applied to the abdomen. The bowels were moved once or twice in the evening after the enema, but only slightly.

June 12th. The abdominal pain and distension continued, and there was marked and extensive dulness on percussion, showing that there was effusion into the abdominal cavity. Ten leeches were applied; and he was directed to take a grain and a quarter of calomel every two hours, without the opium; and to have an enema administered with O'Beirne's tube.

June 13th. The pain was rather less severe, but there had been no further action of the bowels. There was now also frequent and profuse vomiting of brownish yellow fluid, of decidedly stercoraceous odour. The urine passed freely and naturally. He was ordered to omit all medicine, and to have twice a day an enema of four ounces of beef tea containing half a drachm of laudanum.

June 14th. He had had several very copious evacuations, semifluid, of light brown colour. The sickness had abated, and the pain in the abdomen was much relieved. He was ordered to continue the nutrient enemata, and have a little rice-milk.

June 16th. The bowels had not been moved for the

last twenty-four hours; and there was considerable distension of the abdomen. A large blister was applied to the abdomen. The calomel and opium pills were ordered to be taken again every two hours; and a turpentine enema, containing two ounces of tincture of assafoetida, to be administered in the evening. He was also directed to have a pint of beef-tea daily; and the nutrient enemata were omitted.

June 17th. The bowels had been freely moved, with the expulsion of much flatus. The gums were slightly touched by the calomel. The pills were omitted.

*Vespere.* The bowels being copiously moved all through the day, he was ordered an anodyne injection at night, and to have two pints of beef-tea.

June 22nd. He was improving in every respect.

R Infusi quassiae ʒviij; tincturae strychniæ ʒss. Fiat mistura cujus capiat ʒj ter die.

He was ordered common diet.

He was discharged cured on July 5th.

[To be continued.]

## Original Communications.

### OBJECTIONS TO THE STATEMENTS OF DR. FLEMING CONCERNING THE ACTION OF ATROPIA UPON THE EYE.

By HENRY LAWSON, M.D., Professor of Physiology in Queen's College, Birmingham.

THERE are few subjects within the very distant limits of physiological science, which have received so much careful consideration as that of the organ of vision; and on that account, it is of the greatest importance that, in adding to the already comprehensive information which we possess concerning the structure and functions of the eye, some attention to the views of the older writers should be paid by those who are about to advance new hypotheses.

In the *Edinburgh Medical Journal* for last month (March), an article has appeared from the pen of Dr. Fleming, in which he speaks of the action of atropia upon the eye. Dr. Fleming's merits as a researcher in the wide field of the science of *Materia Medica* are too well known to need any comment from me; it is, therefore, with a feeling of some reluctance that I come forward to controvert any statement made by so distinguished a physician. That it is my intention to question their accuracy, I frankly confess; not, however, from a spirit of opposition, but rather with the hope that their author may take further steps to maintain the truth of what he is pleased to term *his* theory.

The conclusions at which Dr. Fleming has arrived may thus briefly be summed up.

1. Adaptation of the eye to distinct vision at different distances is effected in great part by the *iris*.

2. The *iris* is an erectile structure.

3. The ciliary muscle, in contracting, presses on the veins returning from the *iris*, and so causes turgescence of the latter, decrease in the size of the pupil, and power of examining near objects.

4. Dilatation of the pupil is due to the contraction of the capillaries, diminution of the quantity of blood, and hence an absence of the necessary erectile fluid.

5. Contraction of the capillaries may be due to a stimulation of the sympathetic nerve.

With regard to conclusion 1, I may observe:—

a. That the view is by no means a novel one, having been proposed many years ago by Pouillet and Mile.

b. That it has been successfully refuted experimentally; and

c. That the case recorded by Von Graefe completely upsets it. In Graefe's case, the *iris* had been entirely removed; yet the power of adaptation was as perfect after as before the operation.

In proof of conclusion 2, the writer asserts, that the softness of the *iris* is evidence of its being erectile! It is not necessary to remark, that testimony of so vague a character is hardly testimony at all; but, apart from this, I take the evidence of Mr. Bowman on the matter, in preference to that of Dr. Fleming. The former writer observes: "From what has now been said of the vessels of the *iris*, it is evidently not an erectile structure. If a doubt still remained, it would be dispelled by the fact that the *iris* will contract and dilate several times after death under favourable circumstances." (*Lectures on the Parts concerned in the Operations on the Eye.* By William Bowman, F.R.S., F.R.C.S., etc.)

The third deduction seems rather hastily framed. It is very questionable whether the veins of the *iris* are ever compressed by contraction of the ciliary muscle; and, even on the author's supposition, the turgescence would remain to be accounted for, inasmuch as it is probable that the arteries would also suffer compression, thus leaving the quantity of blood in the *iris* the same as before.

I take it, that the fourth conclusion has especial reference to the action of atropia; that, in fact, the dilatation of the pupil after the administration of atropia, is due to an absence of blood. Dr. Fleming has not shewn in any way that, in the case of dilatation of the pupillary orifice after the application of this drug, the vessels are constricted. It is quite true (indeed, I myself have observed it in the web of the frog's foot) that a local application of atropine does produce a temporary diminution in calibre of the capillaries; but this constriction does not continue for days, and may be owing to other circumstances.\* On the other hand, it has been well ascertained that, in every case of poisoning with belladonna, the brain is fearfully congested—to use Christison's words, "gorged with blood"; and, as the vessels of the eye are merely offshoots from the cerebral arteries, we may fairly suppose that the ciliary vessels are dilated, rather than diminished in capacity, when under the influence of atropia.

I cannot see upon what facts conclusion 5 is based. I fancy that stimulation of the sympathetic is, in the instance referred to, exceedingly unlikely. It would be much more in accordance with the beautiful discovery of M. Claude Bernard, to suppose that the (functionally) cerebro-spinal nerves, and consequently the dilator muscles, are paralysed, and that therefore the constrictors, having no force to antagonise them, narrow the vessels. I do not for a moment assume that this is the real state of things; for I conceive that the vessels are either dilated or in their ordinary condition, and am of opinion that we are not yet in a position to draw very precise inferences relative to the control of the two sets of nerves over the movements of the *iris*. I merely throw out the hint as a suggestive one.

There are two or three other assertions of Dr. Fleming, which do not stand the test of a close examination. Thus, he states that the blindness or faint vision of epileptics is owing to a want of turgescence of the blood-vessels! If the statement be not intended to bear upon the writer's remarks, it means nothing, as it has been before put forward in another shape. But, if it be supposed that the faintness of vision results from an absence of blood from the *iris*, then I would say—

1. That when the blood has left the *iris*, vision is not impaired; and

2. That a much better explanation of the phenomenon might be sought in the diminution of the blood

\* Such, for example, as the influence of the styptic acid, which is occasionally employed to dissolve the alkaloid.

supplying the cerebrum and retina, as Dr. Brown-Séquard has long since demonstrated.

The most startling fact which the writer announces is that, when the walls of an artery are softened, and deprived of *contractility*, there is a much greater quantity of blood transmitted to its ultimate ramifications, than when it was in a healthy condition.

I shall make no further allusion to this strange assertion, than a recommendation to my readers to consult their senses and their text-books on Physiology, for a corroboration (?) of Dr. Fleming's opinion.

In conclusion, I would submit the following queries, bearing upon the foregoing matter, to the careful consideration of the profession.

1. What becomes of the aqueous humour when the vitreous is pushed forward?

2. If the capillaries of the system can dilate without compression of the systemic veins by special muscles, why may not those of the eye act similarly?

3. If the capillaries of the eye can be dilated by the action of their coats, or owing to an increased demand for blood on account of organic change, what is the office of the ciliary muscle, which in the class *Arves* is composed of even striated tissue?

4. Do we always find that, during congestion of the eye, there is an inability to perceive distant objects?

5. If the vitreous humour be pressed on by the turgescence of the vessels, to an extent sufficient to cause the projection of the lens, will not the retina sustain some injury?

6. Can the pressure be sufficiently great to cause the elongation of the "arteria centralis retinae"?

I hope, in a memoir which I am preparing for publication, to enter fully into the subject of "adaptation", to review all pre-existing theories, and to enunciate my own opinions concerning the mode in which the refracting power of the human eye is increased and diminished according to the will of the individual. In the meantime, I shall be glad to learn the views of others, when based upon well-ascertained facts, and not merely speculative.

## FÆCAL ABSCESS, TERMINATING SUCCESSFULLY.

By THOMAS HENRY SMITH, Esq.

T. J., aged 18, had been delicate from birth. He was first seen on June 18th, 1862, when he had smart febrile symptoms, with deep-seated pain, increased on pressure, over the region of the cæcum; there was swelling, and some dulness on percussion. He was much relieved by small doses of calomel and opium for a few days, with salines and linseed poultices, with an opiate ointment smeared over the surface.

On June 28th, tenderness had subsided, but there was apparently some thickening of the bowel. A blister was applied with benefit; and he seemed to be getting well. Oleaginous aperients had brought away a very large quantity of feculent matter.

About a fortnight from the commencement of his illness, on lifting a slight weight, he felt a sudden acute pain in the right lumbar region. This pain was relieved by sedative applications from time to time, but it never left him; and on July 8th, I found an ill-defined elastic swelling, without any distinct fluctuation, midway between the last rib and the crest of the ilium. Dr. Habershon saw him with me, and advised leeches, poultices, and perfect rest.

On July 19th, Dr. Habershon saw him again. The swelling had decreased; there was less pain; and we agreed that there was nothing to warrant an opening being made.

He fluctuated for two or three weeks, taking bland,

easily digestible food; but, on the whole, decidedly losing ground, emaciating a good deal. During all this time the bowels acted naturally.

On August 16th, I found that matter was evidently coming to the surface, and pointing just above the junction of the middle with the posterior third of the crest of the ilium.

On August 17th, I made a free opening, and out rushed a full pint of intensely fetid matter, with so much flatus, that there could be no doubt of communication with the bowel; in fact, it was just like opening the distended colon itself.

On September 4th, Dr. Habershon saw the patient for the third time; and the prognostication was very gloomy. Fluid feculent matter was passing in abundance through the opening, though also naturally by the rectum; emaciation was extreme; the pulse very rapid; and the tongue irritable. He was being well supported with wine, strong animal broths, milk, eggs, etc. Charcoal poultices agreed best with the wound; and, with great attention to cleanliness, prevented fætor. He took ammonia with chloric ether, and decoction with compound tincture of bark.

From this time, however, he slowly but steadily improved. The appetite kept up; he took abundant nourishment; the discharge lessened; flatus ceased to pass; finally, the discharge was no longer feculent; and he was able, by the third week in September, to take carriage exercise.

On September 26th, he went to Brighton, and returned on October 24th, so wonderfully improved in health, strength, and amount of flesh, as hardly to be recognised; in fact, he was in much better condition than he had been before his illness. The discharge has now nearly ceased; there has been no ill smell to it ever since September; and he is the picture of health.

There are some points of interest about this case apart from the rarity of its termination.

1. Was the original affection a low form of peritonitis in the cæcal region? or inflammation, running on nearly to abscess, external to the peritoneum, in the abdominal parietes? The diagnosis between the two is at first by no means easy. My first impression was, that the cæcum was alone involved; and, during the first fortnight of his illness, very abundant evacuations passed by the bowel; treble the amount of food taken; showing that there had evidently been a considerable accumulation in this region. But, after the more decided swelling appeared externally in the posterior lumbar region, some effusion and thickening of the cellular tissue between the anterior and posterior parts could be traced: so that the irritation would seem to have been communicated from the cæcum to the cellular tissue in the parietes of the abdomen adjacent to it.

2. Did the bowel give way at first when the sudden pain was felt? or did the perforation take place from without, matter remaining for some time in the walls of the abdomen, and then making its way into the intestine? The latter suggestion is the most probable; for had the bowel given way so early in the case, in all likelihood there would not have been the long period of suspense, and, I may say, of uncertainty, as to whether there was matter or not; it would not have been quiescent so long; there would have been more pain and more constitutional disturbance. Could the matter have been evacuated early, the communication with the bowel might possibly have been prevented; but at the first consultation there was a doubt as to whether there was matter at all; and at the second, the swelling had so lessened that an opening seemed uncalled for.

3. The opening into the intestine was probably *valvular*; had it been *circular*, there would have been less chance of its healing up so kindly.

# Transactions of Branches.

## BATH AND BRISTOL BRANCH.

### WOUND OF THE VERTEBRAL ARTERY.

By AUGUSTIN PRICHARD, Esq., Bristol.

[Read November 27, 1862.]

CHRISTOPHER WICKHAM, a policeman, aged 39, stout, strong, and very temperate, was taking an offender into custody on the night of Saturday, August 23rd, when the man, who had apparently laid wait for him, stabbed him deeply in the upper part of the neck, on the left side, behind the mastoid process, cutting through the posterior margin of the sterno-cleido-mastoid muscle, and making a long cut obliquely down the neck. He nearly fell backwards at first from the sudden shock and blow; and then, feeling that he was very severely injured, he made the best of his way to the Infirmary, with his hand pressed against the wound, some bystander having previously tied a handkerchief round his neck. He bled freely all the way, which was more than half a mile; and as he held his hand to the wound, the blood ran down his sleeve and up to his shoulder, and thence down inside his clothes, and ultimately out of his boot. He was dressed in uniform at the time.

Pressure was applied, and the hæmorrhage ceased; the wound was brought together by the assistant house-surgeon with two or three stitches, a compress, and bandage. He was much blanched with the loss of blood; but had been able to walk up with some assistance.

He went on well, and union seemed to be taking place in the wound, until the morning of Sunday the 31st, when he asked for more food, and wanted to get up. I ordered him some meat; but he was not allowed to get up, as the wound was not sufficiently healed.

About half-past one in the afternoon of this day (Aug. 31st), the seventh from the receipt of the injury, there was a sudden burst of arterial blood, which gushed out with a jet nearly as large as a quill. When I saw him, the pressure that had been employed had stayed the hæmorrhage, and I plugged the cavity firmly with lint dipped in turpentine, keeping it fixed in its place by some pins through the sides of the wound.

On September 4th, there was considerable suppuration; and as no more bleeding had occurred, I loosened the pins by dividing the threads, and the next day took out one pin about 1 o'clock in the afternoon. At 3, the hæmorrhage recurred in the most violent way from the original place; that is, from the upper corner of the wound, deep in the neck.

I was quite at a loss to determine what vessel had been injured, but inclined to the opinion that the occipital artery had been cut off close to the external carotid. The bleeding had always been arrested by Mr. Board, our assistant house-surgeon, before I saw him.

Upon consultation, it was determined that the common carotid should be tied; and this I did in the upper part of its course, experiencing so much difficulty, that it was the most trying and anxious operation I had ever performed. The jugular vein was very large, overlapping completely the artery, which was very deep. The tissues were hard and thickened, and infiltrated with blood and serum, and the pulsation so feeble that it could not be felt. In addition to these difficulties, I had to operate in the ward where the man was lying, with a very imperfect and unsatisfactory light. No chloroform was used.

On the next day (Sept. 6th), there was contraction of the pupil of the left eye, the side of the injury, and considerable difficulty in swallowing.

The wound began soon to suppurate freely, and looked

tolerably well. There was pulsation in the temporal artery shortly after the operation. In this way he progressed for some days, gaining a little strength. I observed on the 12th, that the pus which trickled from the upper part of the wound was slightly streaked with blood.

On the 14th, he seemed better in the morning, but in the evening violent bleeding occurred from the original place, and pressure was used again, and when I came down, I introduced two long steel acupressure needles through the tissues of the neck, and with the aid of three pieces of cork, brought the whole together so forcibly as to promise to check the hæmorrhage.

Bleeding recurred on the 17th, when another pin was introduced; and on the 19th, it returned again. He was now so sunk and weakened by the loss of blood, that his pulse was intermittent and almost imperceptible; his surface was cold; and he became unable to swallow. I ordered an injection of half a pint of strong beef-tea and an ounce of brandy twice a day, and he soon rallied.

On the 20th and 21st, he was still bleeding a little; and finding that pressure was for the time effectual, I had some plaster of Paris poured over the part, so that equable and firm pressure might be made. After this, he again rallied, and became able to swallow his beef-tea and brandy; but small bleedings recurred, and he sank on the 25th; that is, four weeks and five days after the receipt of the injury.

POST MORTEM EXAMINATION. The pins and ligatures all came away with the mass of plaster of Paris. There was no closure of the carotid artery. Its interior was red and rough, and of course its tube was cut through, the ligature having been dragged out with the plaster of Paris; but no repair of the vessel was evident; nor had any clot formed in its cavity, although there was some dark coagulated blood in the sheath of the vessel which probably came from the original wound. No hæmorrhage from the carotid had occurred, death having taken place before the ligature had come away, twenty days after the operation. The vessel which was wounded was the vertebral artery, cut completely through as it was entering the foramen magnum of the occipital bone, in the middle of the hard fibrous tissue which lies between that bone and the atlas.

I have searched in vain to find an account of any similar case. The vertebral artery arising from the subclavian runs through the transverse processes of the cervical vertebrae for protection. It takes an oblique direction while going through the axis, owing to the form of the aperture in the transverse process of this bone; and then, after forming a curve, it passes through the atlas, and turns round behind and under cover of its superior articular process and then upwards and forwards, through the fibrous tissue of the part, into the skull, to join its fellow, dividing again to form a share of the circle of Willis.

Of course, the ligature of the common carotid artery was altogether useless; but the man's death was not hastened by the operation. I had never seen him bleeding; and, therefore, never had an opportunity of proving that the hæmorrhage was not arrested by pressure on the carotid; and if, from the moment of his admission, I had known what vessel had been injured, I should at once have considered the case hopeless.

Ligature of both ends of the divided vessel would have been necessary, both being entirely out of reach, and held open by the fibrous textures in which the vessel is situated; and pressure, except as a very temporary means, was unavailable.

As to the question of tying the vessels at a distance, it would have been requisite to cut off all the vessels forming the circle of Willis, at the base of the brain; in other words, to tie the two internal carotids and two subclavians.

On one occasion, that is, immediately after the operation, there was no hemorrhage for nine days; but no clot formed in the vessel.

## Progress of Medical Science.

THE MORTALITY AFTER AMPUTATIONS AT THE SEAT OF WAR IN AMERICA. All these cases, which are reported by Dr Fisher, of Sing Sing, New York, occurred in the hospitals near Sharpsburg, after the battle of Antietam. The whole number of cases of amputations is fifty-seven; the mortality, including two cases where the prognosis is noted as doubtful, amounts to eleven, the percentage being 19.47. Of the lower extremities there are twenty-nine cases, of which eight were fatal, if we include the two cases of doubtful prognosis; the fatality being 27.58 per cent. There are twenty-eight cases of amputations of the upper extremities, three resulted fatally, or 10.71 per cent. Of amputations of the thigh thirteen cases are given, seven were fatal, including one of doubtful prognosis, mortality 53.84 per cent. Sixteen amputations of the leg are recorded with one fatal case, 6.25 per cent. This fatal case was still living, it was by no means certain that he would die; should he recover, we would have sixteen cases of amputation of the leg, and no fatal result. Amputation of the shoulder-joint was performed in only four cases, one died; mortality 25.00 per cent. The arm was amputated in twenty cases, of which two patients died; 10.00 per cent. The amputations of the forearm were all successful. With regard to the "mode" of performing the amputations, twenty nine were by flaps, viz., thigh four, leg nine, shoulder-joint four, arm ten, forearm two. The circular method was resorted to in twenty-eight cases; under this head are included the ordinary circular, and the more decidedly conical mode; viz., thigh circular nine, leg circular six, conical one (= 7); arm circular eight, conical two (= 10). Of the twenty-nine flap operations, five were fatal, 17.02 per cent. Of the twenty-eight circular operations, six were fatal, 20.68 per cent. The four cases of secondary amputation were all fatal; it is quite probable that they would have recovered had the operation been done immediately after the receipt of the wounds. The youngest was 16 years of age, the eldest 46. Pyæmia was the cause of death in eight cases. Chloroform was used in all cases. Twenty-five of the cases were operated upon on the day of the battle, and only one proved fatal; on the next day twenty-four amputations were performed with three deaths; on the second day four with two deaths; on the third day one successful; on the fourth, fifth, and eleventh day one each, all fatal. (*American Journal of the Medical Sciences*, and *London Med. Rev.*)

PANCREATIC DIGESTION. Schiff, in former experiments by himself and Corvisart, had discovered that the pancreas, in order to effect digestion of albuminous bodies, must be charged (*geladen*) by digestion-products reabsorbed from the stomach. Corvisart regards these essential digestion-products as peptones. Schiff has more recently found that the mucous membrane of the stomach also must be charged with digestion-products, but that these may be introduced into the blood through other channels than the stomach. Schiff made it a question whether the presence of certain matters in the blood was not necessary for the function of the pancreas. Then dogs were richly fed, so that the pancreas was perfectly emptied within ten to twenty-four hours. Dextrin or digested flesh was then injected under the skin, and the animals were killed after some hours. An infusion of the mucous membrane of the stomach was always found effective, proving that its mucous membrane was charged; but an infusion of the pancreas was always

found, under these circumstances, to be ineffective. Schiff consequently concludes that the matters requisite for the pancreas must be absorbed from the stomach; and he gives the following explanation:—For the charging (*ladung*) of the pancreas certain matters must be present in the blood which can be separated from it as a ferment, but that this ferment be separated in the gland a second agent is required—viz., excitement of the bloodvessels of the pancreas to secretion; this excitement leading to distension of the vessels is probably reflected from the stomach, which must be in absorbing activity. The reabsorption he supposes to be effected by the lymphatics. He tried oil, but found no effect on the pancreas as regards its digestive efficiency. But when emulsified by gum, oil rendered the pancreas effective. Other substances, such as dextrin, the peptones, etc., introduced through the skin or rectum into the blood, by calling into activity the lymphatics of the stomach, produced a charging (*ladung*) of the pancreas. The connection between absorption from the stomach and separation of the pancreatic ferment is effected by the nervous system, for when the celiac plexus was extirpated no charging of the pancreas occurs. Schiff considers the spinal cord to be the reflector which establishes the connection between the lymphatics of the stomach and the blood-vessels of the pancreas. More recent experiments have convinced Schiff that the spleen also must cooperate with the pancreas in the digestion of albuminous bodies. He fed a cat with flesh, seventeen hours after a full meal tied the splenic vessels and the pylorus, and six hours afterwards killed the animal. An infusion of the gastric mucous membrane proved powerfully digestive, an infusion of the pancreas did not. Thence he concludes that in the spleen the peptogenes taken up from the stomach are so changed that they are rendered capable of forming that material in the pancreatic secretion which digests albumen. After the extirpation of the spleen the pancreatic secretion can no longer digest albuminous bodies; hence the reason why animals from which the spleen has been extracted require a larger amount of food than in the normal condition. (*Henle und Meissner's Bericht*, and *Edin. Med. Jour.*)

A NEW METHOD OF PERFORMING TRACHEOTOMY. Mr. Bill, Assistant-Surgeon, U.S.A., gives the following description of a new mode of operating:—"The instrument employed consists of a trocar and cannula of peculiar shape. The cannula presents an elliptical section; the point of the trocar is shaped like the point of an ordinary curved bistoury, blunt on the back. The instrument is provided with rings to serve as handles for manipulation. A portion of the rod of the trocar is smaller than the rest, and has a watch-spring temper. There is a fenestrum. The cannula is silver, the trocar steel. Such is the instrument. The operation proposed is the following:—Make an incision through the crico-thyroid membrane parallel to the crico-thyroid artery. Having sheathed the spear point of the trocar with the cannula by partly withdrawing the former from within the latter, pass the open mouth of the cannula through the incision so made, and carry the instrument as far downwards as is considered safe or necessary, the convexity of course looking towards the œsophagus. When this point has been reached, depress the ring handles of the cannula towards the patient's chin; by so doing the mouth of the cannula is elevated, and also with it the anterior wall of the trachea against which it has been pressing. The great vessels are now of necessity behind and to the outside of the ordinary line of incision; and these can be in no danger whatever when we push the handle of the trocar into its place, and so protrude the knife-edge through the cannula, and through all the tissues lying in front of this. The whole instrument is now to be pushed on, until the mouth of the cannula has made its way through the skin; and then, the stilet being with-



drawn the patient is allowed to breathe temporarily through the cannula by means of the fenestra. If the operation was undertaken for the removal of a foreign body, we should now proceed regularly to work as in ordinary operations, making incisions through the skin and fascia, of one or two inches in length, separating the muscle and securing all tissues each side of the intended incision through the trachea, by passing underneath them bent needles, and twisting a thread over these in the manner of the interrupted suture. All this done, introduce a probe-pointed bistoury into the mouth of the cannula and the lip of the incisions, through skin, fascia, and the muscles being held asunder by blunt hooks, carry cannula and bistoury carefully upward until three or four tracheal rings are divided. Then remove the bistoury from the cannula and withdraw this latter from the wound within the crico-thyroid membrane." (*American Journal of the Medical Sciences*, and *London Med. Rev.*)

THE PROPERTIES OF THE SALIVA OF THE PAROTID AND SUBMAXILLARY GLANDS IN MAN. Dr. L. S. Beale gives, as the result of his inquiries, the following conclusions:—1. The saliva of the submaxillary gland is always alkaline, that of the parotid in most cases. Sometimes, especially in the morning, the first few drops of the latter are found of an acid reaction; soon, however, this disappears, and an alkaline one takes its place. 2. Immediately after secretion each kind of saliva is perfectly transparent and fluid, and does not contain any cells. Very seldom, however, a few epithelial cells of the ducts are met with; but the corpuscles, so peculiar to the mixed saliva of the mouth, are never found. After a while the fluid of the submaxillary gland gets gradually viscous, and a kind of flocculent sediment is found; whereas the parotid saliva does not change at all, or at most gets a little opaque. 3. Both kinds become opaque when heated, and even small quantities of coagulated matter are formed. By adding mineral acids, solution of the precipitate does not take place. But the quantity of this substance is too small for determining its amount or ascertaining its properties. We shall see that this principle takes part in the physiological action of the saliva. 4. The specific gravity of the parotid fluid is higher than that of the submaxillary gland; and as to the aqueous residue, we find that the same holds. 5. In man each kind of saliva converts starch into sugar. As to this point there is a remarkable difference between the saliva of man and dog. In the latter, according to the investigations made by MM. Schmidt and Bidder, it is only the mixture of the different fluids of the glands with the fluid of the mucous membrane of the mouth which is able to produce the change just mentioned. In man there is no doubt that the saliva of the submaxillary glands, as well as that of the parotid, acts upon the starch within a very short time. 6. Both fluids have this property, when heated for a short time, whereas refrigeration had the degrees beneath zero of the thermometer does not injure them in any way. Remembering the fact 3, we may submit that the conversions of amyloid substances into sugar might be effected by the small quantity of albuminous matter we find in each kind of saliva. 7. Sulphocyanide of potassium, Dr. Beale found only in the saliva of the parotid gland. In that of the submaxillary gland he failed absolutely, although he tried it at different times and on different individuals. (*Archives of Medicine*.)

A NEW INSTRUMENT FOR OCULARLY EXAMINING STRICTURES OF THE URETHRA. Now that the laryngoscope allows us to examine the interior of the thyroid box, and even to spy the bifurcation of the bronchi, we are prepared for the invention of instruments which will lay bare to the eye such canals as the urethra, the rectum, or uterus. M. Desormeaux, Surgeon to the Necker

Hospital of Paris, has used for some ten years past a urethroscope which has very nicely answered the purpose, after having been gradually improved and brought nearer to perfection. The *Gazette des Hôpitaux* of the 14th instant, states that strictures have been clearly seen with the instrument, which consists of a tube containing a metallic mirror, pierced in the centre, and placed at an angle of forty-five degrees with the axis of the instrument. The tube ends in a piece which is intended to be connected with the catheters introduced either into the urethra, the nasal fossæ, the pharynx, or any deep canal. The opposite end of the tube is connected with a diaphragm pierced in the centre like the mirror. At right angles with this tube, a second one is fixed, in which a gas-lamp is placed. The light of this lamp, reflected by a concave reflector, falls on the slanting mirror, which latter directs it upon the region to be examined. A lens may also be used to cause the rays of light to converge on the object to be viewed. Some nicety is required in the handling of the instrument, and a certain amount of practice is indispensable; but the instrument bids fair to turn out very useful. The catheters are open at the side, to allow of the introduction of sponges, etc. (*London Med. Rev.*)

MIDWIFERY STATISTICS. Dr. Pooley gives the following results of his own midwifery experience:—The following 794 cases of labour occurred in my own practice, of which I have kept careful observations. Sex:—430 males; 364 females. Six cases of puerperal convulsions—all primiparæ—death of one patient soon after delivery. Two cases of placenta prævia, both did well, version in one case, the other terminated by ergot. One child lost in the case of turning, doubtless from the excessive hæmorrhage. I was called to the aid of the midwife in the last extremity. Three cases of arm presentation, version in all cases, the children lived, women saved, but one died the day after from vomiting and exhaustion brought on by the use of chloroform. One case of side presenting, then the arm coming down, delivered by turning. Seven cases of twins, four of breech presentation, one child lost. Three of face, two in the same patient, with malformation of the pelvis and lame, at separate labours, all the children lived. Four of the funis, one child saved, the cord being protected by placing it in the angle formed by the junction of the sacrum and ilium. Two of the feet. Three of the head and hand, no particular difficulty with the placenta, except in one instance, in which the cord was discoloured and easily broken. After introducing the hand, found hour-glass retention of the placenta, but with care and patience removed it entire. One case of hydrocephalus, dead some time, head enormously distended with fluid, and the cranial bones floating in it, the labour lasted about twenty-four hours. One case of embryotomy, the patient died the day after delivery. Nearly all the patients made good recovery, and the satisfactory results were due to the use of common sense and patience, with conscientiously avoiding all unnecessary interference. The following were the only remarkable deviations from the usual convalescence. One case of pelvic cellulitis—following an easy labour—brought on by careless exposure, final recovery. One case of subinvolution, getting about too soon. One case of puerperal fever, recovered after a long illness. One case phlegmasia dolens, and one of incontinence of urine, entirely disappearing after a few weeks. These labours have embraced all classes, from the poorest to the wealthy, and all nationalities, from the age of fourteen years to forty-eight. The most difficult cases have been amongst the Europeans, and the easiest amongst Americans, but the former have commonly rallied the quickest, and borne their labours the best. The forceps have been used but four times, but might have been twice as often advantageously, had not the great distance from my home prevented my procuring

them in time. In conclusion I cannot speak too highly of the use of chloroform in obstetrical operations, and in the treatment of puerperal convulsions. (*American Medical Times.*)

ON THE DISCOVERY OF THE LARYNGOSCOPE. Mr. Windsor, after a critical examination of the claims of those to whom the discovery of the laryngoscope has been attributed, gives it as his opinion: 1. That Bozzini first attracted attention to the importance of seeing into different cavities of the living body, and to some extent succeeded in overcoming the difficulties inherent in the undertaking. 2. That Dr. Benjamin Babington was the discoverer of the laryngoscope. 3. That Baumès, Liston, Warden, Avery, made apparently independent efforts to examine the larynx. At the same time it must not be forgotten that—4. To Garcia is due the merit of having first made an extended series of examinations of the healthy larynx; but especially,—5. That to Czermak must be awarded the praise of having diffused the knowledge of the instrument and shown its value in disease. (*Brit. and For. Med. Chir.-Rev., and London Medical Review.*)

## British Medical Journal.

SATURDAY, APRIL 18TH, 1863.

### THE CASE OF BROMWICH v. WATERS.

DR. RAMSBOTHAM says, in a letter which will be found at another page, that "if he had heard Dr. Waters's version of the story before he gave his evidence, very little difference indeed would have been discovered between his treatment and my own." We are most glad to hear Dr. Ramsbotham say so; but it would have been much more satisfactory to Dr. Waters and to the profession at large, if Dr. Ramsbotham had impressed that idea on the minds of the judge and the jury at the trial. Unfortunately, the judge (by whom Dr. Ramsbotham complains that he was completely misinterpreted) told the jury that Dr. Ramsbotham's evidence went to prove that Dr. Waters's treatment was improper. Such, at all events, was the impression which his and Dr. Lee's evidence left upon the judge's mind; and which the judge enforced upon the minds of the jurymen. We must repeat the judge's words (as reported) to the jury:—

"If they came to the conclusion that the treatment was improper, and directed to that end, it was no doubt a corroboration of the young woman's statement. But was it made out that the treatment was improper? They had had medical evidence in favour of the plaintiff's case. There was Dr. Lee, who was not altogether a satisfactory witness, although, doubtless, a very learned man. There was Dr. Ramsbotham, who gave his evidence in a very satisfactory manner, and who also expressed his opinion that the treatment was improper."

Moreover, Dr. Lee, in his evidence, says that he examined the woman "in conjunction with Dr. Ramsbotham, and they arrived at the same conclusion. In his opinion, no ulceration had ever existed

there at all, and the speculum had been most grossly abused."

Here, then, it is plainly stated, that both Dr. Lee and Dr. Ramsbotham were in conjunction in the examination, and in conjunction in opinion as to the treatment; and we do not find that the latter gentleman repudiated any of Dr. Lee's statements. How then can Dr. Ramsbotham escape from "the charge of being a witness in favour of the prosecution"? Whether it be or be not "just and proper that a medical man who appears in a witness-box to speak to a medical fact, or even to a medical opinion, should be characterised as a partisan of that side which calls him," it is nevertheless certain, that he is so regarded both by the public at large and by the parties who put him into the witness-box.

We believe, and we repeat it, that if neither Dr. Lee and Dr. Ramsbotham, nor any other men in their position, had appeared in the witness-box on the side of the prosecution, this action never could have been carried on; and certainly we cannot understand that any force of subpoena could have brought an unwilling witness from London into the witness-box at Chester to give evidence useful to the prosecution on a mere matter of opinion. Will any one believe, that Sergeant Shee would have put these gentlemen into the witness-box, that the plaintiff would have paid all their heavy fees as witnesses, if they did not see their way thereby to damage seriously Dr. Waters's case?

It is a fact, indeed, that Dr. Waters's solicitor told him before the trial, that the medical evidence was the evidence upon which the plaintiff mainly depended for a verdict. The solicitor said, that he had been so informed; and that, in truth, the plaintiff had no case at all, unless supported by that evidence.

When, therefore, we call to mind verdicts which juries have given in cases of this kind, it is impossible not to shudder at what might have been the issue of this case, had not Dr. Lee's and Dr. Ramsbotham's evidence been happily rebutted by men like Dr. Simpson and Dr. Keiller. We firmly believe all that Dr. Ramsbotham says of his desire to sustain the honour of the profession; but we also have a duty owing to the profession, and we can, therefore, only regret that we find nothing in his letter which induces us to modify the remarks which we thought it our duty to make last week on the medical evidence given in the case of Bromwich v. Waters.

We are very pleased to hear that Dr. Lee and Dr. Ramsbotham endeavoured to stop the action; but it is incredible that they would have failed in this attempt, had they not expressed to the prosecutor some very strong opinions as to the impropriety of the treatment adopted by Dr. Waters. Indeed, we must infer from Dr. Ramsbotham's letter, that they tried to stop the action, not because they believed

that Dr. Waters's treatment was proper, or that he was innocent of the charge brought against him, but because they believed the charge would fail—being supported solely by the woman herself! It is a clear inference from Dr. Ramsbotham's letter, that the prosecutor had obtained from them a very strong opinion in favour of the impropriety of the treatment adopted by Dr. Waters; and it is equally clear, as the judge put it, that the theory of the prosecution was that the improper treatment was *à priori* evidence of the guilt of the defendant.

It is manifest, therefore, that Dr. Lee, and Dr. Ramsbotham, and Dr. A. Taylor, by entering the witness-box and giving the evidence they did give, are responsible before the profession for having supported the plaintiff in her attempt to bring home what has been proved to be a most atrocious and most infamous charge against Dr. Waters.

As we have already said, Heaven forbid that we should attempt by any words of ours to stifle truth or pervert the righteous ends of justice. If a member of our profession render himself liable to the law's punishments, let him suffer; and let every member of society, medical man as well as another, do his duty in assisting to bring home the charge against him. We are not condemning this. But what we reprobate as utterly unjustifiable is, that medical men, and especially medical men of high standing, should enter the witness-box for the prosecution, and swear, without any kind of reservation, that a particular treatment was improper, that the speculum had been grossly abused, when their evidence is merely matter of opinion, and founded on *ex parte* statements; and when more than the life of a medical man—his honour and reputation—are at stake.

What satisfaction is it to Dr. Waters that Dr. Ramsbotham should now come and say, "Oh! if I had heard your version of the case, I should not have disagreed with your treatment"? Why did not Dr. Ramsbotham, Dr. Lee, and Dr. A. Taylor make themselves masters of Dr. Waters's version of the tale before they came into court? What hindered them from doing so?

Take another view of the matter. What would be the judgment of the profession on a medical man who, on the mere hearing from the lips of an hysterical female her tale of the treatment to which she had been subjected by a former medical attendant, should, without further inquiry, pronounce to the world that the treatment was improper, and that the speculum had in her case been "grossly abused"? Is there a man in the profession who would venture to defend such a proceeding? Whose character and reputation are safe, if such a rule of practice is to guide our professional intercourse?

But what are we to say of such a case, when a professional man's very honour and reputation are

involved in the judgment given on the treatment? What are we to say when men—*patres conscripti* of the profession—of vast experience, and high reputation, and acute understanding, pronounce such an *ex parte* judgment on the practice of a professional brother, founding their opinion on the sole assertions of the hysterical female, whose reputation is manifestly saved if she can blast the reputation of her medical attendant—whose nearest interest and wish, in fact, lie in the blasting of his reputation? And all this, be it remembered, when the practice impugned is a matter of treatment about which men of the highest position in the profession hold, as was shown in this instance, diametrically opposite opinions—when men of equal experience and equal reputation with the aforesaid *patres conscripti* swear that the treatment impugned and declared to be improper is just the very treatment which they themselves would adopt under similar circumstances!

But what, indeed, can more completely condemn the medical witnesses for the prosecution in this case than the result of the trial? The plain fact stares us in the face. These gentlemen have assisted, on a point of mere opinion, in the attempt to bring home a most fearful charge against a medical brother, which charge was founded on a most wicked lie; they assisted, not by the production of any positive scientific facts, but by lending the weight of their high reputation to the expression of an uncompromising opinion on a point of treatment, concerning which men of equal reputation with themselves hold a totally opposite opinion.

It is sincerely to be hoped that the profession will not lose this occasion of expressly stating its opinion upon the ethical character of this giving of evidence by medical men against medical men. We believe that it is a point upon which, practically, there is no difficulty whatever in laying down a distinct and equitable rule of practice. That the profession requires some moral restraint to protect itself in this matter, has been only too often shown in these pages during the past years. The question is one which might well receive the consideration of our own Association. We shall take another occasion of pointing out what seems to us to be the clear principle upon which a professional man should act in giving evidence in a court of law against his professional brother.

We rejoice to find that the medical neighbours of Dr. Waters are intent on showing him a strong mark of their sympathy; and we are satisfied that the profession at large—when they reflect upon the fearful ordeal which that gentleman has gone through, the mental torture to which he has for months past been subjected—will gladly give a practical expression to their sympathy by bearing him harmless of all expense attending the trial.

## THE WEEK.

At page 410 will be found a letter addressed by many of the medical men of Middlesborough to the Secretary of the United Kingdom Provident Institution. This institution accepts, as we understand, a large number of lives for assurance in small sums, its business lying chiefly amongst the working classes. The premiums being small, the society endeavours to bring down the fee of the medical examiner to meet the smallness of the policy effected. It is argued that the institution cannot afford to pay the medical man his full fee on these small assurances. The medical men, in reply, say: "It is quite true that the usual fee might be too high in such cases, and we should be very sorry to stand in the way of the working classes making the provision for their families which is implied in a life-assurance. What we will therefore do, is this. We will make a compromise with you. We will take a smaller fee with the small assurances; and you shall pay us a higher fee with the large assurances." Nothing can surely be more fair and equitable than the principle upon which this proposed compromise is based; and we sincerely trust that the medical profession in the districts where this provident society is in operation will for once show an unanimity in enforcing it upon the society. This is just one of those cases where the profession has the power of carrying its way, if our brethren would only pull together. Unity here would be the means of adding honour and respect, and increase of income and of personal influence, to the profession. We would, however, recommend the gentlemen who have signed the letter not to bind themselves to more than the principle of the document, unless they have thoroughly made up their minds as to the correctness of the details. Perhaps some of the resolutions might be advantageously modified.

A FEW weeks since, we mentioned the fact that a most unjustifiable action had been brought by a patient against Dr. Lingen of Hereford. The action has, we learn, been postponed to the next assizes; Dr. Lingen having refused to listen to any pecuniary compromise which had been suggested. The adjourning of this action, merely on account of the large amount of judicial business which had to be gone through at Hereford, is a very great hardship on Dr. Lingen, whose expenses will be, of course, materially increased by the delay.

THE Epidemiological Society is in a flourishing state. The following new names have been added to the list of office-bearers:—Earl of Carlisle, Earl of Shaftesbury, Rt. Hon. W. Cowper, Dr. Acland, Dr. Copland, Dr. Farr, Dr. Jenner, and Sir Ranald Martin.

WE understand that the expenses of Mr. Adams in the case of *Russell v. Adams* are much greater than it was anticipated they would be—that, in fact, they amount to upwards of £800. It was Mr. Adams's intention to have himself paid all these heavy expenses; but his friends think that, after the strong feeling of sympathy which was shown to him at a public meeting, the profession should be offered an opportunity of giving a practical expression to their opinion of the absurd and abominable charge to which he was subjected, by aiding in a subscription. There can, we think, be no kind of doubt that, in all cases where a medical brother in the discharge of his professional duties has been subjected to gross persecution, his professional brethren are bound to show their sympathy for him, by at all events relieving him of the grievous burden of legal expenses. A committee has been formed for the purpose of carrying this out in the case of Mr. Adams, comprising, amongst others, the following names:—Wm. Bowman, Esq.; Dr. Cape; Wm. Coulson, Esq.; W. H. Covey, Esq.; J. E. Erichsen, Esq.; W. Fergusson, Esq.; J. H. Green, Esq.; Dr. W. W. Gull; Dr. Lankester; James Paget, Esq.; Dr. R. Quain; Dr. B. W. Richardson; Dr. Brown-Séquard. The Committee "desire that the members of the profession should have an opportunity of testifying their opinion of the innocence of Mr. Adams and the baseness of the charge brought against him, and their wish that their sympathy should be expressed in the form of some substantial acknowledgment which would be gratifying to Mr. Adams and his family to receive, and also, as far as possible, to diminish the personal annoyance and the pecuniary loss to him which he has incurred in defending and successfully rebutting the infamous charge brought against him by the Russells."

THE *American Medical Times*, in a leading article, gives the following account of the treatment of pauper lunatics in North America.

"These poor creatures are congregated in the almshouses of the different counties of the State, without any adequate provision for their necessities. They are now treated in many instances more barbarously than when the insane were thought to be possessed of the devil. The Senate Committee, which visited these people in 1857, reported that they found many in cells and chains; in some cases the inmates sicken and die without any attendance whatever; the cells and sheds in which they are confined are *wretched abodes*, often wholly *unprovided with bedding*; in most cases female lunatics had none but male attendants; instances were testified to of *whipping* of male and female idiots and lunatics, and of confining the latter in loathsome cells, and binding them with chains. In some poor-houses, both males and females were found in cells *in a state of nudity*; the cells were intolerably offensive, littered with the long accumulated filth of the occupants, and with straw reduced to chaff by long use as bedding, portions of which, mingled with the filth, adhered to the persons of the inmates, and formed the *ONLY COVERING* they had."

M. BONNAFONT concludes as follows respecting the effects of consanguineous marriages in producing deaf and dumb offspring:—1. That consanguineous marriages have been considered at all times and by all people as prejudicial to the improvement of the race; 2. That such marriages have been at all times prohibited by laws, civil and religious; 3. That unions of this kind in all probability affect all the other organs of the body, as well as those of hearing; 4. That existing documents prove the bad effects of consanguineous marriages, and are sufficient to point out to society the measures which should be taken in reference to such unions.

*La Presse Médicale Belge* says that M. the Senator Ribaucourt has demanded, in the Upper Chamber, the establishment of chairs of homœopathy in the universities of the kingdom. Count Robiano supported the motion, which was opposed by MM. Van Schoor and d'Anetham. The question is not yet decided; and homœopathy has, therefore, not yet obtained its official chair, salaried by the state.

An attempt was lately made on the life of a medical man in Italy, who had refused 500 *francs* which had been offered to him as a bribe to declare that a young conscript was unfit for military service. He was shot at by the friends of the conscript, severely wounded, and barely escaped with life.

M. Legrand relates a curious case which occurred lately in a small town in France. A clerk was accused of robbing his master of some bank notes. He denied the charge, but was arrested. Whilst under charge of the police, he was seized with fever, became delirious, and during his delirium frequently cried out, "I am a robber," etc. On his recovery, he was again interrogated by the magistrate, and indignantly denied the charge. Hereupon the magistrate, puzzled, demanded of the prison-doctor "whether the words of a patient suffering from typhoid fever, and uttered during delirium, could be considered as of any value"? The doctor very wisely declined to give an answer, and consulted M. Legrand, who thereupon drew up an answer to the question, which was to the effect that words so uttered could only be considered as mere indications of guilt. The magistrate accepted this view; and, for want of better proof of guilt, the young man was liberated.

M. Babinet, the most *spirituel* of savants, has presented the seventh volume of his *Lectures on the Science of Observation* to the Academy of Sciences. In presenting it, he said: "I feel, being the author, somewhat embarrassed in presenting this volume. If I praise it, I shall seem wanting in modesty; and if I speak ill of it, my bookseller will be dissatisfied."

A French traveller announces to the Academy the early arrival of a new febrifuge discovered in America!

## Special Correspondence.

### LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE appeal of the medical press for sympathy and congratulation on behalf of Dr. Waters of Chester, is likely to meet with a prompt and hearty response on the part of his professional brethren in his own immediate neighbourhood. A meeting of the medical men in Chester and the vicinity has already taken place; and, at an unusually full meeting of the Council of the *Liverpool Medical Institution*, it was unanimously resolved to call an early meeting of the members, as representing the profession of this town, to express their sympathy with Dr. Waters. From what transpired at this preliminary gathering, it is evident that a very strong feeling on the subject prevails here. As to the utter groundlessness of the calumny so maliciously and pertinaciously attempted to be fixed upon Dr. Waters, and in his person upon the honour and integrity of the medical profession, there is but one opinion; and the manly determination and unflinching moral courage displayed by him in repelling this dastardly attempt to destroy his character has met with the warm commendation it so richly deserves. As the leading article in the *JOURNAL* truly puts it, this has been no ordinary trial. Not only has Dr. Waters had to contend against powerful influence and wealth, but he has triumphed over that which may be truly said to be a deliberate plot, designed with the evident intention of overwhelming and crushing him without mercy. It is actually reported that his movements have for some time past been watched by spies, and that detectives have been employed to discover anything in his antecedents which might be made available as evidence against his character. It was only a few days before the cause came on for hearing, that Dr. Waters was made aware that the evidence of medical experts would be brought against him; and it was only by the greatest promptitude and energy that he was enabled, at the eleventh hour, to secure the attendance of Drs. Simpson and Keiller to rebut the counter-statements of the metropolitan medical witnesses, which, if unanswered, might have placed his cause in the most imminent peril. As a convincing proof of the *mens sibi conscia recti* which sustained Dr. Waters in this trying ordeal, and the noble determination with which he fought his own battle and that of his profession, I can state, on undoubted authority, that repeated overtures were made by his opponents to stay proceedings, if he would consent to withdraw his counter-action for slander. His answer was: "If they stop, I shall go on; nothing but the fullest investigation will satisfy me."

At the meeting which I have mentioned as about to take place here, it may be anticipated that, after expressing their sympathy with Dr. Waters, the profession of Liverpool will not withhold a very decided record of their opinion of the conduct of the medical witnesses who took a journey from London to Chester for the purpose of strengthening the case against a professional brother; and it is not improbable that a suggestion will be made to set on foot a subscription for the purpose of affording the profession an opportunity of recording in some substantial form their appreciation of Dr. Waters' meritorious conduct under these circumstances of overwhelming trouble and difficulty.

## Association Intelligence.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting (the fourth of the sixth session) is appointed to be held at the Bull Inn, Dartford, on Friday, April 24th, at 3.15.

Dinner at 5 o'clock. Price of tickets, 5s., exclusive of wine.

Trains leave Dartford for London at 7.40 and 8.40; and for Maidstone at 8 o'clock.

FREDERICK J. BROWN, M.D., *Secretary*.

Rochester, April 6th, 1863.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thursday, April 30, 7.15 P.M.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH; GENERAL MEETING.

A general meeting of this Branch was held in the Medical Department of the Birmingham Library, on April 9th, 1863; EDWIN BARTLEET, Esq., in the Chair. There were also present twenty-two members.

*New Member.* Mr. A. G. Wilkinson, a member of the Association, was unanimously elected a member of the Branch.

*Alteration of Law.* The following alteration in Law 4, increasing the number of the scientific meetings, was unanimously adopted.

"That, instead of the words, 'That a general meeting of the Branch be held thrice annually,' the words, 'That a general meeting of the Branch be held on the second Thursdays in October, November, December, January, February, and March,' be substituted."

*Papers.* The following papers were read:—

1. Excision of the Os Calcis. By Oliver Pemberton, Esq. One of the patients attended.
2. On the Action of Medicines, singly and combined. By D. Nelson, M.D.
3. On Extraction of Bullets. By Redfern Davies, Esq.

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 4TH, 1863.

H. OLDHAM, M.D., President, in the Chair.

THE following gentlemen were elected as Honorary Fellows of the Society:—Professor Martin, of Berlin; Dr. Beatty, of Dublin; Dr. Pagan, of Glasgow; Professor Braun, of Vienna; Professor Depaul, of Paris; and Professor Faye, of Christiania. Nine gentlemen were elected as ordinary Fellows of the Society.

The President announced that the volume of *Transactions* for the past year would be in the hands of the Fellows in a few days.

*Ready-made Plasters.* Dr. TILT drew attention to the fact that when a hundred or a hundred and fifty grains of common starch are boiled in an ounce of glycerine, the result is a very stiff glutinous compound, which has no smell, and does not become rancid; and although sticking firmly to the skin, it can be removed and reapplied. Instead of ordering belladonna plaster, Dr. Tilt

prescribes three grains of sulphate of atropia to be rubbed down with a few drops of glycerine, then incorporated with an ounce of hard glycerine ointment, and thickly spread by the patient on gutta-percha cloth or impermeable wash cloth. This can be removed for the morning ablutions, and reapplied after spreading a little more ointment on the same plaster. Morphia and other alkaloids are prescribed in the same way. The samples exhibited by Dr. Tilt were made by Mr. Bullock, of Hanover Street.

*Uterine Polypus which had Complicated Labour.* Dr. MEADOWS exhibited the specimen. The tumour, which had completely filled the vagina, was about twice the size of the foetal head. During the labour it was entirely protruded by the descent of the child, but was returned on its expulsion. It again, however, descended, and was removed by ligature two days after delivery. The growth was attached by a long pedicle to the cervix uteri, and weighed when removed nearly four pounds. The patient did well.

*On Displacement, etc., of the Bladder as a Cause of Tedious Labour.* Dr. W. H. BROADBENT made a communication to show that, besides the mechanical obstruction which may be presented by the prolapsed and distended bladder to the descent of the head of the child, prolapsus of the bladder, complete or partial, frequently renders the first stage of labour long and painful. The uterine contractions, causing pain in the displaced bladder, it was said, were replaced by spasmodic contractions of the abdominal muscles, which forced down the uterus, but had no effect in dilating its mouth. These were attended with much suffering, of a character very different from the natural labour pains at this stage, which with tactile examination would lead to a recognition of the cause. The measures recommended for the relief of the pain and for expediting the progress of the labour were, the supine position, prevention of accumulation of urine by the use of the catheter, and, in severe cases, chloroform.

Cases were given in support of these conclusions.

OBSERVATIONS ON OVARIOTOMY, ETC., STATISTICAL AND PRACTICAL; ALSO, A SUCCESSFUL CASE OF EXTIRPATION OF BOTH UTERUS AND OVARIES. BY CHARLES CLAY, M.D., MANCHESTER.

Dr. CLAY gave a brief and interesting outline of his experience on this important branch of surgery. There were 109 peritoneal sections, of which 104 were for ovarian extirpation, 3 for cutting down upon the tumour to establish ulceration where its removal was known to be impracticable, 1 for the Cæsarean operation, and 1 for the removal of both uterus and ovaries. Of the 104 ovarian cases, 72 recovered, 32 died; all the 3 ulcerative cases recovered; the Cæsarean section case lived to the fifteenth day; and, lastly, the case of entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 arose from the immediate consequences of the operation, 10 from inflammation, 10 from prostration, and 2 from hæmorrhage. The great majority of the first and second series were young females, as well as a portion of the third division. The deaths from prostration were chiefly in elderly females. Some other statistical facts were elicited, as well as the following remarks from the author:—Dr. Clay still defends the raised temperature of the room for operation, and attributes much of his success to its influence; is not certain if chloroform has added anything to the successful results; values it highly as an agent which it would now be difficult to lay aside, although the first 14 of his cases were performed before it was discovered, and of which 9 recovered; and he still thinks, if a woman could face the difficulty without it, it would be in her favour. The large incision is still practised by him, and deemed far preferable to the smaller opening. Of course the author wished to be understood that the incision was to be commensurate with the tumour to be



extirpated. Dr. Clay gave many reasons for this preference. The distressing vomiting he conceives to be in a great measure owing to the use of chloroform, as he saw but little of it in the first 14 cases, where it was not used. For this troublesome symptom he advises patients, until the blood has got rid of its load of carbon, the simplest of drinks, and as little food as possible. Some very well ascertained facts of critical days were adduced, which would require too much space to dwell upon; suffice it to say, the third, sixth, and ninth were the principal, and the causes of each were pointed out. No particular age seems to be prominent in respect to the success of these cases. Dr. Clay himself stated them to be about equally successful at all ages from sixteen to fifty-seven. Purgatives are not admissible; and he relies on enemata with ox-gall, etc. This part of the paper was concluded by some interesting remarks on ovariectomy for the last twenty years, and the difficulties the author had to encounter, not the least of which was misrepresentation.

The author next gave in detail a new and interesting operation, which he believed to be the first of its kind, successful at least, in this country—namely, the entire extirpation of the uterus and its ovaries through the abdominal walls, which has ended most fortunately, the lady returning to her friends on the thirty-fifth day after the operation, and still continuing well, thus establishing another great fact in reference to abdominal surgery. The case was that of a fibroid uterus of eleven pounds weight, with the ovaries in an unhealthy condition; and the tumour by its growth had latterly so entirely filled up the cavity of the pelvis as to render the passage of the fæces and urine extremely difficult. The particulars of the case throughout its progress were given. Dr. Clay does not suppose that many uterine tumours could be advisedly extirpated, but thinks some of these densely hard fibroid masses, where the constitution has not been greatly prostrated, might afford a fair prospect of cure under the knife.

Mr. BAKER BROWN warmly thanked Dr. Clay for his very practical and admirable paper. Mr. Brown wished it had been brought forward a few weeks earlier, as it was calculated to strengthen the hands of other ovariologists, and enable them to contend against those who doubted the value of the operation. With regard to the temperature of the room, he (Mr. Brown) believed that Mr. Lane, than whom no one had been more successful in ovariectomy, disregarded this subject, as did also another gentleman present at the meeting, who had also had great success. For himself Mr. Brown believed that where the operation was likely to be long, and the viscera long exposed, it was of great importance; but that where the operation was quick, and the viscera kept back by hot flannels, the question of temperature would not affect the success. As to the long incision, he believed Mr. Walne followed Dr. Clay; whereas Dr. F. Bird and Mr. Laue had contended for the short incision, and with good results. Mr. Brown always made a small incision first. If it appeared that on tapping the cyst the tumour could be withdrawn, he did not enlarge it; but if there appeared strong adhesions, or the tumour was very multilocular, he found it easy to make the incision larger, and agreed with Dr. Clay that it was advisable to see clearly where the adhesions and difficulties in removing the tumour were situated. At the same time, with the very large success of Dr. Clay, it was folly to say that short incisions were preferable to the long. Dr. Clay still preferred the ligature of Indian hemp. Mr. Brown had used it till the invention of the carpenter's callipers as a clamp, which he found more convenient and comfortable. He could not, however, agree with Dr. Clay as to the inadvisability of bleeding. In two or three cases where peritonitis had come on quickly after the operation, he had found venesection most valuable, and attended with success. He always advised hot linseed-meal poultices to be applied over the

whole abdomen when there was a chance of peritonitis, believing that they kept hot longer than ordinary fomentations. Mr. Brown's experience as to the frequency of the ovary attacked was contrary to Dr. Clay's. He had examined many hundreds, he might say thousands of cases, but thought that one could not decide which ovary was diseased till an incision was made. His experience, from cases submitted to operation, was that the left ovary was most frequently affected. He agreed with Dr. Clay that age does not make much difference. He was glad to hear that Dr. Clay had come to the conclusion that the question of success did not depend on the operation itself, but on the after-treatment. Mr. Brown believed that in his earlier operations he lost more patients because the after-treatment was not so well understood as now. He had learned from Dr. Clay the valuable practice of never giving the patient anything but the most simple food till asked for. He preferred giving beef-tea and wine, if required, by the rectum for three or four days after the operation. Mr. Brown considered Dr. Clay's testimony valuable as to the great advantage of small over general hospitals for these operations, not on account of the operation itself, but because the nursing, ventilation, and atmosphere were so much better in small special institutions. Mr. Brown had twice removed both ovaries with success. He thought that the question of exploratory incisions had been unfairly treated by the profession. They were made with an honest endeavour to ascertain the truth before risking the patient's life. Mr. Brown had never seen a fatal result follow them, and thought they should be commended and encouraged, not condemned. He was glad to hear Dr. Clay say that in his last operation he had made it a stipulation that it should be left to him to decide whether he should proceed after making an incision. As to opium, Mr. Brown had at one time been as great an advocate for it as Dr. Clay; but believed that it increased the sickness, and he now never gave it unless imperatively called for.

Mr. SPENCER WELLS said that he must not be supposed to undervalue the very useful paper of Dr. Clay, or to be ungrateful for the lessons which he had taught by his able advocacy of ovariectomy, if he (Mr. Wells) ventured to discuss two very important steps of the operation in which his own practice, and the practice in London generally, differed from that of Dr. Clay. Dr. Clay still advocated the long incision; and he still left the tied end of the peduncle and the ligature within the peritoneal cavity. He could boast of a success attending this practice of 70 per cent. of recoveries to operations. But his (Mr. Wells's) own experience had led him so decidedly to prefer the short to the long incision, and to keep the tied end of the pedicle outside rather than to leave it in, that he could not help suspecting that Dr. Clay's great experience in the operation had led him to success in spite of a method which more recent experience had modified or corrected, and which men of less experience could not follow without great danger of failure. After long incisions there was so much more exposure or escape of intestine during the operation, so many more serious symptoms after it, and so comparatively protracted a recovery, even in successful cases, that his (Mr. Wells's) experience had taught him to avoid any greater length of incision than was necessary for the exposure and removal of the cyst or tumour. In cases where he had the choice either of making a long incision and removing a tumour entire, or of breaking up a tumour and removing it through a small opening,—even though ovarian fluid might unavoidably escape into the peritoneal cavity and require careful sponging for its removal,—he would prefer this alternative rather than make a very long incision. In his experience, those patients in whom it had been necessary to leave the pedicle and ligature within the peritoneal cavity had suffered so much more after the operation, and their recovery had been so much more protracted than where

the peduncle had been kept outside, that he would always prefer to keep it out if he could, and so avoid the danger of absorption of the putrid matter of the strangulated stump, or the peritonitis connected with the effusion of fibrine thrown out to circumscribe the stump and ligature. It seemed probable that the frequent occurrence of peritonitis in Dr. Clay's practice was in some measure due to his manner of treating the pedicle; for in his (Mr. Wells's) own practice, peritonitis was rare. Of eighteen fatal cases, it had only had any important share in the fatal result in two; in all the others, shock or exhaustion after the operation, or blood-poisoning, had been the cause of death; while in successful cases he hardly remembered peritonitis in any patient where the pedicle had been kept out. As to the temperature of the room, in his earlier cases he had followed Dr. Clay's practice; but latterly he had found it better simply to have the room kept comfortably—not excessively—warm, and after the patient was in bed to keep a good fire burning and a window open night and day. In the use of opium also he had learnt to avoid all excess. If there was pain or restlessness, it was given in moderate doses, and repeated if necessary; but some patients had recovered without taking a single dose, and others with not more than two or three doses. Sometimes it was given to secure a good night, even if there was no pain. With regard to the removal of uterine tumours by abdominal incision, it was only under the most exceptional circumstances—where the life of the patient was in great danger from hæmorrhage or the effects of pressure—that such an operation as that so successfully performed by Dr. Clay could be justifiable. Pedunculated peritoneal out-growths from the uterus might be removed with moderate risk, and so might in-growths towards the uterine cavity or vagina; but any attempt to enucleate interstitial fibrous tumours of the uterus, either by incision through the abdominal wall, or by incising the cervix *per vaginam*, was attended by such very great risk that nothing but the most urgent necessity would justify the practice. He said this rather as the result of his own observation, than as any conclusion suggested by Dr. Clay's successful case.

Dr. CLAY, in reply, expressed his great gratification at the manner in which the paper had been received by the Society. With respect to the details of the operation, he adhered to the principles laid down in the paper. It was remarkable that many of the best recoveries after ovariectomy had taken place in his practice after making the long incision, and where the tumour was large he preferred it. The use of Indian hemp for ligatures he still preferred. With respect to the remarkable case of extirpation of the uterus, he would observe that on his way to town to attend the meeting he had accidentally met the patient who had been the subject of the operation, at a railway station, and in perfect health.

**INSANE PAUPERS.** According to the returns of the year 1862, of 946,166 paupers, 34,271 were insane and idiots; viz., 22,960 lunatics and 11,310 idiots. Hence, it appears that 3.62 per cent of paupers were lunatics. 14,936 were males, and 19,335 females.

**BOMBAY NEWS.** Professor Girard, of the Grant Medical College, has just published a paper on the moon's influence on malarious intermittent fever. The following is the conclusion:—In each month the number of paroxysms occurring at the "Springs" is singularly near one-third of the total monthly paroxysms, and when all the monthly totals for the year are added together, it is seen that out of 56,175 paroxysms there were 18,077 at the "Springs," and 38,098 not at the "Springs"; thus showing not merely no preponderance in favour of the "Springs," but actually leaving a balance of 648 paroxysms against the doctrine of the influence of the new and full moon in periodic fevers.

## Correspondence.

### THE ACTION AGAINST DR. WATERS.

LETTER FROM FRANCIS H. RAMSBOTHAM, M.D.

SIR,—In the strictures which you have passed on the evidence of the medical men engaged by the plaintiff in the late case *Bromwich v. Waters*, you say you think the profession has a right to demand some explanation from gentlemen who appear against a medical brother in such a case. I therefore accept your challenge, and request you will allow me to offer that explanation through your columns.

You say that "the very fact of such men as Dr. Lee and Dr. Ramsbotham appearing in the case gives an immense impulse to the accusation". Nay, you venture "to believe that, but for their countenance, such an action could never have been brought at all"; and you ask: "Is it not reasonable, indeed, to believe that their influence would even have suspended the action?"

In reply, I beg to assure you that both Dr. Lee and I strenuously endeavoured to persuade the plaintiff to abandon the action. For myself, I can affirm that, from the first moment I learned that an action was pending, and that it was intended to bring it into a court of justice (for I had been consulted in the case some time before I had the least idea that any trial was contemplated), I strongly recommended that it should be abandoned. This I did more than once, telling both the solicitors and the counsel that I felt convinced they would lose their cause, resting as it did almost entirely on the evidence of one person, and that person an interested witness; and that my evidence would be of no service to them. Your belief, therefore, that but for the countenance of the medical men, the action would not have been proceeded with, must fall to the ground; because not only did they not give their countenance to the measure, but they used their best endeavours to prevent the case being proceeded with.

Again: you say "you have carefully read through the evidence given by Dr. Lee and myself; that such evidence ought never to have been given by us; that we were utterly without justification in lending our names to the support of this prosecution; and that we both declared the treatment pursued by Dr. Waters to be improper."

Now I take leave to say that through the whole of this sentiment you are completely begging the question, at least as far as I am concerned. I did not lend my name in support of what you term "the prosecution"; on the contrary, as I have said, I advised the abandonment of the action; and my evidence did not go to the extent that Dr. Waters' treatment was improper. The judge, I grant, told the jury that I said so; but, with all deference to his lordship, I contend that what I said could not by possibility be so construed. The substance of what I did say was, that it must have been an obstinate case of ulceration to require the use of the caustic every week or fortnight continuously for so many months as the girl swore to, six or seven applications being generally sufficient. Dr. Waters, after my evidence had been given, contradicted her, and swore he did not apply it more than six or eight times, not ten, at the farthest. I said that I never had used the speculum to a chaste, unmarried female, unless it had been had recourse to by some other practitioner previously. This I said believing the girl to have been a virgin when she first consulted Dr. Waters. He swore that, on his first examination *per vaginam*, he discovered she was not a virgin. I said I thought the speculum and caustic should be discontinued, if the application produced such aggravated fits of hysteria as we heard had supervened

in this case during the treatment. This latter was really the only point in which I differed with Dr. Waters in the medical management of the case; therefore it was far from correct to say I "expressed an opinion that his treatment was improper". It must be borne in mind that I had not the advantage of hearing his version of the story before I gave my evidence, as Drs. Simpson, Keiller, Fyfe, and Mr. Brittain had. If that had been so, very little difference indeed would have been discovered between his treatment and my own. My evidence was based on what the girl had sworn to. I said also that, when I examined the girl, I found the uterus perfectly healthy, with no appearance of there ever having existed an ulcer at the mouth. I said that, if any considerable portion of the substance of the organ had been destroyed by ulceration, a cicatrix would have been left; but that if a part of the membrane covering it only had been destroyed, that membrane, in common with other mucous membranes, possesses such a restorative power within itself, that all trace of its having been diseased would soon disappear. I stated that to require the application of caustic every week or every other week for more than a year would imply generally that the substance was affected; but that superficial ulceration or abrasion of the membrane had such a tendency to recur, that a return to the former treatment might be necessary more than once during that interval. I said also that it did not accord with my experience that hysterical females were invariably given to falsehood, since I knew many hysterical women who were quite truthful; and that marriage was often beneficial in hysterical cases; but that women who had ulcers of the womb were generally separated from their husbands while under treatment.

As far as I recollect, I have here given you the substance of all I advanced; and I do not think my opinions will be contravened by my professional brethren.

I utterly repudiate the charge of being a witness in favour of "this prosecution"; and I would say generally, that it is neither proper nor just, because a medical man appears in a witness-box to speak to a medical fact, or even to a medical opinion, that he should be characterised as a partisan of that side which calls him. He may very reasonably be compelled to give evidence by one party, while his sympathies and feelings go entirely with the other. I heartily congratulate Dr. Waters on the fact that he has been enabled to clear himself of such a grievous and heavy charge, not only for his own sake, but for the honour of the profession to which we both belong. It would give me, indeed, great pain, did I feel that I deserved the censure you have passed on me; because, throughout my whole life, my chief desire and object has been to uphold the honour, dignity, usefulness, and respectability of the medical profession.

I am, etc., FRANCIS H. RAMSEBOTHAM.

Edinburgh, April 11th, 1863.

#### LETTER FROM T. R. HEYWOOD-THOMSON, M.D.

SIR,—As a member of the British Medical Association, I beg to thank you most sincerely for the bold and uncompromising tone in which, through the medium of the JOURNAL, you enunciated the case of Dr. Waters. Where is there an honest man in the profession who will not endorse the sentiment, "Heaven forbid that we should for one moment support the doctrine that medical men are not to give evidence against an accused party merely because he is a medical brother"? or who does not coincide with you that "it is high time that some serious steps were taken by the profession to put down this most unseemly persecution of medical men by medical men"? Only a few weeks ago, you justly exposed the conduct of certain medical men in Dr. Philbrick's case; and yet, in spite of their well-earned *exposé* and castigation, others are not wanting to come forward and repeat the offence.

I believe the remedy to be in the hands of the profession itself. What I suggest and have long acted upon is this: whenever I find, by the evidence given at any trial, that a medical man has come forward, either through vindictiveness or seeking *éclat*, volunteering *unnecessary* evidence against a respectable brother, I mark that man's name. I regard him as a person to whose care I would not trust my patients. I go further; I turn the subject over with medical friends, and we generally come to the same conclusion.

If the profession throughout would only act on this suggestion, we should touch such offenders in the weakest point. How sad to find three "London celebrities" travelling post-haste a long distance for the purpose of appearing against Dr. Waters; and that the great talents of a noted medico-legal luminary cannot keep him moving in his particular orbit without such a grievous perturbation; and, worst and saddest of all, that even the having tasted the bitter cup of unmerited judicial inquisition could not deter another from rushing forward to render the cup doubly bitter to a medical brother. The remembrance of professional sympathy, largely vouchsafed to him in his own hour of trial, should have taught him a lesson of tenderness towards Dr. Waters.

"Hæc urget lupus, hæc canis urget,

has been the position of Dr. Waters. Heartily may we all congratulate him on his escape.

I hope our local Branch—the Lancashire and Cheshire—will take the matter up, and give him a public dinner, to mark its appreciation of his character, its sense of his unmerited persecution, and its opinion of the medical evidence given in behalf of the prosecution.

I am, etc., THOS. R. HEYWOOD-THOMSON.

Aigburth, Liverpool, April 10th, 1863.

#### DR. CHAMBERS AND HIS REVIEWER.

LETTER FROM T. K. CHAMBERS, M.D.

SIR,—My attention having been called to a review of my volume of clinical lectures contained in a late number of your JOURNAL (January 3rd, 1863), I trust I may be allowed space to make a few observations arising out of it, explanatory of what might otherwise be misunderstood, and thus create a false impression among your readers.

First, as to the title of the book (*The Renewal of Life, Clinical Lectures, etc.*), the reviewer says: "No living soul would ever guess that the volume in reality contained a series of capital clinical lectures delivered by Dr. Chambers to the students of St. Mary's Hospital." He then suggests that some people would think it a religious work; some a treatise on manures; etc. Now, I should be seriously annoyed if any purchasers were really deceived in this way; and if they have been, they are at liberty to exchange the volume at my publishers for any book of equal value on the subject to which they thought it referred.

I grant the bare possibility of such an error; for I possess a copy of *Van Swieten's Commentaries* given me by a barrister, who purchased it under the idea that it related to the law. But the contingency arises from the requirements of bookbinders, who demand what is technically termed a "half-title," consisting of a very few short words to describe the book in gilt letters at the back. I thought *The Renewal of Life* a half-title very descriptive of the intention of the volume, and with just sufficient novelty (it is not quite new) to distinguish it from other collections of clinical lectures. I believe it is contrary to your rules to rediscuss questions of opinion and taste on which your reviewers have pronounced, so I will not give my reasons; but merely assure you that it was selected in pure good faith, and not with any design of being ambiguous.

The rule of not allowing authors to criticise criticism also prevents my arguing with him certain points on which we differ, as to the method of testing our knowledge of therapeutics. But I trust I may be allowed to point out a few inaccuracies of quotation in his review. Merely verbal errors, indeed, they are, but still the question happens to be about words. He objects to my use of the term "allopath," and begs me to discard it. His memory must have deceived him; for I can positively state that the word, either as a nickname, or in praise or blame, or in any other way, occurs nowhere in the volume. Again, he has by a misquotation made nonsense of my proposed test of the fallacies of homœopathy. My words are, "Quinine is easily proved to stop ague; it is quite safe to take it in consecutive ten-grain doses till its pathogenetic effects are produced, and to compare those pathogenetic effects with the well-known phenomena of the malady." I merely quote the words for correctness sake; I do not defend the argument; which may be right or wrong, but at all events is not nonsense, as your printer has exhibited it.

The reviewer also introduces the word "*restorateur*," as if I had applied it to the practisers of restorative medicine. His readers would suppose that I had used it. I have not done so anywhere, and I do not think it would be a good term. If required by the contextual argument, "*restoratis*" would be better.

On all other points of fact I think your reviewer is as correct as is the rule in the *BRITISH MEDICAL JOURNAL*.

I am, etc., T. K. CHAMBERS.

22n, Prook Street, Grosvenor Square, W., April 9th, 1863.

[Dr. Chambers of course defends the title given by him to his volume. He assures us that it was selected in "pure good faith"; we can, therefore, only say what the whole profession has said of it, that his selection has been most unfortunate as well as unfitting. Dr. Latham and other great men in our profession have been contented to call their clinical lectures "Clinical Lectures"; and Dr. Chambers, we think, would have done well if he had followed their example. We question if the profession will accept as satisfactory the *amende* offered by Dr. Chambers to any unfortunate individual who may have purchased the volume under a misconception as to the nature of its contents. The reviewer is accused of being misled by a treacherous memory in attributing to Dr. Chambers the use of the word "allopath." Dr. Chambers says, and truly, that the word occurs nowhere in the volume. Our readers, however, will, we think, quite agree with Dr. Chambers that this objection, at all events, is "about words," when we tell them that, although the word "allopath" is not to be found, as he says, in the book, the terms "allopathy", "allopathist", "allopathic," occur at least a dozen times in as many pages. The next misquotation of which Dr. Chambers complains was a manifest slip of the reviewer's pen. In the review the word "stop" was inserted instead of "produce"; the error, we beg to inform Dr. Chambers, was immediately corrected, in the *JOURNAL* of January 17th (see p. 78). We certainly, and not Dr. Chambers, are answerable for the use of the term *restorateur*. But it is not a new one. In the year 1635, one Philippe de Flesselles, a physician of the Faculty of Paris, waged a war against "*renoueurs*, *rhailleurs*, and *restorateurs*," and from him we got the term. If, however, we should have occasion again to employ an equivalent word, we will adopt Dr. Chambers's suggestion. As these are all the objections in the way of errors which Dr. Chambers has to point out; and as all "other points of fact" in the review are admitted by him to be correct; we think our readers will agree with us that the objections are not very strong. EDITOR.]

## THE UNITED KINGDOM PROVIDENT INSTITUTION AND MEDICAL FEES.

[We have received for publication the following copy of a letter addressed by the medical men in Middlesborough-on-Tees to Thomas Cash, Esq., Secretary to the United Kingdom Provident Institution.]

Middlesborough, April 10, 1863.

SIR,—We, the undersigned medical practitioners, beg to call your attention to the question of the remuneration given by the United Kingdom Provident Institution to its medical referees.

We consider the present scale of fees insufficient and unfair; and we are of opinion that the principle of graduating the fees so as to make them vary with the sums insured is one which, if admitted, should be carried to its legitimate conclusion, and therefore that, if the fees are diminished on the smaller insurances, they ought to be increased on the higher ones. If this is not done, we think that the system of graduation ought not to be introduced; but that a fixed permanent fee should be paid in each case without reference to the amount of the proposal.

We are willing to act as referees, provided that we receive for each report an adequate fixed sum, the same in every case, whatever the amount of the insurance; or we are willing to accept the principle of graduation, provided that it is fully and fairly carried out—that is to say, provided that the fees are made to increase in proportion with the amount of the sum to be insured, however much that may be.

The following are the precise conditions on which we are willing to act as examiners to life assurance societies in general.

1. The minimum fee for which we will make reports to those offices which adopt fixed fees, is £1 for each case.
  2. In the case of those offices which adopt a fluctuating scale of fees, commencing below £1, the minimum rate of remuneration for which we will make reports is, for each case, five shillings per cent. on the sum proposed to be insured; and we will not examine or report for any such offices unless the scale is adapted and made applicable to all insurances, whether large or small, at the same rate per cent. for the higher as for the lower amounts.
  3. We will not, under any circumstances whatever, make a report for a smaller fee than five shillings.
  4. We require to be furnished by any society for which we may be called on to act, with a plain written or printed statement of the mode and amount of remuneration usually given to its medical referees.
  5. We will not furnish reports to offices which require the candidates for insurance to pay the fees of the medical examiners.
  6. We will not, on any consideration, furnish reports to offices which do not remunerate the medical examiners in compliance with the foregoing conditions.
- These conditions, representing the terms which we are resolved to exact from any offices which may require us to act for them as medical examiners or referees, we pledge ourselves, individually and collectively, strictly to observe, and not to accept any lower rate of remuneration. At the same time, we reserve to ourselves individually a right to demand higher terms of remuneration for our services than those here set forth, should it seem necessary or expedient for us to do so.
- Under these circumstances, we have to inform you that we can no longer fill up reports for the United Kingdom Provident Institution on its present scale of fees; and that we shall henceforward refuse to examine candidates for insurance in that office, unless the pay-

ments are raised to the extent indicated in the above detailed conditions.

We request respectfully that you will have the goodness to bring this letter under the notice of the Board of Directors at your earliest convenience.

We have the honour to remain, sir,

Your obedient servants,

(Signed)

GEORGE COATES, Middlesborough.

T. W. CRASTER, Middlesborough.

DUNCAN McCUAIG, Middlesborough.

JONATHAN DICKINSON, Middlesborough.

JOHN MCGLAHAN, Middlesborough.

W. A. T. YOUNG, Middlesborough.

W. PROPHIT, Middlesborough.

WM. GREEN, Eston, near Middlesborough.

ALEX. KEITH, Normanby, near Middlesborough.

G. F. BODINGTON, Middlesborough.

### PROFESSIONAL REMUNERATION.

LETTER FROM JOHN A. BOLTON, M.D.

SIR,—On the evening of August 13th last, I received from three different messengers, who followed each other in rapid succession, instructions to go, immediately and with all haste, to the village of Evington, distant from Leicester about three miles, "where a gentleman's servant had poisoned herself by swallowing a large quantity of laudanum."

Abruptly leaving patients unadvised and unattended, and well armed with medicines, I mounted my horse, and after a hard gallop over rough roads, within twenty minutes of receiving the first message, I was in the courtyard, where a crowd, under the direction of the village clergyman and the master of the house, were dragging a young woman about and in various ways ministering to the end of keeping her awake.

The skin was cold and clammy, the pupils contracted, and all the appearances of deepening coma were present, showing that the quantity of laudanum swallowed had been pretty considerable. After the most copious emesis had thoroughly cleansed the stomach, the skin had become warm, the pupils sensible to light, strong coffee was ordered, and the girl taken off to bed, where, with the consent of the master, I made a minute examination for pregnancy.

Having reported my opinion as to the state of the uterus and the certainty of the girl's recovery, with my hand pinched by the master's friendly grasp, my ears ringing with his reiterated expressions of gratitude, and my heart thankful to God that I had been the medium of saving life, I again mounted my horse, and after an absence of two hours found myself at home again, "a little late for tea," sorely and sadly too late for seeing my evening patients.

My horse and I were considerably lighter in substance on our return; he having lost many ounces of perspiration—I several pennyweights of money. We consoled ourselves, however, by the reflection that we "had done the state some service," and that our reward would come with the future. Alas! our hopes were blighted. He had to do the journey again, and I to work ten times harder to recover the fee than I had to earn and deserve it. Now comes the pull of war.

My bill is sent in, and one guinea charged, for my visit, attendance, medicines, examination for pregnancy after an attempt at suicide, conferring with police-officers the next morning, etc.; and for months it remains unnoticed. I send my servant; he is "put off." I employ my collector, subjecting myself to his commission; he is insulted, and told by the master, who holds an important office in the local branch Bank of England, that "the charge is exorbitant, that he will pay half a guinea, but he will not pay a whole one, and I may do as I like to recover it."

Taking him at his word, I have authorised my collector to issue a summons for the next sitting of the county court, when I shall be called upon to sacrifice probably the greater portion of a day's work and day's pay to recover what I am disposed to think is only half my fee, without the deductions paid to toll-keeper, horseholder, collector, and post-office people.

This case, together with that of Jackson v. Gee tried here last year, and ably commented on by each of the medical journals and the *Daily Telegraph*, give sufficient proof that, in Leicester at least, a tariff of medical charges is really required, both to guide the judge of the county-court and to warn the never-meaning-to-pay part of the public.

I am, etc.,

JOHN A. BOLTON.

Campbell House, Leicester, April 11th, 1863.

[We cannot doubt for a moment that the county court judge will order the payment of the manifestly moderate fee demanded by Dr. Bolton. More than this, we trust that the very shabby fellow, whoever he be, who shirks the payment, will be made to pay, in addition, the expenses of those whose time he has wasted by bringing the action into court. We expect that the shabby party alluded to must have one day experienced the sweets of gratuitous medical services. EDITOR.]

### THE LONDON AND PROVINCIAL MEDICAL PROTECTION SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR,—In reply to the inquiry of your correspondent, Mr. Gardner, I beg to inform him that the London and Provincial Medical Protection Society is almost exclusively occupied in the collection of medical debts, a service which it performs most satisfactorily; to a great extent securing its members from the serious losses usually incurred by bad debts; while, at the same time, special care is taken to avoid any proceeding calculated to compromise the position or interests of the creditor as a professional man.

For its foundation, some fourteen years ago, the profession is indebted to our venerable and esteemed associate, Mr. Propert. That the praiseworthy efforts and the benevolent intentions of its founder have not been to the fullest possible extent realised, can only be accounted for by the inevitable and much to be lamented apathy and indifference which exists among medical men as a body on matters which concern their corporate interests, and to the want of commercial instinct and foresight which are perhaps inseparable from professional habits and feelings.

If this society were universally supported and encouraged by the whole profession, there can be no doubt that our financial position would be wonderfully improved. We should have the satisfaction of noting the disappearance of that intolerable burden of involuntary gratuitous medical services at present exacted by the unscrupulous non-paying portion of the public; and we might hope to see the profession elevated above the condition of desiring to have recourse to "sick benefit clubs," euphoniously called "Medical Health Insurance Societies," which, however well adapted to the precarious and improvident social condition of the operative classes, are, in my humble opinion, totally unsuited to the status and feelings of professional men.

If your correspondent has access to the back volumes of our JOURNAL, in that for 1854, page 999, he will find a letter in which I have endeavoured to urge the claims of this society upon the profession, and in which the nature of its operations is given somewhat in detail.

As to my unconditional disapproval of the scheme for establishing a medical health assurance fund, I must not now trespass on your space by venturing to adduce the numerous reasons which have led me to that view of

the question; but will content myself by venturing to predict that, when that matter comes fully before the profession, it will be found that, while giving every credit to the promoters for the best possible intentions, so many practical difficulties will arise that they will scarcely succeed in obtaining such confidence and support as are essential to the success of the undertaking.

I am, etc.,

A. B. STEELE.

Liverpool, April 7th, 1863.

### THE MEDICAL ACT.

LETTER FROM JAMES HEYGATE, M.D., F.R.S.

SIR,—I am sorry again to trouble you with any remarks of mine on the above subject, in addition to the short letter you kindly inserted in the JOURNAL of March 14th; but your editorial comments on the letter of "An Old Associate" in the JOURNAL of April 11th call for a few observations.

I will be as brief as possible, knowing that your space is valuable.

You say, "It is clearly useless to abuse the Medical Council for not exercising powers which they do not possess. Let those who thus cry out show the legal powers under which the Council can do what they desire should be done."

Now, we do not for a moment say that the Medical Council at present possess the "legal powers"; but we do say that that is the proper body to seek for them. If I understand my own letter and those of "An Old Associate", we do anything but "abuse the Medical Council, etc."; in fact, our language cannot bear that construction at all.

In your leading articles you show an independent spirit of action, a truthfulness and talent, which every one must admire; but pardon me if I say that your leading article on "Unlicensed Physic" in the JOURNAL of March 7th is wholly beside the question at issue. We do not ask "the Medical or any other Council" to put down quackery; but we do urge them to seek powers to do what the Act was intended to do, and we say that it is the only proper body to move in this matter. It is often said that when once men get into office, and the thing works well for them, they are apt to get sleepy (I won't say indifferent) over the wants of others.

I feel satisfied that this reproach does not, and will not, attach to any member of the Medical Council connected with this great Association, which has for so many years been in the foreground of all that can tend to promote the welfare and elevate the status of our common profession; but I cannot sufficiently urge upon our President and President of Council to move in this matter.

I am, etc.,

JAMES HEYGATE.

Derby, April 13th, 1863.

P.S. Perhaps I might be allowed to add (which, however, is generally known), that it is much easier to get an Act amended than to secure an original one.

[The article to which our respected correspondent alludes was, in part, copied into a French journal. The journal in question admits that, notwithstanding the great legal protection given to medicine in France, the putting down of illegal medicine is an impossibility. Every week in France do the journals report cases, and successful cases, of prosecution of quacks; and never was quackery more alive. To our remarks, the journal aforesaid added, "*Voilà! qui est bien dit!*" We quite agree with our correspondent that the Medical Council should be urged to do its utmost to promote the welfare of the profession by enforcing upon the Government the propriety of all practicable measures which may further its welfare; and we have no doubt that the Council requires pressure from without in order to keep it in active working order. We have already said, that the conser-

vative element, passivity, is too strongly present in it. We fear that the profession may ere long begin to ask, What's the use of the Council? EDITOR.]

### HEREDITARY NATURE OF HARE-LIP.

LETTER FROM J. SPROULE, ESQ.

SIR,—I observe in a lecture by Mr. Thomas Bryant his opinions on hare-lip; and I may here state, that it is a disease with which I have been acquainted since my first notice of anything, for it was the only disease from which my family suffered. It has been handed or linked down from one branch to another for the last hundred years; and in some instances lately it has seemed to have gained vitality. I have a brother who has hare-lip, with complete division of the palate and alveolar process; and he has had three children, out of seven, affected with the same disease, in every case as badly as himself. One had a double hare-lip, but only one fissure through the palate. Two are girls and one a boy. They were operated on successfully by Surgeon Love of Omagh when they were seven or eight years old. Another brother of mine, who is now dead, had a daughter also affected with the malformation; Dr. Love also operated on her with success. I had also a cousin who was similarly affected; and he had a daughter affected.

In every case the breach went through the palate; and none of the children could suck, but were spoonfed; and it was remarked that each infant placed its hand in its mouth as a conductor to the food. These are facts well observed by the family.

No operation was tolerated till the child had become sufficiently strong, and past spoonfeeding at least. Indeed, the child was rarely, if ever, operated on sooner than the fourth or fifth year. There is then no danger to life.

From my own experience in our family, the females were as three to two in proportion to the males; so that Mr. Bryant's opinion that males are more subject to the malformation than females does not hold good in this instance.

I make these observations for the purpose of showing two things; first, that the male is not more subject to hare-lip than the female; and secondly, that the proper time to perform the operation for cure is between the fifth and sixth years. It may be done at any time after the third year if people wish to save appearances; but, for the benefit of the patient, the former period is the best.

I am, etc.,

J. SPROULE.

Arvagh, co. Cavan, April 5th, 1863.

A QUACK AND A GOOSE. At the Sheriff's Court, Red Lion Square, an action was lately tried, wherein a farmer, residing near Barn-staple, sought to recover damages against Samuel Barker, otherwise, "Dr. de Roos." Judgment was allowed to go by default, and the only question was the amount to be awarded. The plaintiff saw an advertisement in a country newspaper of wonderful cures, and on coming to London called on the defendant, and paid him one guinea for his advice and a bottle of medicine. Subsequently he applied for more medicine, and sent £1: 5. The defendant wrote for £5, and on the plaintiff sending the money he was supplied with eleven bottles of medicine, all of which he took, and, finding he got much worse, had to consult a medical man. He was now quite well, and brought the action to recover damages. Mr. Biron, instructed by the attorney for the medical profession, said the defendant was a "quack." Mr. Under-Sheriff Burchell thought the young man was entitled to his money. The jury were of opinion that the plaintiff should only recover the money he had paid, and gave a verdict for £6: 1.



# Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** The following gentlemen passed the first part of the Professional Examination for the Licence of the College, on April 8th, 1863:—

Ashton, John Henry, St. Bartholomew's Hospital  
Brown, Edward, St. Bartholomew's Hospital  
Edgeclow, George, St. George's Hospital  
Edgelow, Thomas, St. George's Hospital  
Kinsey, Robert Henry, St. Bartholomew's Hospital  
Lynch, Jordan Roche, St. Mary's Hospital  
Pearless, Charles Durrant, St. Bartholomew's Hospital  
Powell, Llewellyn, St. Bartholomew's Hospital  
Richards, Frederick William, St. Bartholomew's Hospital  
Turner, Arthur Cromack, Sheffield

Also, on April 9th:—

Puzey, Chauncy, Guy's Hospital  
Raven, Thomas Francis, St. Bartholomew's Hospital  
Snook, James Walbridge, St. Bartholomew's Hospital  
Thomas, James Byers, St. Bartholomew's Hospital  
Waugh, Alexander, St. Bartholomew's Hospital

**APOTHECARIES' HALL.** On April 9th, the following Licentiates were admitted:—

Cann, Thomas Martyn, Virginstowe  
Carter, Thomas, Guy's Hospital  
Harley, Edward, King's College  
Kelly, Frederick, London  
Row, William, Clapham Road  
Tessier, William Henry Cecil, London

At the same Court, the following passed the first examination:—

Burdett, Francis Henry, Birmingham  
Duckering, Samuel, Sheffield  
Haines, Richard Wheeler, King's College  
Welch, John Burges, King's College

## APPOINTMENTS.

GRATTAN, Nicholas, L.R.C.P. and S.Edin., appointed Resident Apothecary to the Cork South Charitable Infirmary and County Hospital.

HINTON, James, Esq., elected Surgeon-Aurist to Guy's Hospital.  
PLAYFAIR, William S., M.D., appointed Physician to the Margaret Street Infirmary for Consumption and Diseases of the Chest.

ROBERTS, Edward Stokes, Esq., elected Honorary Surgeon to the Hull and Seacroft Dispensary.

\*SMITH, W. Abbotts, M.D., elected Physician to the Finsbury Dispensary.

## POOR-LAW MEDICAL SERVICE.

BOOTH, Samuel, jun., M.D., to the South Salford District of the Salford Union.

GRAVES, Thomas Ley, Esq., to the Corby District of the Kettering Union.

GODFARD, Eugene, Esq., to District No. 1 and the Workhouse of the Leominster Union.

GRIFFITH, Robert, Esq., to the Abergole District of the St. Asaph Union.

HARWOOD, Charles, M.D., to the Workhouse and the Shardlow District of the Shardlow Union, Derbyshire.

HAWKESFORD, George, Esq., to District No. 5 of the Birmingham Union.

HOARE, William, Esq., to District No. 2 of the Birmingham Union.

HOTHER, George, Esq., to District No. 1 and the Workhouse of the West Fife Union, Sussex.

KNOWLES, Edward, Esq., to District No. 5 of the Chesterton Union, Cambridgeshire.

LOGAN, James, M.D., to the Kettering No. 2 District of the Kettering Union.

SODEN, Caleb, M.D., to the Rowan Dispensary District of the Mohill Union, co. Leitrim.

SUCKLING, Cornelius B., M.D., to District No. 3 of the Birmingham Union.

SUFFIELD, Charles R., L.R.C.P.Lond., to District No. 1 of the Birmingham Union.

WHITE, Edward, M.D., to District No. 4 of the Birmingham Union.

WILSON, John, M.D., to the Drumshambo Dispensary District of the Carrick-on-Shannon Union.

## ARMY.

ANDERSON, Surgeon-Major R. C., M.D., 13th Hussars, to be Staff-Surgeon-Major, *vice* C. C. Rutherford.

READY, Staff-Surg. T. C., to be Surgeon 8th Foot, *vice* J. Irvine, M.D.

GEORGE, Assistant-Surgeon O. W., M.D., to be Surgeon 1st Life Guards, *vice* J. Cockburn.

GIBB, Surgeon-Major A. M.D., from a Depot-Battalion, to be Staff-Surgeon-Major, *vice* T. C. Brady.

IRVINE, Surgeon J., M.D., 8th Foot, to be Staff-Surgeon, *vice* W. T. Harding.

RUTHERFORD, Staff-Surgeon C. C., to be Surgeon 13th Hussars, *vice* R. C. Anderson, M.D.

## INDIAN ARMY.

TURNER, Surgeon J., Bombay Army, to be Surgeon-Major.

VAUGHAN, Surgeon J., Bombay Army, to be Surgeon-Major.

## ROYAL NAVY.

BURNETT, Thomas S., Esq., Assistant-Surgeon, to the *Leander*.

GORDON, George, Esq., Surgeon, to the *Leander*.

MULCAHY, Edward, Esq., Assistant-Surgeon, to the *Leander*.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

BALL, A., Esq., to be Assistant-Surgeon 1st Administrative Brigade East York A.V.

BARTLETT, T. H., M.B., to be Assist.-Surg. 1st Warwickshire R.V.

CROSS, R., M.D., to be Assistant-Surgeon 1st Administrative Brigade East York A.V.

HUMPHREYS, T. B., Esq., to be Assistant-Surg. 26th Middlesex R.V.

To be Honorary Assistant-Surgeons:—

ADAMSON, R., Esq., 40th West Riding R.V.

BALL, W., Esq., 21st Cheshire R.V.

BANTOCK, G. G., M.D., 2nd Cheshire A.V.

COCKEY, F., Esq., 13th Somerset R.V.

POPE, W. H., Esq., 23rd Staffordshire R.V.

WILSON, W. H., Esq., 3rd North Riding A.V.

## DEATHS.

BLACK. On April 5th, at 11, Queen Anne Street, aged 8 months, Edward, son of Patrick Black, M.D.

FOWLER, Richard, M.D., at Milford, near Salisbury, aged 97, on April 13.

FRAMPTON. On April 9th, at 23, Lower Belgrave Street, aged 7, Eliza Kennedy, daughter of D. N. Frampton, L.R.C.P.Ed.

Dr. M'GOWAN, known as a Chinese and Japanese traveller, is about to proceed on a journey through the mountainous districts of China and Formosa.

**MANCHESTER HOSPITAL.** It appears probable that the Manchester Hospital will be enlarged, to meet the increasing wants of that town.

**IMPORTATION OF QUININE.** During the year 1861, 81,557 ounces of quinine were imported into this country; the value was put at £25,000. Of this quantity 47,000 ounces were exported.

**St. THOMAS'S HOSPITAL.** There is a vacancy in the surgical staff of this institution occasioned by the resignation, on Saturday last, of Mr. John Flint South, after a connection of half a century as pupil and surgeon at the hospital.

**THE AMERICAN MEDICAL MONTHLY** is to be suspended. This is owing to the long continued absence of the editor and proprietor, Dr. J. H. Douglass, who has been an active member of the Sanitary Commission nearly from its organisation, first as an inspector and more recently as an associate secretary.

**THE ROYAL SOCIETY.** There are forty-five candidates for the fellowship of this learned society, including fourteen members of the medical profession; viz., Henry F. Baxter, M.R.C.S.; W. Brinton, M.D.; J. C. Bucknill, M.D.; T. S. Cobbold, M.D.; W. C. Hood, M.D.; W. Jenner, M.D.; E. C. Johnson, M.D.; H. Letheby, M.D.; Sir C. Locock, M.D.; R. McDonnell, M.D.; W. Pavy, M.D.; J. G. Perry, F.R.C.S.; C. B. Radcliffe, M.D.; and S. J. A. Salter, M.B.

**PROSECUTION UNDER THE NEW MEDICAL ACT.** The district coroner of Warrnambool, a Mr. John Clark, who has been practising as a surgeon, under the name of Dr. Clark, was, on the 9th inst., summoned before the local police bench, charged with using the title of a legally qualified medical man, without being duly registered by the Medical Board of Victoria. The offence was fully proved, and Dr. Clark was fined £5: 5. He gave notice of appeal at the ensuing general sessions. (*Melbourne Herald*, Jan. 16th.)

**PRIZE ESSAY.** Dr. M. H. Cash left a legacy of 5,000 dollars to the Medical Society of New York. It has been determined to establish a prize with the money. The subject proposed for the essay is, "*How complete is the protection of vaccination, and what are the dangers of communicating other diseases with the vaccinia?*" The competition will be confined to physicians residents of the State of New York. The decision of the committee will be announced at the meeting of the society in February 1864.

**VACANCIES.** The following appointments are vacant: Physician to the Derbyshire General Infirmary; physician to Addenbrooke's Hospital, Cambridge; medical officer of health for St. George's-in-the-East; surgeon to the Tower Hamlets Dispensary; surgeon to the Metropolitan Dispensary; physician to the Chelsea, Brompton, and Belgrave Dispensary, and surgeon to the Western district; assistant-physician to University College Hospital; surgeon to the Royal Asylum of St. Ann's Society; house surgeon to the Morpeth Dispensary; house surgeon to the West Hertfordshire Infirmary; resident house surgeon and apothecary to the South Devon and East Cornwall Hospital; assistant house surgeon to the South Staffordshire General Hospital; junior resident surgeon to the Birmingham General Dispensary; medical officer for the parish of Tyrie, near Pittslo; and medical officer for South Uist, by Lochmaddy.

**EPIDEMIOLOGICAL SOCIETY.** At the annual meeting of this Society held on April 6th, the following office-bearers were elected for the ensuing year:—*President:* B. G. Babington, M.D., F.R.S. *Vice-Presidents:* His Excellency the Earl of Carlisle, K.G.; Earl of Shaftesbury, K.G.; the Right Hon. W. Cowper, M.P.; H. W. Acland, M.D., F.R.S.; A. Bryson, M.D., F.R.S., R.N.; E. Chadwick, Esq., C.B.; J. Copland, M.D., F.R.S.; Wm. Farr, M.D., F.R.S.; J. B. Gibson, M.D., C.B.; R. D. Grainger, Esq., F.R.S.; Sir C. Hastings, M.D., D.C.L.; W. Jenner, M.D.; Sir J. Liddell, M.D., F.R.S., C.B.; Sir J. R. Martin, C.B.; A. Nisbett, M.D., R.N.; J. Simon, Esq., F.R.S.; Sir A. Smith, M.D., K.C.B.; T. Watson, M.D., F.R.S. *Treasurer:* W. Camps, M.D. *Secretaries:* G. Milroy, M.D.; W. N. Radcliffe, Esq. *Foreign and Colonial Secretaries:* Belgium and France, W. Lewis, M.D.; Germany and Russia, H. Weber, M.D., and W. E. Swaine, M.D.; Sweden, Norway, and Denmark, R. G. Latham, M.D., F.R.S.; Portugal and the Brazils, A. Bryson, M.D., R.N.; Egypt and Syria, W. Camps, M.D.; East Indies, J. Bird, M.D.; West Indies and North America, G. Milroy, M.D. *Other Members of Council:* C. J. B. Aldis, M.D.; F. G. Burge, Esq.; W. D. Chowne, M.D.; W. Dickson, M.D., R.N.; E. H. Greenhow, M.D.; Colonel Hough; E. Hart, Esq.; E. Haward, M.D.; C. F. J. Lord, Esq.; J. F. Marson, Esq.; C. Morehead, M.D.; C. Murchison, M.D.; W. Odling, M.B.; B. W. Richardson, M.D.; J. B. Sanderson, M.D.; E. C. Seaton, M.D.

**SERIOUS ACCIDENT.** On Friday and Saturday, a very painful feeling was caused in Newcastle-on-Tyne, by a deplorable accident which had befallen Mr. William Newton, surgeon of that town, and an active member of the Town Council. On Friday afternoon, between 4 and 5 o'clock, Mr. Newton had been riding out upon the Town Moor in company with a young man named Mr. James Scott, when the horse upon which the latter was riding took fright, and Mr. Newton's mare sprang after it, and the jerk threw her rider. Mr. Newton unfortunately fell with his back upon a stone lying in the ditch. Assistance was speedily rendered him, and he was removed to the herd's cottage, where he was attended by Sir John Fife, Dr. Heath, Dr. Hawthorn, and other brother professionals. His condition was so precarious, however, that he was not removed home until 10 o'clock at night, when he had to be carried with great

care on a stretcher to his residence in Hood Street. Upon an examination by the medical men it was found that his spine was injured. On Saturday Mr. Newton was in a very dangerous condition indeed, and it is feared that, if he ever recover, his extremities will be paralysed.

#### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.  
**TUESDAY.**.... Guy's, 1½ P.M.—Westminster, 2 P.M.  
**WEDNESDAY.**... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
**THURSDAY.**.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
**FRIDAY.**..... Westminster Ophthalmic, 1.30 P.M.  
**SATURDAY.**.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8.30 P.M. Dr. George Johnson, "On the Laryngoscope."—Asiatic.  
**TUESDAY.** Zoological.—Statistical.—Pathological.  
**WEDNESDAY.** Society of Arts.—Geological.  
**THURSDAY.** Royal.—Antiquarian (Anniversary).  
**FRIDAY.** Royal Institution.  
**SATURDAY.** Royal Botanical.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—APRIL 11, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1131 Girls..1049 }	2180 1610
Average of corresponding weeks 1853-62 .....		1975 1324
<b>Barometer:</b>		
Highest (Sat.) 29.633; lowest (Tu.) 29.356; mean, 29.558.		
<b>Thermometer:</b>		
Highest in sun—extremes (Tu.) 93 degs.; (Wed.) 63.4 degs.		
In shade—highest (Fri.) 65.3 degs.; lowest (Wed.) 34.8 degs.		
Mean—49.5 degrees; difference from mean of 43 yrs. 4.2 degs.		
Range—during week, 30.5 degrees; mean daily, 14.7 degrees.		
Mean humidity of air (saturation=100), 86.		
Mean direction of wind, S.W.—Rain in inches, 0.19.		

#### TO CORRESPONDENTS.

\* \* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

COMMUNICATIONS have been received from:—Mr. WILLIAM CONEY; Mr. R. S. FOWLER; THE HONORARY SECRETARY OF THE ODONTOLOGICAL SOCIETY; Mr. C. J. EVANS; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. CHAMBERS; Mr. E. S. ROBERTS; Mr. J. N. RADCLIFFE; Dr. F. W. P. STIFF; Dr. JAMES HEYGATE; Dr. RAMSBOTHAM; Mr. G. F. BOBINGTON; Mr. OLIVER PEMBERTON; Dr. J. A. BOLTON; Mr. J. A. PEARSON; Mr. REDFERN DAVIES; Dr. T. R. H. THOMSON; Mr. C. M. THOMPSON; Mr. T. BRYANT; Mr. STONE; Dr. H. MARSHALL; and Dr. W. A. SMITH.

#### BOOKS RECEIVED.

1. Medical Evidence in the Case of Jessie McLachlan. By G. H. B. Macleod, M.D.
2. On some of the Causes of Infanticide. By G. Greaves. Manchester: 1863.
3. Law of Lunacy, etc. By J. G. Davey, L.R.C.P.
4. Deafness Practically Illustrated. By James Yearsley, M.D. London: 1863.
5. On Human Entozoa. By W. A. Smith, M.D. London: 1863.

# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—In my former lecture, I briefly brought before your notice the chief points of difference between the physiological and pathological processes as witnessed in early and in adult life; and then passed on to the consideration of some of the congenital defects which are to be observed in the oral and anal regions. The abnormal developments of the nervous, genito-urinary, and osseous systems, would next claim our attention; and had time allowed, I should have been glad to have brought these subjects under your notice. In the limits of three lectures, however, it is absolutely impossible to include every point which may be worthy of attention in the surgical diseases of children; and I am, therefore, compelled to pass over these, with many others of equal interest.

I must confess that it is with much regret that I am obliged to dismiss from our consideration the interesting subject of *Maldevelopment of the Head and Spine*, as exhibited in cases of meningocele, encephalocele, and spina bifida; but, as we are able to refer to the labours of such an accurate and scientific investigator as Mr. Prescott Hewett, who so exhausted these subjects in his admirable lectures delivered at the College of Surgeons some few years since, these regrets are materially modified; for I feel that I do not possess much new material to add to our stock of knowledge, or any new views which might throw additional light upon the nature and treatment of this important class of cases.

*Hermaphroditism* is another subject which invites investigation; but, as it would require the three lectures to do it justice, it must be set aside, with the malformations of the penis and urethra.

I must quote, however, a singular case of arrest of development of the osseous system, which manifested itself by the absence of certain bones; and it is to be remarked that the left side of the body was the part affected.

*Absence of Fibula, Os Calcis, Cuboid, and Three outer Metatarsal Bones, with the Toes.* Robert F., aged 15 months, was brought to me at Guy's Hospital on Feb. 21, 1859, with the following deformity. The child was apparently quite healthy and in good general condition. The left leg and foot were, however, much wasted, and had been so from birth; but the extremity was of its normal length.

A careful examination detected the following conditions. The thigh appeared to be quite natural; but in the leg there was no evidence of the presence of any fibula; neither its head nor external malleo-

lus could be observed, and there was little soft tissue to obscure the observation. The foot was curiously ill-formed; it had but two toes, corresponding to the great and second toes. The four outer were absent, with their metatarsal bones, the cuboid, and os calcis; the astragalus, scaphoid, and cuneiform bones, with the metatarsal and phalangeal bones belonging to the two toes, being alone present. It was difficult to make out what muscles existed. The calf of the leg was very flabby, and the tendo Achillis was apparently absent. The toes could be moved by muscles and were well developed. The anus was situated somewhat towards the left side, and the left testis had not descended, but its distinct scrotal pouch was very visible.

*Orthopedic surgery* is another subject which might claim a passing attention, as a large number of cases come under our care during each twelve months; but it has been so ably written upon by many specialists, that I feel it would be presumption on my part to take up your time by its consideration. I will, however, make one observation upon the treatment of these cases, which experience has taught me; and that is, that by the larger proportion of cases may be successfully treated by mechanical means alone, and without operation—that is, without the division of the contracted tendons.

The rule which I apply to these cases is as follows: that if the foot can be restored with but little force to its normal position, a cure will, in all probability, be secured by simple means—that is, by extension; and that the operation of tenotomy may be set aside; but if much force is called for to bring about this result, the division of the contracted tendons should be performed.

The mechanical means which I have been in the habit of employing are very simple; a good firm linen strapping being all that is required by way of material. The method of its application is also very simple, and may be thus described. If the case be one of varus or equino-varus, a piece of strapping, about one inch wide, broad enough to cover the body of the foot, and about nine inches long, should be selected, and fastened by at least one circular turn round the foot, leaving the end on its outer side; the foot is then to be brought to the required position, and fixed there by forcibly bringing the extremity of the plaster to the upper and outer part of the leg, using it as a side splint. This upper extremity is then to be firmly held in position by an assistant, whilst a second piece is applied round the foot and ankle as a figure of 8. By this turn, the external upright plaster splint is firmly compressed towards the leg, and, thus drawing upon the ankle, turns the deformed foot firmly outwards, and fixes it in the required position. A third or circular piece may then be applied round the leg to fix the upper portion of the vertical plaster splint, and the thing will be complete.

If these strappings be well applied, it will not be necessary to readjust them for at least three or four days; by such means a large proportion of cases will be readily and permanently cured.

The principle of its application rests in the extending force which is employed by the external or vertical portion: the second or figure-of-8 binding this vertical splint firmly to the leg, increasing its extending force and making it permanent.

I have carried out this practice extensively at Guy's Hospital with great success; and, as the material is inexpensive, and its application is easy when once learnt, I have thought it worthy of bringing before your notice.

It is hardly necessary to quote examples in which this treatment has proved of value. My note-books contain many such; but the fact of its proved usefulness amply suffices for my present purpose.

In cases of talipes equinus and valgus these plaster splints are equally applicable; the surgeon having only to modify the application of the principle to each form.

With these short observations upon as many of the special surgical affections of early life as the period allotted to these lectures will allow me to make, I must now pass on to the consideration of other portions of my subject, and to point out the differences which are found in practice between the injuries and diseases which are common to adult and infant life, and the modifications of their treatment which are consequently required. I propose to bring this subject before your notice by taking the different systems in rotation, commencing with the injuries and diseases of the nervous system.

#### THE DIFFERENCE BETWEEN THE DISEASES OF THE NERVOUS SYSTEM IN THE CHILD AND IN THE ADULT.

The marked anatomical differences which are to be observed between the crania of the adult and infant during the first few years of extrauterine life; and the equally important and palpable differences between the nervous centres of the human species at these two periods of existence; are of themselves amply sufficient to lead any reflective mind to the conclusion that there must be some important difference between the diseases of such structures at these opposite ages; and the results of experience prove the positive correctness of such an inference.

The anatomical purposes which are embodied in the development of the *adult* cranium are, without question, essentially *conservative*. They are perfected slowly, and with marvellous precision, and are adapted with admirable accuracy for the security and preservation from external injury of the all-important and wondrous structure, man's brain.

The anatomical purposes of the *child's* cranium are also conservative, but conservative only to a degree; for this high purpose is evidently completely subservient to the higher and more important conditions which appertain to the growth and development of the cerebral structure. In the adult cranium the anatomical purposes are solely adapted for the protection of the *perfect* brain. In the infant or child cranium the anatomical purposes are mainly adapted for the growth and development of the *perfecting* brain.

Respecting the structure of the brain, the firm and consistent nature of the adult organ stands also in bold contrast to the soft and pulpy nature of the child's; and the established functions which appertain to the perfect organ, form an equal contrast to the apparently uncertain and growing functions of the imperfect.

This activity in the growth and development of the child's nervous centres is associated also with an increase of sensibility, and a degree of sensitive-

ness to centric or eccentric impressions, which are not to be met with in the adult brain; and it is due to this fact that we are enabled to explain the differences which are to be observed between the symptoms which follow injuries to the head in childhood and in manhood.

It must not, however, be for one moment thought that this excessive irritability of the brain is manifested after every slight injury; for experience tells us that this is not the case, and that children can bear blows and falls upon the cranium with perfect impunity; the anatomical disposition of the bony centres being such that they invariably receive the first impression of the fall, and their membranous margins or fontanelles, taking up the impulse, retard and stop the force of the onward vibrations. The brain is not, therefore, as a rule, so materially shaken by a slight injury as, in surgical language, to become the subject of a concussion. But if this condition be experienced, the symptoms denoting cerebral irritation are generally severe and most marked. When once originated also, the disposition to excessive reaction or to inflammatory complications is very great; and in the following case the truth of these remarks is well illustrated.

CASE. Arthur B., aged 3, was admitted into Guy's Hospital in July 1860, under the care of Mr. Birkett; but the treatment of the case fell into my hands. Shortly before admission, the child had fallen from a window eight or ten feet high, pitching upon his head. He was taken up hastily, and brought to Guy's, when he was conscious, and presented no external signs of injury; and no symptom of cerebral mischief could be detected. He was placed in bed, and ordered to be kept quiet, as a precautionary measure; and everything went on well till the third day, when fever appeared, accompanied with vomiting, unconsciousness, and the peculiar shrill scream so characteristic of cerebral irritation. The head was tilted back upon the spine, and the pupils were dilated. A spirit lotion was prescribed, for the purpose of keeping the head cool; and a mild mercurial of grey powder, in three grain doses, with half a grain of Dover's powder, given every six hours; and in three days these symptoms had subsided. From that date everything went on well, and convalescence was established.

Many cases somewhat similar to the above might be selected from my notebook, although perhaps none could be more typical of the class of injuries. The necessity of preserving absolute rest in even the slightest injury to the skull is a rule which it is hardly necessary for me now to dwell upon, although it is difficult to make the inexperienced understand this necessity when no symptoms of brain-mischief exist. In children, this rule is as absolute (if not more so) as it is in adult life, although there may be some difficulty in carrying it out. For it must be remembered that, as there is in childhood a greater activity of the vital functions in the cerebral centres for the purposes of their growth and development, so is there a greater tendency to cerebral irritation and inflammation; and in proportion as the organ is more delicate in its structure than it is in adult life, so is the result of morbid action more important, as well as more rapid and destructive. As a consequence, therefore, injuries to the cranium in young life are followed by symptoms of concussion more frequently

than they are in adult life ; and, when once manifested, these are liable to become more severe. The child-brain, from its softness and want of consistence, is also more liable than the adult brain to become the subject of ecchymosis from slight causes ; and it is due to this fact that cerebral symptoms from secondary inflammatory action are so frequently observed.

It can be no matter of surprise, therefore, that a fatal result is by no means uncommon after a slight cerebral injury during child-life.

The delicacy of the brain and its wonderful irritability are well shown by the fact that every symptom of severe disease of its structure may make its appearance, and death follow, yet no pathological indication may be detected upon subsequent examination.

It is hardly consistent with received opinions or our own belief to acknowledge that altered function suffices by itself to destroy life ; and yet, if the absence of positive evidence of cerebral disease, in cases in which every symptom of cerebral affection not only existed, but proved fatal, tends to prove the truth of such an opinion, it must be here adduced.

For a child may, without doubt, die off-hand from simple concussion, and no evidence of organic change be subsequently seen on *post mortem* examination : and a child may also die during a convulsion produced by a local injury or some reflected excentric cause, with the same subsequent absence of local pathological conditions.

Again : as another proof of this excessive irritability of the nervous centres, so predominant in early life, the effect of injuries to the extremities or integument may be brought forward ; for it is, I think, certainly true that tetanus and convulsive diseases are by no means uncommon complications of these injuries ; and it is this fact, if such it may be called, which must tend to modify our practice in the treatment of these cases. It has fallen to my lot to see several fatal cases of tetanus following upon laceration of the integuments and compound fractures in young subjects, in which conservative surgery was carried out, when perhaps a more energetic practice might have saved life, although with the loss of a limb ; and I have it upon my conscience that I should in some few cases have been led into such an error, and have thus lost my patients.

It is almost an impossibility to bring forward positive proof of the accuracy of these views ; but it is certainly within the limits of experience when I assert that it is a rare thing for tetanus to appear in an adult after a lacerated wound or compound fracture, and these injuries are not uncommon ; but in young life, although such accidents are rare, death from tetanus is by no means infrequent.

It is, therefore, with some confidence that I now venture to assert my belief that tetanus is a more frequent result of a lacerated wound, or of a compound fracture, or of any other integumental injury, when these accidents occur in young subjects, than when they take place in the adult ; and that, therefore, so-called conservative surgery in such cases must be more cautiously carried out in children than in adult life. As additional evidence of this opinion, it may be stated that, in Mr. Poland's able communication on Tetanus in the *Guy's Hospital Reports* for 1857, out of seventy-two cases which he brings

forward, fourteen were in children under fifteen years of age ; this being one-fifth of the whole number of cases.

The following two cases will perhaps tend to illustrate the truth of this record.

CASE I. William E., aged 5 years, was admitted into Guy's Hospital, under my care, on September 8th, 1860, for a severe lacerated wound of the left elbow, exposing the joint, produced by the passage of a cart-wheel over the part. The vessels and nerves were, however, apparently uninjured. As the local injury was not believed to be beyond recovery, a splint was applied, and iced-water dressing employed. Everything went on well till the sixth day, when tetanus appeared, followed by death in ten hours.

CASE II. Eliza W., aged 5, was admitted under my care at Guy's on April 8th, 1861, with an extensive lacerated wound of the left leg and fracture of the tibia and fibula in their upper third, from the passage of a cart-wheel over the part. On the ninth day, tetanus appeared ; amputation was performed without benefit, death taking place in sixty hours.

It is perfectly unnecessary for me to enlarge upon the treatment of the injuries to the skull and its contents in early life ; for the same principles which are applicable to the adult are applicable to the child ; my object being to dwell upon the peculiarities or differences which are to be found in practice, and not upon the points in which they agree.

The surgical diseases of the cranium need not also occupy our attention for long, as they differ but little in their nature at the two ages. Inflammations, however, of the cranial bones in children are not common ; and the following case will probably be read with interest.

CASE. Martha J., aged 15 months, was brought to me at Guy's Hospital on March 7th, 1860. She had been ill two months, and, when seen, was suffering from extensive necrosis of the left half of the frontal bone, which had followed upon a wound received from a nail. There were no head-symptoms, nor any indications of a general mischief. The bone was readily removed by means of forceps ; and the dura mater was exposed, covered with granulation. Everything went on well, and recovery rapidly took place.

In this case, the rapid progress of inflammatory disease of the bone was well illustrated ; and its death and subsequent removal accomplished without giving rise to any cerebral symptoms. In this point of view alone the case is, therefore, worthy of record. In adult life, it is not a common thing to find necrosis of the whole thickness of a cranial bone ; and when we do, it is not a common thing to find it progress without giving rise to cerebral symptoms. Syphilitic necrosis in adult life is the commonest form ; and it is too true that, in these cases, epileptic seizures as a result are not infrequent ; these seizures being palpably due to an extension of the inflammatory mischief to the dura mater and membranes beneath, and subsequent cerebral disease.

In childhood, these cases are unknown ; the disease of the cranial bones being generally due to some accident similar to that noted in the previous case.

[To be continued.]

# Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

REPORTS OF CASES.

[Reported with remarks by C. J. EVANS, Esq., House-Surgeon.]

[Concluded from page 397.]

CASE III. *Febriola; Peritonitis from Ulceration and Perforation of the Bowel when Convalescence was apparently almost established; Death; Autopsy.* Harold B., aged 22, a Danish sailor, tall and well built, was admitted under the care of Sir Henry Cooper on November 7th, 1862. He was suffering from slight feverishness, with furred tongue and hot skin, and a little cough. Sibilus and rhonchus were scantily heard in front of the chest. The only history obtained at the time, was simply that he had been ailing but a few days—a very important point, however, as will be seen hereafter. He was ordered a dose of simple saline mixture containing ipecacuanha wine every three hours, and two grains of calomel at bedtime. He was placed on milk diet.

Nov. 8th. He expectorated some white frothy mucus in moderate quantity. A blister was ordered to be applied to the front of the chest. He progressed favourably, the feverishness subsiding, and the abnormal chest-sounds being no longer heard.

Nov. 14th. He was ordered a grain of quinine three times a day, as he appeared to be convalescing very nicely.

June 15th. His bowels not having acted for two days, a dose of the ordinary senna-mixture of the house was given him. This operated in the evening once.

Nov. 16th. He complained now of a little pain in the right hypochondriac region, which was relieved by the application of a mustard plaister, followed by a linseed-meal poultice. He was also a little sick at times, throwing up small quantities of greenish fluid. This latter symptom abated under the use of small and frequently repeated doses of calomel and opium, and the common effervescent saline mixture. The quinine was at the same time omitted. In the evening, the sickness had quite subsided; but he still had some pain in the abdomen, which, however, was not so great as to attract particular attention; nor was the expression of his countenance indicative of any serious mischief within the abdomen or elsewhere. A large linseed-meal poultice was applied to the belly, and changed during the night.

He passed the night much in the same state; but the next morning (17th) a marked change for the worse was very evident. His skin was cold and clammy; face rather livid; pulse very small and feeble. The abdomen had a doughy feel, and was tender on pressure. His knees were drawn up in bed; and he kept constantly throwing up, without effort, small quantities of green fluid. Brandy was freely administered in small quantities at a time, but he was able to retain very little on his stomach.

He was seen by Sir H. Cooper at twelve o'clock. He had not been summoned to visit the man, as his condition had not created any alarm until this morning (17th), which was his usual day of attendance. Calomel and opium were ordered to be given every hour, and a large blister to be applied to the abdomen. He gradually sank during the day, and died at eleven o'clock at night.

AUTOPSY, next day. On opening the cavity of the

abdomen, all the usual appearances of peritonitis presented themselves in an intense degree. A quantity of serum escaped; it was quite clear, and did not contain flakes of lymph. The whole of the small intestines were coated with firm lymph, their coils being adherent to each other; and, when the lymph was peeled off, their peritoneal coat presented a vivid redness. As the intestines lay *in situ*, the lower part of the ileum presented several dark patches, where the coats of the bowel seemed very thin. The ascending colon, the peritoneal surface of the liver, and the corresponding parts of the abdominal wall, were also coated with a thick and very firm layer of lymph. On withdrawing the bowel from the right lumbar region (in which act the coating of lymph was torn), fecal matter poured forth, having evidently been confined to that part of the abdomen by the effused lymph. A small opening was now seen in the ileum near to the cæcum, through which the contents of the bowel were seen to escape. About three feet of the small intestine, together with the cæcum, were now removed *en masse*; and this portion of the bowel was laid open throughout. It was filled with a quantity of ochreous semifluid matter. When thoroughly and carefully washed, a dozen or more ulcerations of the mucous membrane were seen, all having their long axes across the axis of the intestine; those higher up in the bowel being smaller; those nearer the cæcum being larger, and coalescing with each other. In some of the ulcers, the mucous membrane merely was destroyed; in others, the muscular coat was exposed; and in one or two higher up in the gut, a healing process appeared to have commenced in them. They were more numerous as they approached the large intestine, and ceased abruptly at the ileo-cæcal valve. In one of the ulcers, about four inches from the termination of the ileum, a small perforation existed, not larger than the head of a good sized pin, perfectly round, and with smooth edges, looking as if punched out. Above the portion of bowel removed, the patches of glands appeared healthy; and the mucous membrane of the large intestine was perfectly so; but that of the ileum, as it approached the cæcum, became of an increasingly dark green, almost livid colour. The kidneys were healthy. No other organs were examined.

After the man's death, it was ascertained from the captain of the ship that he had only complained of feeling ill four days before admission, and had then felt a little pain in his body.

REMARKS. There are several points of interest in this case. First, the almost sudden accession of alarming symptoms at a time when convalescence was apparently almost established. These symptoms were diagnosed as arising from perforation of the intestine and peritonitis, which the autopsy proved to be correct; but the previous symptoms had been so slight, and so little indicative of serious mischief within the abdomen, that one's attention had not been particularly attracted to that region until the morning of the 16th. The slight history obtained after the man's death also went to prove the mildness of the symptoms prior to his admission into the hospital. They in themselves gave no clue whatever to the cause of the perforation, which was only made clear at the *post mortem* examination.

Secondly, the mildness of the earlier symptoms compared with the extent of disease found after death is worthy of remark. The only local symptom complained of was a slight pain in the abdomen, and yet the intestine was found extensively and deeply ulcerated; and we cannot but suppose that this condition of things must have existed some time, as some of the ulcers had cicatrised. Pain would probably, however, be the symptom least to be depended on, as this would not be felt to any great extent until the disease had reached the peritoneal coat; still there was an absence of the other usual symptoms, to be presently adverted to.



It would thus appear that a person may be the subject of extensive ulceration of the small intestines without the presence of any symptoms to attract the attention of his medical attendant; or else they may be so slight as to be totally disproportionate to the extent and severity of the disease actually existing.

Through the courtesy of Mr. Craven, I once had the opportunity of examining the body of a stout man, aged 57, who, while in the act of sexual intercourse, was seized with sudden and violent pain in the abdomen. He was seen by his surgeon two hours afterwards, and he died, with all the symptoms of perforation of the bowel, at the end of twenty-eight hours from the attack. An opening was found about the middle of the ileum nearly a quarter of an inch in diameter, and almost circular in shape. From the appearances around it, it had evidently been the seat of an ulcer, which had perhaps healed, or the intestine had become agglutinated to another part at that spot, the adhesion being broken down at the time of the attack, and permitting effusion of the contents of the bowel. There were, however, no appearances of disease at any other part of the intestinal canal. This man had felt himself perfectly well before, and was quite unconscious of the disease of his intestine, which had thus been indirectly the cause of his death.

Thirdly; the *post mortem* appearances were, *par excellence*, those of enteric fever; but the symptoms during life did not correspond with them. There were no rose spots to be seen; no diarrhoea, in fact the bowels were rather constipated than otherwise; no gurgling in the iliac fossa. The abdomen was carefully examined by the eye and hand on the 16th, and had either the spots or gurgling existed, they must have been noticed.

It may be useful to compare this case with one published in the BRITISH MEDICAL JOURNAL for September 17th, 1859 (case of Julia Watkinson, also under the care of Sir H. Cooper), in which the reverse condition of things obtained; namely, the presence of the usual symptoms of enteric fever with the absence of the characteristic morbid appearances. It would thus appear, presuming the two cases to have been examples of enteric fever—indicated in the one case by the characteristic symptoms, and in the other by the usual morbid appearances—that we must not always expect to find both the symptoms and pathological appearances present in the same case; nor, when they are so, to be always proportionate the one to the other; for we have seen that the most serious organic lesions may exist, and yet the constitutional disturbance be so slight that the disease may be entirely overlooked. Such cases as these must surely tend in some degree to shake the faith of the medical observer in the so-called pathognomonic symptoms of enteric fever.

Another point suggests itself, though not arising out of these particular cases, but from the consideration of the subject in general. Peyer's patches of glands are considered to be simply aggregations of the solitary glands which are found in the large as well as the small intestine. If such be really the case, and if the essential nature of enteric fever exist in a specific disease of the intestinal (Peyer's) glands, how is it that the aggregated glands (Peyer's patches) are alone the seat of ulceration, and not the solitary glands as well, as we should expect would be the case if the two were alike in structure and function? How is it that we do not find numerously scattered small spots of ulceration both in the large and small intestines (especially in the cæcum and appendix vermiformis, in which parts the solitary glands are said to be the most numerous), instead of isolated large ulcers, increasing in size and number as they approach the ileo-cæcal valve, beyond which boundary none are ever seen? This latter fact—namely, the ulcers invariably extending as far as, but no further than, the ileo-cæcal valve, would in itself seem to indicate that the specific ulceration has its real seat in some structure

which exists in the small but not in the large intestine. These cases were made the subject of clinical lectures at the time of their occurrence.

## Original Communications.

### DIRECT COMMUNICATION BETWEEN THE BLADDER AND RECTUM; PASSAGE OF FÆCES THROUGH THE BLADDER AND URETHRA FOR FOURTEEN WEEKS.

By WILLIAM PRICE, M.D., Margate.

THE subjoined case may be thought worthy of publication, as so few well authenticated cases are on record, of a communication existing between the bladder and rectum in the male adult without proving speedily destructive to life.

A gentleman, 54 years of age, of strongly marked strumous habit, and somewhat hypochondriacal, had for a series of years subjected himself to using the strongest purgatives, and employed large injections of water or gruel. His diet consisted solely of milk, eggs, beef-tea, and broths, to the exclusion of solids. The fæces seldom possessed much consistency. He suffered from bad prolapsus ani, aggravated with internal and external hemorrhoids.

He first complained of pains in the left iliac fossa, with slight peritoneal tenderness over the whole abdomen. After the lapse of two or three weeks, the exacerbations of pain became much aggravated towards night; and the patient lost flesh perceptibly. I was called to him during the night, and found him in intense agony, unable to pass urine. A large suppository and the warm bath afforded, after a time, relief. He passed, in my presence, through the urethra, about three ounces of fluid, of a smell and character unmistakably faecal. Two days afterwards, free purulent discharge was set up from the inflamed bladder; the irritability of which viscus was well nigh unbearable. The quantity of mixed faecal and purulent discharge passed with the urine in the twenty-four hours varied from ten to fourteen ounces; it was voided every two or three hours; and the quantity passed each time seldom exceeded an ounce. In the liquid were frequently to be found grape-stones, orange-pulp, and other extraneous bodies.

Nothing passed *per anum* till eleven days from the first date of the attack, and the dejections occurred subsequently in small quantity at intervals varying from nine to fifteen days. By degrees the purulent discharge diminished, and the constitutional irritation subsided greatly. The patient continued from this date till within a few days of his decease, thirteen weeks later, comparatively free from pain, save at the time when he was emptying the bladder, immediately before and after the passage of the contents.

A *post mortem* examination revealed peritoneal inflammation of the lower half of the large intestine, with some purulent effusion into the cavity of the abdomen. There was rigid adhesion between the rectum and bladder throughout. Scirrhous deposit existed in the coats of the rectum, with stricture about the middle third. Immediately above the seat of stricture was an ulcerated opening of the size of a horse-bean, communicating with the bladder; the coats of which were much attenuated and chronically inflamed.

As some of the symptoms above detailed rarely occur in practice, I have thought the case sufficiently interesting to bring under notice.

## FOREIGN BODY IN THE BRONCHIAL TUBE.

By FREDERICK PAGE, Esq., Perth, Western Australia.

A. F., a child, aged 3 years, was seized on November 12th, 1861, with violent and long continued cough, threatening death by suffocation. These symptoms were supposed to be caused by a piece of slate-pencil having slipped from the child's mouth through the rima of the glottis into the trachea. Next day there was active pneumonia on both sides of the chest, from which the little patient recovered after an illness of three weeks. From this time up to December 6th, 1862, the child's health was bad, owing to repeated attacks of bronchitis, diarrhoea, and irritability of stomach. On the evening of December 6th, after a violent fit of coughing, the child became black in the face, was unable to breathe, and died immediately.

A *post mortem* examination showed that both lungs were diseased. The left had formed adhesions all round the chest, and was carnified. In the left bronchial tube a piece of slate-pencil, an inch in length, was found: it had no doubt caused death, by being suddenly coughed into the rima of the glottis, whence it had re-fallen into its old position as soon as the muscular spasm went off at the time, or immediately after death.

This case is interesting on account of the size of the foreign body, the age of the child, and from the circumstance that it was found in the left bronchus instead of the right, as is most commonly the case.

## Transactions of Branches.

### SHROPSHIRE SCIENTIFIC BRANCH.

#### THE PRESENT TREATMENT OF DISEASE.

By WM. NEWMAN, M.D. Lond., St. Martin's, Stamford.

[Read February 13th, 1863.]

MEDICINE is in its very essence a science of progress; discoveries in closely allied branches of scientific inquiry have had more or less marked influence on the Medical Art; and hence have resulted changes, both in theory and practice, too numerous to classify or even refer to.

The *ars mirabilis* has been reproached with this attribute as though it were a material infirmity, and in most respects with but insufficient reason. The very conditions of an exact science are wanting; the postulates and definitions are not clearly laid down; and, though the field of inquiry be boundless, and its interest inexhaustible, the landmarks even are undetermined. It is true, that the art and science of medicine is dependent on facts; but these facts are not only few in number, and widely scattered over an extensive area of observation, but they present also only very slender links of connexion between themselves.

The observer is naturally impatient of results, draws his deductions from materials imperfectly arranged, vitiated, it may even be, by faulty lines of research, and thus forms structures of theory, brilliant in seeming, lasting for some short time, yet lacking a definite or reliable basis.

Some of the most interesting volumes that have of late issued from the medical press, direct our attention to the differences of medical treatment, past and present. The limits of this paper will allow but a hasty glance at some items of comparison between the two great schools; yet I would venture to hope that so short a notice may not be without its advantages.

To take one class of diseases to exemplify the purport of this paper—*Acute or Inflammatory Diseases*. By the

older physicians, inflammation was looked upon as a something to be fought with and overcome—as a morbid something seizing on a portion of the human frame, and only to be combated with success by the employment of active treatment. The antiphlogistic plan (borrowing its title from a chemical doctrine long since passed away) was put in practice in all its vigour.

The abstraction of blood was the first and principal remedy: *general*, by opening artery or vein; *local*, by use of scarificator and cupping-glass, or by application of leeches. This procedure was resorted to in every instance where pain, fever, and impeded function coexisted, in the first place with the avowed intention of cutting short the disease, or at least of moderating the violence of its attack by diminishing both the force and the frequency of the circulation. Failing this result, the same remedy was employed in milder form to remove the consequences of the inflammatory invasion, and thus to aid in restoring the affected part to its normal condition.

The next point was the *Adoption of Low Diet*. Watery or farinaceous compounds were alone allowed; animal food in any form and alcoholic stimulants being absolutely forbidden.

In the *Administration of Depressing Remedies*, mercurials should certainly take the first place, as most varied in form, most active in character, and decisive in effect. They have been usually administered in small and frequently repeated doses, combined with opium to ensure retention in the system, and continued either until the symptoms were materially relieved, or until the constitutional effects of the mineral were manifested by salivation more or less distinct.

*Antimonials* have been deemed of especial value in thoracic inflammations, and employed first by Rasori, an Italian physician, in large and repeated doses, in the treatment of pneumonia. We are told that, in this particular affection, there exists on the part of the system an extreme tolerance of this form of remedial agent; and that its usual consequences, vomiting and purging, do not occur until the morbid action is yielding.

The list is by no means ended. The mineral and vegetable kingdoms were each invoked: digitalis; colchicum; neutral salts; purgatives more or less active; medicines acting specially on the skin and kidneys—all had their place as aids in the active treatment of inflammatory disease.

By the majority, however, of those who follow in the steps of the authorities of the earlier part of this century, the antiphlogistic treatment, though still practised in acute affections, is not resorted to in the same unsparing manner. Direct depletion is no longer the constant rule: yet the principles of their belief are the same, and the weapons on which they mostly rely are of depressing character.

The later men, and preeminent should be named Dr. Hughes Bennett of Edinburgh, have taken a far different course in this class of affections. The view they advocate is, that inflammation owes its origin to the presence of some agent in the system, in itself depressing; and that the attack, *per se*, is proof of deterioration of vital power, and hence to be best treated, not by means that still further reduce that power, but by careful avoidance of hurtful measures, and by the use of means which will uphold the system and favour the removal of the poison by the natural emunctories—in one word, by a supporting and eliminating treatment.

The mode of treatment suggested in conformity with these views is, briefly, the observance of extreme quietude; the administration, neither sparing nor unfrequent, of easily assimilable nutriment, such as beef-tea, etc.; with the administration of such medicines as shall favour the excretion from the system of the results of morbid action.

The members of a more advanced school of modern physicians, among whom should be specially named the

late Dr. Todd of King's College, do not only adopt the plan just named as to administration of support even in the height of febrile disorders, but also combine with this the use of alcoholic stimulants, not in large, but in frequently repeated doses; not as stimulants alone, but as food.

The results, as afforded by published statistics, of the different modes of treatment, may be of service. I extract them from Dr. Bennett's *Clinical Medicine*. He gives the following.

*Treatment of Pneumonia.*

In Edinburgh Infirmary, on old plan of treatment . . . . .	MORTALITY. 1 in 3 cases.
Tartar emetic treatment of Rasori and Dietl . . . . .	1 in 5 "
Ditto, ditto, of Laennec . . . . .	1 in 10 "
Ditto, ditto, from records of army and navy (these imperfect) . . . . .	1 in 13 "
Later plan of treatment, under care of Dr. Bennett . . . . .	1 in 26 "

It is argued by some of our profession (and eminent names have held this side of the controversy), that the present avoidance of depletion is due to "change in type"; that the inflammatory affections now met with in daily practice are asthenic in character, whereas twenty years ago the directly opposite condition marked the whole range of acute diseases.

To this statement the reply is made, on the other side, that in the earlier part of the present century the diagnosis of internal disease was imperfect. Auscultation being unknown, the exact and specific disease was not recognised; so that chest-ailments acute in character were grouped together *en masse* as "pneumonic", though their exact pathology was frequently of other stamp. Again, it is said that, as fevers change their type (and this fact is now well-nigh undisputed), so they change countenances their *post mortem* appearances; but it has yet to be shown that the *post mortem* conditions or the sensible progress of a pneumonia differ in any way from the disease as observed in the days of Dr. Cullen. It may not be unfair to call in the analogy of veterinary practice. The employment of venesection is now much more rare than formerly; yet one can hardly say that pneumonia has in horses altered its character, or that our studs have less stamina and endurance than their predecessors.

The abandonment of depletion by those physicians who yet follow the doctrines of the older school, believing in the propriety of making full use of depressing remedies in inflammatory attacks, should not be omitted in the consideration of the question; for, if this heroic treatment be even in such hands deemed unnecessary, it is at least a presumption that the concomitants (aplastic remedies) may also be dispensed with. Be it remarked, however, *en passant*, that though abstraction of the life-current be abandoned as a means or a necessary element in the cure of a given disease, yet it is by no means to be ignored. As a means of conveying relief to a patient whose lungs and heart are gorged with blood, by diminishing the quantity of circulating fluid, it must still hold ground.

I admitted in the spring of 1855, into the physicians' wards in the Salop Infirmary, a man aged 30. He was suffering from most intense dyspnoea; the face was almost livid; the heart was acting violently, and pulse hard and rapid; the skin burning. Not a sound could be heard in the lower half of either lung: there was a vesicular murmur above. The history was that of exposure to extreme cold, with resulting shivering and fever two days before admission, and extreme pain in lumbar region. The immediate abstraction of thirty ounces of blood relieved him immensely: the breathing became much less difficult; the lividity disappeared; and the condition of the man at once improved. It then

became evident that he had double pneumonia, with partial consolidation of each base; and a tedious convalescence ensued.

If, then, there be reason to question the advantage of venesection as a remedy for acute diseases, it may be asked how far there is absolute necessity for the introduction of depressing remedies into the system under the same circumstances.

The various preparations of mercury are employed, in the first place, to reduce the violence of the inflammatory attack; in the further stage, to promote the absorption of the effused products. That this drug is possessed of great power, is granted alike by friend and foe. Is, however, its exhibition imperative? or is it not more logical to suppose that the removal of an effusion will better be attained by means that assist, rather than such as diminish, constitutional power?

That the saturation of the system with mercury is by no means a barrier to the onset of inflammatory mischief, we have only too good reason to know. Witness the cases of pericardial and endocardial inflammations coming on in the course of acute rheumatism already attacked by mercury. This being the case, then, the antagonism between the disease and the remedy, once said to exist, must be far from constant in its occurrence.

The employment of this potent class of drugs has been shown of late years to be unnecessary in several of those affections once supposed specially fitted for such treatment.

Much has been said of *iritis*, as exhibiting the beneficial results of mercurial action in a structure where change of colour and deposition of lymph coexist as distinct proofs of inflammatory process. Dr. Williams, of Boston, U. S., has published sixty cases of cure of this disease by use of other remedies. There are several cases scattered through the journals of successful result where morphia was given internally, and belladonna applied to the brow. Two cases of this kind (neither of them very slight in severity) have occurred lately under my own care.

In inflammations of serous membranes, mercurials are supposed invaluable. It would seem, however, that the disease is more amenable to opium exhibited in fair doses and frequently repeated. The same favourable ending has been found both in idiopathic and traumatic cases.

Granted even for the moment the potency of this class of remedies over the affections in question, it is manifest that we have not simply the present state of the patient during the attack, but his ultimate condition also to consider. The pæan of the French physician, "Il est mort guéri," however flattering to his self-love, could not be spoken of as satisfactory to the one more immediately interested.

It is, unfortunately, no uncommon occurrence to find that permanent disease of the lung, usually in form of tubercular deposit more or less extensive, results on acute affection of the same organ. During the last three or four years, I have seen several instances of this kind. In the majority there had been heroic treatment of the early disease; and I question if it be too much to attribute the rapid supervention of phthisis to the resulting depression of vital power.

I am disposed to attach weight to the statement of those who, either in their own persons or as attendants on inflammatory cases, have seen the opposite plans of treatment carried out. The almost uniform conclusion is, that the patients are not so much weakened by the affection on the more modern plan; that the duration of the special attack is shorter; and that there is not so much after injury to the patient's constitution. In the instance of a relative whom I have watched through more than one attack of pneumonia, the expectant medical course, with food and wine from the first

onset, has been proved far more satisfactory than the employment of depressing agents.

In what class are the subjects of acute inflammatory disease most frequently found? The lower classes furnish the vast majority of cases. They occur in those persons who are permanently below par from constitutional defect, from continued privation or misery; in those, too, who owe their defective vital energies only to some temporary cause, such as excessive labour, exposure to cold, etc.

Who are most tolerant of malarious or epidemic influences but those who have advantages of pure air, good food, and external comforts? The first to succumb to disease in a family, is almost invariably the one whose general power is defective, or that one on whose time and care the greatest demands have been made.

In other words, the greater the *vis vitæ*, the less the liability to disease, general or local. Why should physicians act in opposition to this rule when disease has fairly declared itself? There is increased waste of the tissues when disease is present (witness the emaciation from any acute affection). Can it be well to add to the impending weakness by use of lowering remedies, or to call into excessive action the natural secretions of the system?

Surely there is a fallacy lurking somewhere in the teaching that tells us, in inflammatory disease, at one period to diminish strength, while at another time, with a lapse, it may be, but of a few hours, we are counselled to uphold vital power. With one hand we destroy, with the other build up. In the earlier stages we debar the patient from more than a modicum of that support which, in later periods, we are directed to afford with no sparing hand.

The experience of any one of our body is of value as regards the treatment of isolated cases of disease, yet hardly available in the exact determination of questions such as the one before us. I have here notes of more than a dozen cases of acute uncomplicated pneumonia, that have come under my notice within the last four years. Not one of these has ended fatally: yet, on a review of the whole, I am well satisfied that the expectant and supporting treatment, followed thoroughly of late, has led to a more rapid and satisfactory convalescence than the prior employment of antiphlogistic treatment, as directed in standard works.

Dr. Todd's views as to the nutritive properties of alcohol do not agree with the accepted doctrine that the non-nitrogenous compounds are available, not as tissue-forming, but as heat-producing elements. Some recent inquiries have, however, thrown doubt on the positive truth of the chemical reasoning of our physiological works. Be this as it may, there can be little question as to the advantage of employing alcohol in certain forms of acute disease. Not that its administration is a *sine quâ non*, or that recovery may not, in the great majority of instances, occur without its aid; but it is an adjunct of no ordinary value in the progress of these affections, where waste of tissue is excessive, and where there is much restlessness and delirium.

To leave, however, the *quæstio vexata* of the treatment of acute disease, our attention may be turned to some of those more chronic maladies which come under the daily notice of the physician, as illustrations of modern medicine.

In cases of phthisis, the value of a supporting and stimulant treatment has for some years past been fairly demonstrated. Cases of undoubted pulmonary consumption recover, and permanently too; though time was when the mere statement of a cure of phthisis was enough to stamp the assertor as rash, and his detail as fanciful, while in the minds of many of the profession it was strongly questioned whether such cases were deserving of the name of phthisis at all. To keep up the reputation of a dogma current in the schools, the diagnosis

was declared to be incorrect. Need this, however, be wondered at when, though the disease was duly recognised, and its seat and progress fairly known, the whole course of the affection was by the cavillers attributed to inflammatory action; and that *amari aliquid*, dreamed of in mere muscular pain of the side, and suspected in every transient flush of the pallid face, was briskly followed by the routine depressing treatment for a supposed, but non-existent, cause.

A more wise and extended pathology has shewn that the system, as a whole, is at fault; that the vital energies are at a low ebb; and that the ill-organised exudation deposited in the air-cells owes its origin to a "dyscrasia" hereditary or acquired. Hence our remedies are to be addressed to a general, not a local failure; and in proportion to the thorough carrying out of this principle will be our success in this special form of tubercular cachexia. Cases such as the following will have occurred to many of us; and I am yet tempted to quote it, as a fair illustration of these few observations.

C. D., a woman aged 35, a labourer's wife, came under my care in 1856, with all the symptoms of confirmed phthisis. She had been ill for four years, more or less, with hæmoptysis, cough, etc. There were all the physical signs of a large cavity in the apex of the right lung. She had many advantages over the majority of her class. She took tonics and oil for a considerable time; and, at the end of 1857, she believed herself nearly well. Her strength had returned; the cough was slight and infrequent. She remained in fair condition for eighteen months. There was then, after much mental and physical depression, a return of all the symptoms: repeated attacks of hæmoptysis, with moist sounds on the left side of the chest; harsh blowing breathing over the right apex, but no moist sounds.

She died suddenly at the end of 1859, from profuse hæmoptysis, due, as ascertained by *post mortem* examination, to implication and giving way of a bronchial artery almost close to the root of the left lung. The right lung presented in the upper lobe a thoroughly healed cavity, lined with tough white fibrous membrane; no trace of tubercle remaining. The left lung shewed the process of cicatrisation commencing in one small cavity near the apex, while softening and disintegration of tubercular deposit were in progress beneath and around it. But for the accidental implication of a blood-vessel, this patient would in all probability have recovered.

Instances of long standing disease of other kinds are equally available as proofs of the advantage of a supporting treatment; the principle of interference by heroic or powerful medicines having fallen into disuse. It may be questioned if any class of maladies exhibits this favourable change more than the varied forms of cardiac disease. It was once sought to eradicate the affection existing by depletion, digitalis, etc.; while now administration of support, with medicine for relief of occasional symptoms, contribute materially, not only to the present comfort, but also to the increased length of life of the sufferer. There seems little doubt that the supervention of anasarca in valvular heart-disease is, at least in the majority of cases, coincident with and dependent on some change for the worse in the character of the circulating fluid; so that its watery part transudes with readiness through the coats of the blood-vessels. Defer this deterioration in quality of the blood by employment of agents that will improve its composition, and the result will be an increased probability of life, though the morbid condition of the central organ remain unaltered.

Advances in pathology have taught the existence of degeneration of the cardiac muscular fibres, in cases where the symptoms of disturbed function were once deemed to require even the abstraction of blood to control the existing excitement. Tonics and iron, in particular, are now employed to remedy the mischief, that the opposite treatment can only have tended to per-

petuate. Valsalva's treatment of internal aneurisms by repeated blood-lettings has well nigh lost ground in the opinion of the profession; while rest, with ample nourishment, and absence of depressing influences, have tended much more certainly to the deposition of layers of fibrine within the sac, and hence to the cure of the arterial dilatation.

The diseases of the nervous centres may supply further illustrations of advance in medical practice. What the uniform testimony of the physicians in charge of our lunatic asylums, but that central debility is the cause of insanity; that this weakness may be *local*, confined to brain alone; or *general*, the cerebrum only sharing in the enfeebled condition of the whole economy. The insane are most numerous in the poorer classes; in almost direct proportion to the hardships they encounter in different counties are the numbers admitted into the central asylums.

Such causes were, if recognised, hardly acted on by our predecessors, and their views and practice set in directly the opposite direction; numberless the cases where low diet and exhausting medicaments have converted hopeful cases into thoroughly hopeless ones. Dr. Conolly has given the results of his great experience strongly on this side of the question. Maniacal fury once controlled by straitwaistcoats and tartar emetic, yields with far greater certainty to the liberal supply of aliment, nutritive and stimulating; the access of sleep often closing the paroxysm.

Delirium tremens treated as an inflammatory affection is almost certainly fatal. When opium is administered in such doses as will procure sleep, the result in far the majority of instances is favourable. Still, we have of late reached a further point, and it would appear that the natural history of the disease implies the super-vention of sleep sooner or later, even without the exhibition of any narcotics whatever. Dr. Laycock, of Edinburgh, has reported cases treated successfully by the administration of food alone. The last remedy proposed has been the tincture of digitalis in large doses. In all probability our impressions about this drug have as yet been erroneous. I have personally met with two or three cases where there was a strange tolerance of its preparations in very large doses; and, only the other day, I heard incidentally of one of our profession in the west of England, who constantly treats nervous headache in his own person by half-ounce doses of the tincture; this, too, with uniform advantage.

It may be doubted if there be any form of bodily disorder more painful to the bystanders, or annoying to the practitioner, than *chorea*. In years past, the continued exhibition of purgatives was recommended; yet later teaching assures us of the far greater value of large doses of steel with nourishment.

Cases of *epilepsy* have gained much by the adoption of liberal treatment. The fits are less frequent; less severe when they do occur, and the excessive prostration, due probably more to the physician than to the disease, is much more rarely met with.

However slightly some of the statements in this paper may have referred to the compounds of the *materia medica*, there can be no question of their potency, or of their advantage, in certain morbid conditions of the system. It may not be out of place at the close of these observations, to refer to some of the advances in the use of remedial agents.

The science of therapeutics has certainly failed to keep pace with many of the kindred branches of medical knowledge; partly from the intricacy of the subject concerned, more even from the varying conditions of body under which the necessary inquiries must be conducted. Chemical inquiry has done much in this direction. To it we owe:—

The discovery of proximate principles in animal and vegetable kingdoms.

The proof of existence of community of action in compounds, which must be ranged under the same chemical or natural divisions.

The proof of the elimination of remedies by natural emunctories; our more accurate acquaintance with constituents of several excretions.

The introduction of new forms of remedies: salts of metals, alkaloids; new solvents, as glycerine.

Remedies, as now administered, are less cumbrous in form, less unpleasant in character. The laboured decoctions, etc., have given place to far more simple, yet more thoroughly potent forms.

Contrast also the present and growing simplicity of prescriptions with the farrago of compounds that were formerly combined—as if the attendant sought a remedy for every symptom—heaped them together in noble disregard of the chemical combinations thereby induced, and of the probable result on the system of the patient.

The forms of introduction of compounds into the system have multiplied.

Narcotics are employed not only in form of agents introduced into the stomach and thence absorbed; they are with even greater advantage, in many cases, submitted as vapours to the pulmonary capillaries, to be by them taken up and distributed throughout the economy. We owe to Dr. Alexander Wood the improvement of introducing a sedative directly to the affected part by injection into the subcutaneous tissue, while opiates are sometimes applied to the surface of the cutis with advantage.

There are, then, it would seem, the most opposite opinions entertained, even now, on the subject of diseases and their treatment.

In one view, diseases are distinct entities; each having its own special antidotes, somewhere or other to be found; the very phraseology implies this antagonism, and the terms of opposition are used, not only as convenient figures, but as distinct statements of absolute facts.

The opposite, and possibly the more logical and philosophical view, refers the existence of disease, its onset and extent, to the want of due vital power; and hence declares that the remedy is to be sought for by increasing general tone and strength; by using drugs and medical appliances as “aids,” not as “remedies *per se*”; as adjuncts of considerable value, but not as the special and material agents.

Indefinite, however, as may be the data on which our professional knowledge is based, uncertain though our grasp of the clue that may guide us through the maze of morbid manifestation, still we may fairly claim for our profession “that its object is truth—truth for the sake of doing good. The enemies we combat are error and disease. No compromise is allowed with evil; and the good we do to one fellow-creature involves no injustice or injury to another.” (Dr. Barnes' Introductory Lecture, Oct. 1st, 1860.—*Lancet*.)

**BRITISH MUSEUM.** In the annual report, Professor Owen repeats his complaint of the want of space for the departments of natural history. Choice rarities continue to be added to the vaults and recesses assigned for storage, each successive year increasing the difficulty of keeping the specimens in a good state and concentrating the time of the staff in mere works of preparation. Rare and acceptable additions have accrued to all the departments of natural history during the year, many of which are specified in detail by the learned professor. The whole number of additional specimens is 28,273.

**THE PARIS CEMETERIES.** A sanitary commission is now sitting to consider how best to remove all the cemeteries to the greatest possible distance from Paris, and to determine on the most eligible situations for them. It is a question of the greatest importance when capitals are growing as rapidly as Paris.

## Progress of Medical Science.

**TRICHINA SPIRALIS.** In a memoir read before the Société de Biologie in Paris, M. Davaine has given a very complete account of our present state of knowledge regarding the *trichina spiralis* of muscles.

The trichina was first described in 1835, when it was observed in the muscles by Owen, who gave it a name expressive of its small size and of the manner in which it is arranged in its containing cyst. In the course of time, its existence was confirmed by observations made in Scotland, Germany, Denmark, and America. In England and Germany especially, this entozoon was carefully studied by several distinguished savants; but its mode of propagation was not discovered.

In 1859, Virchow, having caused a dog to eat some portions of human muscle in which trichinae existed, found in the animal's small intestine, three days afterwards, some worms closely resembling trichinae, but larger, and containing distinct ova. M. Virchow believed that these worms were adult trichinae; and concluded that the trichina of muscles was capable of reaching its full development in the intestines of carnivora.

Some months afterwards, M. Leuckart believed that he had ascertained that the trichina is the larva of the *tricocephalus dispar*. In a note communicated to the Academy of Sciences, M. Van Beneden observed that "M. Leuckart had assured himself of the fact by direct experiment. He fed a young pig with muscle containing encysted trichinae; and, at the end of some weeks, found a host of *tricocephali*, provided with sexual organs, in the animal's intestines." It is now known, not only that the trichina is not a *tricocephalus*, but that it belongs to very different family.

In the beginning of 1860, a curious case, observed by M. Zenker of Dresden, led to the correct method of investigating the history of the trichina. A young woman, aged 20, was admitted into hospital, having been ill about three weeks, and confined to bed twelve days. Her symptoms commenced with a feeling of fatigue, heat, thirst, loss of appetite, and constipation; these symptoms continued, and to them were added fever, tympanitis, and abdominal pain; at last, symptoms resembling those of typhoid fever manifested themselves. She had, however, violent and constant pains in the limbs, accompanied by very frequent contractions of the elbow and knee-joints, during which all attempts at extension were extremely painful. At a later period, she had oedema of the limbs; and finally died, about a fortnight after her admission, with symptoms of typhoid pneumonia. M. Zenker, who was engaged at the time in studying the microscopic alterations of the muscular tissue in regard to typhoid fever, found a large number of trichinae lying free among the fibres, which had undergone various kinds of change. In the abdominal organs, M. Zenker found none of the ordinary lesions of typhoid fever; but the intestinal mucus contained a great number of worms resembling trichinae, and provided with completely developed sexual organs. He ultimately ascertained that the young woman had, with several other persons who had also experienced ill effects, eaten of the raw flesh of a pig killed some days before she was taken ill. Some salted meat taken from this pig was examined, and was found to be infected with trichinae identical with those met with in human muscle.

Some portions of the muscles of the patient were sent to Messrs. Virchow and Leuckart for further investigation.

From some experiments on rabbits, M. Virchow derived the following results. A few hours after the in-

gestion of the diseased muscle, trichinae are found free in the stomach, whence they pass into the duodenum and thence into the small intestine. From the third or fourth day, ova and spermatoc cells are found. The eggs are fecundated, and young entozoa are developed in the bodies of the female trichinae. They are expelled through the vaginal orifice, situated in the anterior half of the animal's body; and have been found (M. Virchow continues) in the form of *filariae*, in the mesenteric glands, and in large numbers in the serous cavities, especially the peritoneum and pericardium. Continuing their migrations, they penetrate the primary muscular fasciculi; where, three weeks after the feeding of the animal, they are found in considerable number, and advanced in development. The previous non-existence of trichinae in the rabbits was ascertained by carefully examining portions of muscle removed from their backs. M. Leuckart also made a similar series of researches, with results confirmatory of those arrived at by M. Virchow.

Before this time, however, other experiments had been made, but without leading to any definite results. In 1850, M. Herbst fed three puppies with the flesh of a badger containing trichinae. When they were killed, some months afterwards, trichinae were found in their muscles. M. Herbst, however, not having observed that the trichinae attained their full development in the intestine, supposed that the ova (from what source?) were carried into the muscles by the blood-vessels.

Being desirous of repeating the experiments with trichinae, M. Davaine obtained from M. Kühne of Berlin some human muscle containing these parasites; and therewith he fed several rabbits, of which the flesh served for further experiment. His attention was directed to certain points which had apparently not been specially noticed by previous investigators.

In all the animals examined by other observers, or by M. Davaine himself, the adult trichina inhabits the small intestine exclusively, living in the mucus which invests its inner coat. The worm is viviparous; and the embryo, from the time of its expulsion, is in contact with the mucous membrane of the intestine, into which it at once penetrates; so that, although the number of these embryos is considerable, they are very rarely found in the mucus which lodges the parent worms. Having penetrated the intestinal walls, the embryo passes to all regions of the body. This migration it is enabled to accomplish, not by a perforating stilet nor by hooklets, but by its extreme minuteness. The passage takes place through the cellular tissue, and not through the vessels. It is probable that the migration of the trichinae is arrested as soon as they reach muscular tissue; for they always exist in greater number in the muscles of the trunk than in those of the limbs.

The trichinae penetrate to a greater or less depth in the interior of the muscular fibres. The sarcolemma behind them appears as a hollow fibre; and is bulged out at the point where the parasite is lodged. The wall of the cavity containing the trichina is organised in a peculiar manner, and forms a cyst which, according to Virchow, becomes apparent about the fifth week. At this time it has an external wall evidently formed by the sarcolemma, and an internal wall lined with cells varying from about the 1-2500th to the 1-1250th of an inch in diameter, with an ill-defined outline, but with very distinct nucleus and nucleolus.

M. Davaine has seen these cells especially well in the rat and in the guinea-pig. In the latter animal he has found, in the course of the fibres along which the trichinae had passed, spherical enlargements smaller than the cysts, but containing no entozoa; they were formed by an accumulation of cells altogether like those existing in the cysts. In the first weeks of formation, the external wall of the cyst is distinct from the inner wall. It—the external wall—is prolonged at one or both ends



into a fibre which may be sometimes followed for some distance; the internal wall is closed, and has the appearance of an ovoid shell. In course of time, the external coat becomes less distinct, while the internal grows thicker; finally, after some months, both ends of the sac are enclosed in a mass of fatty vesicles.

The walls of encysted tumours are generally moulded on their contents; but here the cyst is much larger than the parasite which it contains. This peculiarity M. Davaine believes to be due to the circumstance that the trichina frequently moves (which may be ascertained by examining muscles while yet warm), and hence keeps free a large space round itself.

Each cyst generally contains but one trichina. When, however, the invasion of the parasite is very considerable, it is not rare to meet with more than one. M. Davaine has found in a rat several cysts containing each two trichinae; and in one cyst, which was about twice as long as any of the others, he found three.

The trichina is not the only nematoid worm which passes through different stages of development in different media. In reptiles, fishes, and in some invertebrata, nematoid worms, without sexual organs, are sometimes found imbedded in the tissues, evidently resting there until they can find a locality suitable for their further development.

Besides a more perfect organisation, the embryo of the trichina acquires new physiological properties in the muscles. It has long been remarked, especially by Owen and Virchow, that the worms contained in the cysts possess great tenacity of life; and M. Davaine has found them alive at the end of a month, after having been kept in pure water. Cold arrests their movements without killing them; a temperature of about 95° or 100° Fabr. is sufficient to revive them. When, however, the larva has acquired its adult state in the intestine, and when its sexual organs have become apparent, it loses this tenacity of life. M. Davaine has found that an adult trichina scarcely lives an hour when plunged in cold water; that it survives at most six hours after the death of the animal containing it; and that, when plunged into a solution of one part of potash in one hundred of water, it dies in a few minutes, although the larva from muscles has been found alive in a similar solution at the end of three hours, and might have lived there for even a longer period. The embryo, before acquiring the larval state, perishes readily under the same circumstances as the adult worm. The greater tenacity of life in the larva is, M. Davaine observes, obviously necessary from the fact that it may not be able to find the conditions requisite for its further development until after the death, and even the destruction, of the animal in which it is lodged.

The trichina, in its adult state, is a cylindrical worm, scarcely visible to the naked eye. The body, from about the middle, gradually diminishes anteriorly. The anterior extremity is very fine, and presents a round, unarmed, indistinct mouth; the posterior extremity is truncated, obtuse, and rounded, and presents a terminal anus. The integument and subjacent muscular layer offer no peculiarities. The intestine is straight, and is divided into three parts; the anterior, membranous, fine, and enlarged from before backwards (?), constitutes the œsophagus and stomach. A second portion, with thick walls formed of very distinct cells, fills the whole part of the body which it occupies; M. Davaine says that it corresponds to the small intestine, and that the cells on its exterior no doubt represent the liver. The third portion is much longer, and thinner; it is enlarged at its origin, and also slightly just before it terminates in the anus.

The male trichina is about 3.50ths of an inch in length and 1.635th of an inch in thickness. In shape, it differs only from the female in having at its posterior extremity two digital appendages situated laterally, be-

tween which the penis projects. This organ is formed of two (?) short membranous pieces, united in a v-shaped body. M. Davaine has been unable to separate the pieces. The genital tube is simple, as in all nematoid worms; it presents a seminal vesicle and a very long vas deferens.

The female is about one-sixth of an inch in length, and 1.425th of an inch in diameter. The genital outlet is seated near the end of the first fifth of the length of the body. Through the integuments can be seen ova in various stages of development, having, when mature, a diameter of 1-1270th of an inch; their shell is extremely thin. The embryo escapes in the body of the parent.

The embryo is about 1-212th of an inch long, and about 1-3600ths of an inch in mean diameter. It enlarges from before backwards.

The larva, commonly known and described as the *trichina spiralis*, has a length of rather less than 1-25th of an inch and a diameter of 1-635th. In its general structure it resembles the adult parasite. In the posterior region is sometimes found a tube (described by Luschka, Bristowe, and Rainey) opening by a small aperture in front of this region; it is a rudimentary genital apparatus. In the change to the adult state, it is the posterior third, containing the generative apparatus, that undergoes the greatest development.

The parasite here described is considered by M. Davaine to belong to the genus *Pseudalius* of Dujardin. It is not confined to man, but may exist also in the pig, cat, guinea-pig, rabbit, rat, mouse, horse, ruminating animals, and probably in the dog and badger. M. Davaine has not been able to produce it in frogs nor in birds, by feeding them with food containing trichinae. He believes that the trichinae which have been hitherto found in mammalia belong to the same species; and that this property of existing in different animals is a primary condition of the perpetuation of the species. If a trichina of a given species existed in carnivora or herbivora exclusively, the opportunities of transmission from one animal to another would be very rare. Another condition necessary to their existence is, the property which the larva possesses of resisting the destructive power of external agencies. We can readily understand how the cat, which devours a mouse infested with trichinae, becomes a prey to these parasites; but how would the mouse receive the trichinae, if the larvæ lodged in the muscles perished like the adult trichinae in the intestines? After the death of the animal in which they have existed, the larvæ survive a long while in putrefied flesh, even in water; and in this way the *débris* of an animal devoured by carnivora may become fatal to rodents, or a carcase near a marsh or rivulet may communicate the parasites to the ruminants which drink the water, or to pigs.

The pig is the animal most exposed, from its habits, to be infested with trichinae; and M. Davaine believes that the parasite is most frequently received by man from this animal, especially where it is the habit of the people to eat the meat more or less raw. The trichina is more frequently met with in England and Germany than in France. The first facts relating to the parasite were furnished in England; and in Germany it appears even more common. In 1859, M. Virchow had found trichinae six or seven times in eight months; M. Zenker of Dresden found four cases of trichinae in 136 autopsies. Drs. Boehler and Koenigsdœrffer observed six cases at Plauen in the spring of 1862; and in Voigtland, at the same period, there were observed at the same time thirty or forty cases, according to Dr. Freytag of Leipzig.

Trichinae may attack several members of a family who have partaken of the meat of a diseased animal; but sometimes even a large part of the population of a locality may become infested with the parasite.

The number of trichinae that may exist in an individual is very variable, and bears a direct relation to the

number of larvæ taken into the stomach. M. Davaine observes that it is not accurate to say that the number of these worms in animals is always considerable; according to his observations, it generally can be regulated by the experimenter. Whatever be the number of trichinæ, they are confined to the striped muscles; and they are not found in the heart (M. Virchow, however, says that he has once found them in that organ). It is only during migration that they are met with in serous cavities, in glands, and in cellular tissue.

When trichinæ exist in great numbers, their presence in the muscles or intestines produces severe and sometimes fatal symptoms. These symptoms may, in animals experimented on, present three successive more or less distinct phases.

The first phase is characterised by intestinal disorder, produced by the development of the larvæ in large numbers and their adhesion to the mucous membrane of the intestine. In this stage, M. Davaine has seen rabbits die with intense diarrhœa; one of two cats which he fed with trichinised meat had diarrhœa for at least a fortnight, but survived. Of five or six rats fed on a similar diet, one only, which was pregnant, died of diarrhœa, after abortion on the eighth day. According to M. Leuckart, the passage of the embryos of trichinæ through the intestinal walls sometimes produces peritonitis. This intestinal phase often becomes blended with the next; it may be relieved by the expulsion of the worms by means of the diarrhœa; or may cease with the natural death of the worms.

The second stage presents general symptoms—muscular pains, etc. These phenomena are dependent on the introduction of the trichinæ into the muscles; they rapidly acquire their maximum intensity, and have not a long duration. The appearance and duration of this stage are in complete relation with the development and length of sojourn of the trichinæ in the intestines; in fact, in this entozoon oviposition is not slow and of long duration as in many nematoid worms; the genital tube is rapidly formed, and the ova in its whole length are developed almost simultaneously, so that the embryos, arriving soon at maturity, are at once thrown out in large number into the intestine, and the mother trichina dies exhausted. If it be remembered that the embryos do not escape before the eighth day, that a certain number of days are required for their arrival in the muscles, and that new ones are not produced after six or seven weeks, it will be understood that the first symptoms of this stage can scarcely appear until the end of a fortnight after ingestion of the diseased food, that they must continue four or five weeks, and that after this they may disappear. This course of events is observed in animals; and in man, the symptoms of this stage have shown themselves and become aggravated from the third to the sixth week after infection. Most animals die during this stage; rabbits rarely survive; rats, on the contrary, generally resist it.

If the animals do not die of the general symptoms or local disturbances proper to these two stages, the inflammatory symptoms cease, respiration becomes natural, and order is reestablished. But, in some cases, the number of cysts formed in the muscles are sufficiently great to impede them in the proper exercise of their functions, and hence arise general debility, a kind of consumption which persists or becomes aggravated, and the animal dies of *marasmus*. M. Davaine has noticed this in rabbits, but especially in a rat.

Recovery from these phases of trichinal infection may be apparently perfect. A rabbit, which M. Davaine kept during five months, became large and fat, although it had a large number of trichinæ in its muscles; a rat which had had these entozoa in considerable numbers during six months was to all appearance in good health. Hence he concludes that the trichinæ produce symptoms only when they are in the intestinal canal and when

they are entering the muscles. Having become lodged in their cysts among the muscular fibres, they may remain harmless for an indefinite time. In every case except one, down to 1859, trichinæ have been found in the bodies of persons who have died of disease (generally chronic) or by accident; or in the dissecting-room, in bodies regarding which the previous history could not be obtained. In most cases, the cysts contained a cretaceous or fatty deposit, shewing that they had probably existed several years.

The observations which have been made on the human subject, in regard to the symptoms caused by trichinæ, show that they belong, as in animals, to the initial period of infection. They consist in intestinal and in muscular lesions; the latter coincide with the entrance of the parasite into the muscles and are truly traumatic. In Zenker's case, the intestinal symptoms were swelling and pain; in a case described by Friedrich, diarrhœa was present. In all cases, the most remarkable symptoms were violent rheumatoid pains in the muscles, not in the joints, which were considerably aggravated by attempts to extend the half-bent limbs. The other symptoms have been variable, but have had a strong resemblance to those of typhoid fever. In several cases there has been abundant sweating; and in one there was a very remarkable miliary and furuncular eruption. The animal heat was diminished in Friedrich's case; and in those observed in Voigtland by Freytag, the temperature never exceeded  $102^{\circ}$  Fahr.

The progress, duration, and severity of the disease in man are in relation to the number of trichinæ taken into the digestive canal. Of sixteen patients observed at Plauen by Drs. Boehler and Königsdörffer, eight, who were moderately affected, recovered in a month; four, more severely diseased, were ill two months; of four others, one died with ascites and colliquative diarrhœa at the end of two months, and three recovered slowly at the end of three or four months. Recovery does not imply the death of the trichinæ; it follows their enclosure in cysts.

The diagnosis of trichinal infection has several times been made in the living human subject by removing a portion of muscle. M. Davaine thinks it probable that, during the first six or eight weeks of the disease, the diagnosis may be confirmed by searching for adult trichinæ in the alvine evacuations, produced naturally or by means of a purgative.

The prophylactic treatment consists simply in the avoidance of uncooked meat. The medicinal treatment must vary with the stage of the disease. At first, attempts must be made to expel the parasites from the intestines by purgatives and anthelmintics. Which among the latter is the most energetic and certain, is not yet determined: calomel is perhaps, M. Davaine thinks, the best. After six or eight weeks, all treatment directed towards the intestines is superfluous. It is scarcely probable that any substance will act on the larvæ disseminated through the muscles. Friedrich has recommended picronitrate of potash; but, in the case in which he used it, live trichinæ were found in the muscular tissue after the patient was considered to be cured. (*Gazette Médicale de Paris*.)

VAGINAL HERNIA: ITS RETENTION BY AN AIR-PRESSURE. M. Testelin had under his care a case of vaginal enterocœle in a woman aged 30, who had borne several children. The portion of the tumour which projected from the vulva was larger than the fist, in addition to the portion remaining in the vagina; the point where the tumour communicated with the abdomen was at the superior and posterior part of the vagina, on the right side, in the utero-rectal *cul-de-sac*. The hernia was very easily reduced, with characteristic gurgling, even when the patient was erect. The hernia did not descend when the woman was in the erect posture; she was, therefore,

able to walk to consult M. Testelin. On examination, it could not be ascertained whether the hernia had descended; the woman, therefore, was placed on her back on a couch, and, on her making an effort, it came down, so as to enable M. Testelin to ascertain the capability of reducing it. One of Gariel's vulcanised India-rubber air-pessaries was applied, with the effect of keeping up the bowel. At night, the pessary was replaced by a sponge slightly moistened with a solution of tannin. This lesion is very rare. (*Compte rendu de la Soc. de Méd. du Nord*; and *Bull. Génér. de Thér.*, 28 Février, 1863.)

**INEQUALITY IN THE LENGTH OF LIMBS.** Inequality in the development of limbs, arising from certain occupations, has hitherto been most generally noticed as it affects the upper compared with the lower limbs, as in bakers and dancers; but it also occurs between similar limbs, especially the arms, in cases where one of these limbs is actively employed while the other remains in a more or less complete state of inaction. This inequality, Dr. Duparcque observes, affects the length as well as the volume of the arms, and arises from two sources; viz., the predominant development of the exercised limb; and a kind of arrest of development in that which is condemned to inactivity. In some cases, as in jewellers, cutlers, and smiths, the right arm is lengthened; while the size of the left arm is increased in painters on porcelain. This abnormal development can only occur in subjects who have followed their occupation from an early age—before puberty or at its commencement, when the body is not yet fully developed. This inequality between similar and parallel limbs is regarded by Dr. Duparcque as of some surgical importance. The neglect or ignorance of its occurrence may produce mischievous results in diagnosis, in prognosis, and in operative procedures in those cases of injury, such as dislocation in fracture, in which an alteration in length forms an important feature. As a general rule, Dr. Duparcque says, in all cases of injury of the upper limbs from direct or indirect violence capable of producing fracture or dislocation, the occupation of the patient, and its influence on the development of the limbs, should be inquired into. (*Gaz. des Hôp.*, 7 Mars, 1863.)

## Reviews and Notices.

**ON EFFUSIONS OF BLOOD IN THE NEIGHBOURHOOD OF THE UTERUS; OR, THE SO-CALLED PERIUTERINE HÆMATOCELE.** A Thesis for the M.D. Degree. By HENRY TUCKWELL, M.A., M.B.Oxon. Pp. 41. Oxford and London: 1863.

**RESEARCHES AND OBSERVATIONS ON PELVIC HÆMATOCELE.** By J. BYRNE, M.D., M.R.C.S.E. Pp. 44. New York: 1862.

THAT a subject like pelvic hæmatocele, being comparatively new, and at the same time of practical importance, should furnish material for writers of monographs, is no more than may be expected; and, seeing that there is not yet, in English literature at least, an overflow of concise expositions of the nature and treatment of the disease, it must be conceded that the pamphlets whose titles stand at the head of this article cannot fairly be regarded as superfluities—provided that the authors have done their work well.

The two works appear under different circumstances.

Dr. TUCKWELL's essay, as the title-page informs us, is a thesis presented to the University of Oxford in accordance with the regulations to be

observed by candidates for the degree of Doctor of Medicine. In it he considers the history, pathology, causes, symptoms, diagnosis, prognosis, and treatment; and adds a well-arranged table of ninety-eight cases, collected with evident industry from numerous sources.

Dr. BYRNE's memoir is intended as supplementary to a paper read before the New York Academy of Medicine, and which was chiefly occupied with a description of a case of pelvic hæmatocele. He here notices the history of pelvic hæmatocele; the definition of the term; the period of life at which the disease occurs; its causes, symptoms, diagnosis, and treatment.

Both authors have performed their task in a very satisfactory manner. Those practitioners who wish to have a complete though succinct *resumé* of the present state of knowledge regarding "effusions of blood in the neighbourhood of the uterus", collected with judgment and interspersed with remarks indicating a practical as well as a literary study of the subject, will find in Dr. Tuckwell's thesis all they can desire. Dr. Byrne's pamphlet is, too, well calculated to effect its object—that of communicating to his professional brethren in America the knowledge which has been attained regarding the disease in question, together with such further observations as he has been enabled to make in his own practice.

**ILLUSTRATIONS OF THE SURGERY OF THE FEMALE PELVIC ORGANS.** In a Series of Plates taken from Nature; with Physiological and Pathological References. By HENRY SAVAGE, M.D.Lond., F.R.C.S., Physician to the Samaritan Hospital for Women. London: 1863.

Dr. SAVAGE has been led, we learn from his preface, to the publication of this work by finding a vast amount of discrepancy (and therefore in some quarters of imperfection) among authorities who have treated of the anatomy of the female pelvic organs. "In this dilemma," he says, "there seemed but one course to take without presumption; and that was, to bring candidly and fairly the various authorities to the test of the dissecting-table." The result of the author's investigations has been the production of the twelve plates comprised, with the comments thereon, in the works before us. We are informed that "all the illustrations, with only two exceptions, are taken from original preparations"; and the author acknowledges his obligations to Mr. Jas. Traer, an "anatomist of acknowledged skill and experience", for the preparations from which the first eight plates have been copied.

The first Plate represents the Vulva, and the Muscles, Arteries, and Nerves of the Perineum.

The second Plate contains four figures; viz.: 1, the Superficial Veins of the Perineum and Perineal Portion of the Erectile Venous System in the Female; 2, the Bulb of the Vagina; 3, the same, with so much of the Vulva as is necessary to show the immediate relations of the Bulb; 4, Side View of the Erectile Venous System in the Female.

In the third Plate are shown the Arteries of the Female Pelvic Organs.

In the fourth Plate are two figures, representing, 1, a Median Section of the Pelvis and Inferior Half of the Abdomen; and 2, the Bulb of the Ovary.

Plate fifth also contains two figures, in which are shown, 1, the Superficial Fascia of the Female Perinæum and the Vulvo-Scrotal or Pudendal Sac; and 2, the Deep Perinæal Fascia, etc.

In the sixth Plate, one figure gives a View from above of the Female Pelvic Organs in their Natural Relations; and a second, the Antero-posterior Relations of the Viscera.

In the seventh Plate are four figures: 1, a Perpendicular Section of the Pelvis in the Median Line; 2, a Horizontal Section of the Pelvis through the Body of the Os Pubis, Acetabulum, and Sacro-iliac Joint; 3, Perpendicular Section passing upwards through the Middle of both Tubera Ischii; 4, Perpendicular Section from below upwards through the Perinæum, about an inch to the left of the Pubic Symphysis.

The eighth Plate contains six figures, of which two represent the Nerves of the Unimpregnated Uterus; and the others, a Median Section of the Uterus through the Fallopian Tubes; the Pubic Termination of the Round Ligaments; the Contents of the Alar Mesentery; and a Virgin Ovary divided longitudinally through its Middle.

In the ninth Plate are two figures representing the Mechanism of the Structures supporting the Uterus and opposing its Displacements; a third figure represents the State of Parts in Uterine Retroversion; and a fourth gives the Vulva in Outline, to show the Situation of the Vulvar Muciparous Follicles.

In the tenth Plate, the author has delineated the chief varieties of Perinæal Plastic Surgery for the Radical Cure of Complete Prolapsus Uteri and Lacerated Perinæum.

The eleventh Plate is reduced from the plates of Mascagni, Cruickshank, and Hunter; and contains, in two figures, the Superficial Pubic and Inguinal Lymphatics and Glands; and the Lumbo-iliac Lymphatics and Glands, with the Lymphatics of the Gravid Uterus and Appendages.

The twelfth Plate "is a set of schematic outlines, referring chiefly to Uterine Displacements".

In the comments on the eighth Plate, Dr. Savage gives the name "alar mesentery" to the process of peritoneum usually denominated the broad ligament of the uterus. It contains the ovary, and its appendages—the Fallopian tube, and the organ of Rosenmüller or female epididymis. The contents of this part, the author observes, "are exactly homologous with the contents of the scrotum".

"In the male, the organ of Rosenmüller becomes the epididymis; the upper set of cæcal tubes" (of the Wolffian body) "are reduced to hydatidiform swellings; the lower set appear as the vasa aberrantia; the middle set become the coni vasculosi; the Wolffian duct is now developed into the vas deferens; and the duct of Müller is seen as an atrophical remnant, presenting sometimes minute cystic swellings in its course, lying along the anterior border of the epididymis; its cæcal end projecting from its head is now the 'hydatid of Morgagni'."

Dr. Savage's plates and comments are worthy of being carefully studied by anatomists and surgeons.

## British Medical Journal.

SATURDAY, APRIL 25TH, 1863.

### WHEN SHOULD THE WINTER LONDON MEDICAL SESSION COMMENCE?

THE winter medical session commences at the beginning of November in Edinburgh and Dublin: why does it commence in London in October? We suppose it would be difficult to give any answer to the question, beyond that of its having been so arranged by custom. We are not aware that there is any particular advantage gained thereby to the medical student who commences in October over him who commences his studies in November; but we believe it may readily be shown that it would be in several ways a great gain both to the student and the professor if business were begun in London at the same time that it is begun in Dublin and Edinburgh.

Mr. Charles Hawkins on one occasion called the especial attention of the Medical Council to this subject, and has, in a letter to that body, shown how very much this change of month would be to the benefit of the student of anatomy; but the Medical Council, true to its character of interfering with none of those things which everybody thought were the special objects of its care and surveillance, cannot, of course, do anything in the matter. "*The subject does not lie within the province of the Council,*" is their answer to Mr. Hawkins. We imagined that the Council certainly had something to do with superintending medical education; and, as this proposal of Mr. Hawkins is certainly one affecting medical education, we should have naturally thought the matter might well have been considered by them. But *dis aliter visum*. Our readers, nevertheless, shall see whether or not the proposal is reasonable. We think it is one which addresses itself strongly to the interests of the parents and guardians of students, as well as to the interests of the students themselves.

Mr. Hawkins is the inspector of anatomy; and he informs us that, "since he has held the office, he has found it impossible to procure a sufficient supply of subjects for the 1st of October." The consequence of this is, that the students, fresh from the country and anxious to work, become disappointed, and contract idle ways at the very commencement of their studies; so that, later on in the session, when the supplies become more abundant, they are apt to lose the inclination for the work, and have not unfrequently also got rid of the money which was to have been spent in the purchase of "parts".

ROYAL INFIRMARY, EDINBURGH. Dr. John Struthers has resigned his appointment as one of the surgeons to the Edinburgh Royal Infirmary, on account of the occupation of his time with his anatomical duties.

We learn from the Registrar-General's Reports that the number of deaths in London workhouses during one past session was as follows :

In 1859.	October . . . .	439
"	November . . . .	407
"	December . . . .	678
In 1860.	January . . . .	460
"	February . . . .	518
"	March . . . .	669

From this it appears that two hundred more persons died in March than in October ; but at the middle of March the students, as we well know, begin to grow weary of work ; the schools, which in October are crying out for subjects, now decline to receive them ; " the teachers informing me", says Mr. Hawkins, " that the pupils have ceased to dissect, or are preparing for examination." This shows the supply is most abundant when the demand is least. When the bodies are wanted, the supply runs short ; and when the supply is abundant, the demands are very small.

Mr. Charles Hawkins says, truly enough, that if the session commenced in November, he should then have a much better supply of subjects to offer the students than he has now in October ; that is, at the time when it is most desirable that the student should not have an excuse for not working—viz., at the very beginning of the session. We have to rely for a supply for the commencement of the session upon the latter end of September, at which time the mortality among those whence the supply comes is very small.

Teachers, we are informed, are generally quite agreeable to the proposed change ; and, considering that it would be of much advantage to the student, why then should not the change be made ? We believe, as we have said before, that the dead weight of custom and practice is the sole reason which can be suggested for the retention of the present system ; and, as the Medical Council decline to interfere in the business, it becomes everybody's affair—that is, nobody's—to take the initiative ; and, consequently, nobody moves in it. We, however, venture to bring the matter before the notice of *paterfamilias* ; for, after all, the matter is one which is of most essential interest to him ; and we think we have clearly shown that the change would be every way of advantage to his student son. No doubt a strong expression of opinion on his part would effect the change, if no more valid reason than any which has yet been offered can be raised against it.

If the session were to commence on the 1st of November, as in Ireland and Scotland, the period devoted to dissection would not, in fact, be curtailed. At present, the winter session is not, practically, of more than five months duration. The first fortnight in October is, as we have shown, usually

wasted for want of subjects ; and then again at Christmas we have a ten-days holiday, which, as far as dissection is concerned, may be called a three-weeks holiday, inasmuch as that the schools decline to take bodies for a week before the Christmas holiday commences ; and, as we well know, active operations in the dissecting way cease towards the middle of March.

Now if, as has long been the wish of many teachers, the anatomical season commenced in November, the Christmas holiday were curtailed to two or three days, and dissection were steadily pursued from the very beginning of November up to the end of March, we should have five months during which this most important part of the student's business could be continuously and effectively prosecuted ; and we will venture to say that a five-months session, well employed, is amply long enough for the useful imbibition by the student of instruction from lecture-teaching.

The *British and Foreign Medico-Chirurgical Review* has in its last number some pertinent remarks on this subject. Indeed, it makes there one statement which indicates a rather deplorable state of things, and which is well worthy of the serious consideration of our examining medical boards. We there learn that, when Mr. Charles Hawkins was appointed inspector of anatomy, the lecturers of the different schools informed him that the supply of subjects requisite for the proper teaching of pupils was half a subject to each pupil during the winter session. Now we learn that, in the session just concluded, the extent of the supply which the inspector has been able, not to afford, but to induce the schools to receive, falls short of that required number by upwards of a hundred and fifty bodies ! This is a very serious affair, for it demonstrates conclusively that this most basic portion of the student's business is defectively performed—that the students, in a word, are not properly educated in anatomy ; and, strange to say, that the supply of subjects far exceeds the demand for them.

We cannot for a moment believe that such a state of things results from any want of desire to learn on the part of the student ; but we believe and trust that it may be very fairly traced, in great part at least, to the fact of the winter session commencing in October instead of in November. Of course, any innovation of the nature here proposed will be resolutely opposed by a certain class of minds, which cannot bear the shock of the slightest deviation from the routine in which they have long lived and flourished. We have, however, a firm belief that, amongst teachers in general, there is considerable unanimity as to the propriety of adopting the proposed change ; and we must add, that if, as it would really appear, we are turning out our students defective anatomists, a heavy responsibility will rest on the heads

of those whose business it is to provide for the student's education, if they do not at once take steps to remedy the deficiency. Are we to conclude, after all the efforts made by Colleges of Surgeons to render dissection a great fact—a *sine qua non*—in the student's life in London, that the grinder is really the great anatomical preparer of our youths for examination?

### WHAT IS A MEDICAL, AND WHAT A SURGICAL DISEASE?

It is reported that a great surgical authority, when asked what, in his idea, was the distinction between medical and surgical diseases, replied: "Every patient who comes to me with a fee in his hand I regard as a surgical case. All patients who come for gratuitous advice, I consider, belong to the physicians." One is reminded of this amusing way of stating the case by the definition of surgical disease which is given by Mr. Lawrence in his recently published *Lectures on Surgery*. Mr. Lawrence there tells us:

"The boundaries of surgery have not hitherto been, and perhaps cannot be, very clearly defined; and the line of demarcation between it and physic is by no means easily traced. Considering the distinction between them to be a mere matter of arbitrary usage, I employ the word surgery in its common acceptation; understanding it to include 1st, injuries of all kinds; 2ndly, the greater part of external and local complaints; 3rdly, such internal affections as produce changes recognisable externally—for example, alterations of figure, colour, or consistence; 4thly, all cases requiring external topical treatment, operations, or manual proceedings of any sort."

Now we apprehend that, without any great exaggeration, or, in fact, without any stretching at all of Mr. Lawrence's idea, the definition here given may be made to embrace every disease under the sun that flesh is heir to. The distinction between medical and surgical diseases, as Mr. Lawrence admits, is in truth as difficult of being defined as the limits, for example, of the animal and vegetable kingdoms. Regarding, therefore, the subject from a surgical point of view, no doubt the surgeon does well to make his idea of what surgery embraces sufficiently comprehensive. Mr. Lawrence has, however, we are bound in justice to say, been logical in accepting the conclusion which necessarily or naturally flows from his premises. He admits that the attempt to make a distinction between the medical and surgical nature of diseases is vain and artificial. Nothing of this modern distinction occurred in ancient days. Greek, Roman, and Arabian writers give no trace of such a thing. Hippocrates, Galen, and Celsus treat indifferently of fevers and injuries and operations.

Then came that night of darkness which followed on the extinction of the Roman Empire, and continued until the revival of letters in the West of

Europe. During that period, medicine and surgery were taken in hand chiefly by the only educated men of the time—the ecclesiastics; but in 1163, at the Council of Tours, the Church declared its abhorrence of the shedding of blood—that is, by its own ecclesiastical hands; and, therefore, priests and monks were obliged to forego all operative surgery in which the flow of blood was concerned. The consequence of this was, that barbers and mountebanks then appeared upon the stage, and took up the operative department of medicine; and this tribe gradually grew and became important in its generation, and at length obtained acts of incorporation in this and other countries. And so was established the race of barber-surgeons.

This unnatural division between medicine and surgery, and its association with the barber's art, Mr. Lawrence goes on to tell us, long outlived the reasons which produced it. In this country, the union of barber-surgeons came to an end about the middle of the last century. In some parts of Europe the union still to this day holds good. But though the separation of the barber's from the surgeon's art was then effected, it does not appear clear to us that the establishment of the College of Surgeons in any way tended to further the union of that "medical knowledge which is the indispensable guide to the time and mode of the application of surgery". In fact, it may perhaps be not unfairly suggested that the highly ("pure") surgical character which that institution has always endeavoured to maintain has tended in no slight degree to foster the unnatural division between medicine and surgery which, Mr. Lawrence tells us, sprung up or out of the "dark ages", and which has firmly held its ground up to this very day, despite of its "dark" origin.

Mr. Lawrence, in his most invaluable Introductory Lecture, then goes into the body of the argument, and shows how quite impossible it is to make any such division—how purely artificial and thoroughly unreasonable it is. He demonstrates how unnatural such distinction is—how completely opposed it is to that unity of design, and coordination, and conjunction, and sympathy, under which every item of the human frame is associated with the rest of it.

It is impossible to read these brilliant reasonings of Mr. Lawrence without recalling to mind the fact that it is some thirty-three years ago since he first uttered them. Perhaps no greater proof of his high genius could be given than the fact that he could in those days, when surgery was so pure; when pure surgeons, indeed, affected to divide the practice of the physician; and when, in fact, medicine was a thing utterly disregarded by the Royal College of Surgeons—so clearly and boldly state the argument, which, with all our modern enlightenment,



could not be more felicitously and effectually put at this day than as we find recorded by him.

We would call especial attention to the unanswerable statements made by Mr. Lawrence in this Introductory Lecture of his. The facts in it are becoming of daily more importance, because the logical deductions resulting from them are being reduced to actual facts. Colleges of Surgeons and Physicians have already combined together to insure the production of a class of practitioners who shall be versed in medical as well as surgical, and surgical as well as medical knowledge. The College of Physicians of London, too, acknowledging the excellence of Mr. Lawrence's views, some time since did its best, but, unfortunately, in vain, to reduce them to practice, by bringing about, in connexion with the London College of Surgeons, the natural union of medicine and surgery, so powerfully illustrated by Mr. Lawrence. The College of Surgeons is still too "pure" for such an union. But the College of Physicians was not to be stopped in its course, and has, therefore, established its own examination in surgery. The College of Physicians has determined thus to announce that, in its view, a knowledge of surgery is requisite in the accomplished physician; although the College of Surgeons will not assert by its examination the still more important conclusion of Mr. Lawrence, that a knowledge of medicine is requisite to the accomplished surgeon.

#### BROMWICH v. WATERS.

DR. RAMSBOTHAM accuses us of having misrepresented him. We should be very sorry if we thought we had done so. We stated that Dr. Ramsbotham had pronounced the treatment practised by Dr. Waters to be "improper," and in doing so we simply used the very words of the judge himself to the jury. Dr. Ramsbotham says the judge was not "warranted in putting it in that way to the jury." But surely Dr. Ramsbotham will not deny that, whatever his words were, the impression left by them on the mind of the judge was to the effect that the treatment was "improper." So the judge charged the jury; and so doubtless the jury received the evidence. There can, therefore, be no doubt, at all events, as to the effects produced against Dr. Waters by the evidence. As regards another point in which Dr. Ramsbotham says he has been misrepresented by us, we beg to state, that the words we used, which were given in inverted commas, were taken *verbatim* from the *Chester Courant*. We admit, and gladly do so, that the report of Dr. Lee's evidence in the *Chester Record* gives a different version of the point referred to; and does not associate Dr. Ramsbotham with Dr. Lee in the opinion that "no ulceration had ever existed at all, and that the speculum

had been grossly abused." We, therefore, willingly withdraw any remarks prejudicial to Dr. Ramsbotham which were deduced from the erroneous statement made in the *Chester Courant*. But really we cannot see how we have done Dr. Ramsbotham any "grievous wrong." We judge of his evidence by its fruits, by the effect it produced on the mind of the judge and the jury, and we find that, whatever Dr. Ramsbotham's intention might have been, the effect was, in so far as it went in the judge's opinion to condemn Dr. Waters's treatment, to aid in the attempt of bringing home, against a most innocent man and brother physician, one of the most infamous and false of accusations. It seems to us that it is Dr. Waters who has suffered a "grievous wrong." Surely Dr. Ramsbotham does not think Sergeant Shee would have put him into the witness-box if his evidence had been of no use to the prosecution! Does Dr. Ramsbotham not see that, but for the medical evidence, the case could never have gone into court—that it had not a leg to stand upon? But what can be more conclusive as to the effects of the medical evidence, than the words of the judge himself in his summing up?

"Now, if you come to that conclusion, namely, that the treatment was improper, and was directed to that end—it is no doubt an enormous corroboration of the young woman's statement. If you once conclude that Dr. Waters's treatment of her was of so improper a character, that he must have known he was doing wrong, and that he must have had some bad motive in view, that could be the only one which she imputes to him. First of all, let us see, is that made out, that the treatment was so improper? You have had called before you members of the medical profession of the greatest eminence. I make no observation on the evidence of Dr. Robert Lee; he is a gentleman of experience, beyond doubt, but not a very satisfactory witness. He seemed to be in a state of great excitement, and the effect of his evidence was, that the treatment was improper. You have had Dr. Ramsbotham, who, I think, gave his evidence in a very satisfactory manner, who also stated that the treatment, in his opinion, was improper. . . . Undoubtedly, if you are satisfied, upon the evidence of Dr. Ramsbotham and Dr. Lee, that the four gentlemen called for the defendant are so wrong that Dr. Waters could not have treated the case in the way he did under a fair mistake, you must come to the conclusion that he was treating it foully and wrong for some improper purpose."

It will be time enough for Dr. Ramsbotham to complain of a "grievous wrong," when he has satisfied the profession and the public that Mr. Justice Bramwell knows so little of his business as to charge the jury that a witness gave evidence diametrically opposed to what he really did give. The above remarks of the judge show clearly enough what was the impression made upon his mind by Dr. Ramsbotham's evidence; and we think that in such a matter most people will be slow to suspect the fallibility of the judicial mind. Indeed, it would appear that the judge relied on Dr. Ramsbotham's as the chief evidence condemnatory of Dr. Waters's practice, because Dr. Taylor gave no opinion on the me-

dical question, and because Dr. Lee's evidence was "unsatisfactory."

We shall take a future opportunity of showing how distinctly the evidence given by Drs. Lee, Ramsbotham, Taylor, and Gully, was evidence for the prosecution.

### THE WEEK.

OUR London members will see, by an advertisement in this day's columns, that a special general meeting of the Metropolitan Counties Branch is summoned for Tuesday, May 5th, "to consider the subject of medical evidence in courts of law". We believe that the kind of evidence given in the recent case of *Bromwich v. Waters* will be specially commented on; and we trust that the members of the Branch will make it their duty to attend, in order to express an opinion on the important questions which will be brought forward.

WE are glad to find that the suggestion made by Mr. Charles Hawkins, and referred to in the JOURNAL a short time back—viz., "that a collection of engravings of medical men should be commenced at the Royal Medical and Chirurgical Society"—has been promptly acted upon. Mr. Soden of Bath has most liberally presented to the Society the very interesting collection of portraits formed by his late lamented father—a collection, we believe, quite equal to those either of the late Mr. Wadd or Mr. Squibb. We trust that so laudable an example will be quickly responded to by the Fellows generally, so that the Society may soon be in possession of an unrivalled collection of portraits of medical men.

WE are informed that it is the intention of Professor Czermak to visit London again early in May, for the purpose of shewing the use of the laryngoscope; and that he intends having classes for instruction in it.

MR. T. M. KENDALL, F.R.C.S., has been appointed medical attendant on their Royal Highnesses the Prince and Princess of Wales, when residing at Sandringham Hall.

THE sudden death of Professor Moquin-Tandon is announced. His death resulted from disease of the heart. He had for some time past suffered from symptoms of cardiac disease; but he shunned auscultation, and would not even allow his pulse to be felt. "On the Monday he was, as usual, in his place at the Institute; and on Tuesday, after presenting a paper at the Academy of Medicine, passed the evening with an illustrious and *savant* general, and returned home in his usual health. He had scarcely fallen asleep when he was awakened by a pain in the region of

the heart, and then suddenly expired." M. Moquin-Tandon was fifty-nine years of age. He succeeded Achille Richard in the Chair of Botany and Natural History at the Faculty of Medicine of Paris, and was member of the Institute and of the Academy of Medicine. At the time of his death, he was engaged in finishing a work on which he had bestowed much pains—*The Natural History of the Sea*—which will be shortly published. M. Moquin-Tandon was not alone a man of science; he was distinguished for his literary abilities, and by his affability; and the charm of his wit had gained for himself the hearts of very many friends. Consequently, as we read, an immense assembly attended his funeral. The Academy of Medicine, the Faculty of Medicine, the Zoological Society, the Society for the Protection of Animals, and many other charitable societies, were represented by deputation. He left a distinct order that no oration should be given over his grave. "The eloquent voice of M. Coquerel, minister of the reformed religion, was alone heard in the cemetery." "M. Coquerel dwelt especially on the eminently religious character of the deceased; and showed that, amidst all his scientific labours, M. Moquin-Tandon had found time to write in defence of his religion—the reformed."

IN his annual report, Dr. Stiff, Superintendent of the Nottinghamshire Lunatic Asylum, makes the following interesting remarks in reference to the causes of insanity:—

"The number of admissions, 91, is 30 below that of the year 1861. The decline has been general throughout Nottinghamshire, though not equally distributed. There have been 13 fewer received from the county; 14 from the borough of Nottingham; and 3 from Newark. This is contrary to general expectation, especially as the passing of an Act of Parliament, whereby the charge for the maintenance of lunatics was transferred from the parishes to the common fund of the union, led to the supposition that certain patients then detained out of the asylum might be sent in, in consequence of individual parishes being no longer liable for the payments. It might also have been expected that the depression in the various branches of the cotton manufactures carried on in this county, would have raised the number of admissions into the asylum, directly, by the resulting poverty acting as a cause of disease; and indirectly, by rendering persons of limited means unable to provide for their insane relatives, otherwise than as paupers. These fears have proved groundless; and, without entering into any lengthened discussion upon the question, it will be sufficient to remark, that more extended experience tends to lessen the importance of moral causes, such as reverse of fortune, pride, ambition, etc., as agents in the production of insanity; and it seems highly probable, that the healthy condition of the population generally during the last year—the diminished risk of physical injuries—and the lessening of the means for indulging in habits of intemperance, have more than compensated for the depressing effects arising out of a partial stoppage of employment. In reference to this subject, it is worthy of note, that the distress which existed in Coventry and its neighbourhood in 1860 and 1861, was not accompanied by any corresponding increase in mental disorders."

The Academy of Medicine has been for many weeks past engaged in a most elaborate discussion of drinkable water. The wind-up of the debate seems to lead to the conclusion, of which we should suppose every living soul, not living out of the regions of civilisation, is already well aware:—That by the term good drinkable water is meant water “which is clear, limpid, well-aerated, cool in summer, and moderately cold in winter, containing a small amount of calcareous salts, which will cook vegetables without rendering them hard, and will readily dissolve soap.” This is what M. Poggiale tells us is the conclusion of all this grand talk. The Academy has not itself produced any resolution on the subject.

M. Mattei tells us that disease of the suprarenal capsules is not so rare as people generally imagine. He has found these organs affected twenty times in 310 autopsies. According to him, Addison's disease does not consist in an alteration of the suprarenal capsules, but in a neurosis of the great sympathetic.

The Chair of Clinical Medicine at Genoa is vacant, and likely to remain so. There are plenty of candidates, but no one candidate can obtain the number of votes necessary for his election. Each member of the jury has, it appears, his special favourite, and, on each occasion of voting, backed his own man; so that at last the *concours* ended in a blank.

M. Ehrmann has been elected corresponding member of the French Academy, in the section of medicine and surgery, in the place of M. Bretonneau.

M. Chapelain informs his Academy that he has established a “School for Brewers”. Schools of this kind have, we believe, been long established in Germany, where beer is so extensively fabricated.

Water being taken as unity, the mean density of the earth has, M. Faye says, been estimated at 4.39 by MM. Carignani and Plana; at 4.71 and 5.32 by Scotch observers; at 5.45 by Cavendish; and at 5.65 by Davy; and at 6.57 by Airy, by means of the pendulum.

The practice of medicine in Turkey has just been put under legal protection. Heretofore any person could practise medicine or surgery in that country, and sell drugs. In future, no one can take the title of Doctor who does not possess a diploma, or a special permission to practise physic. Foreign doctors are allowed free liberty of practice in all parts of the empire. All that is required of them is, that they register their diplomas, and submit to an examination, or, at all events, a scientific conversation—*colloquium*. Moreover, they must pay for the favour 500 *piastres* (650 *francs*). Having obeyed these injunctions, they will be registered, and possess all due rights. The *pharmaciens* are supplied with a list of registered doctors, and are forbidden to make up a prescription of any other person. One

curious clause in this law is, that *sages-femmes* are expressly forbidden to administer ergot of rye.

MM. Trousseau and Dumontpallier give us a new test to show the presence of sugar in the urine. It is iodine, which, we are told, is decolorised by diabetic urine. These gentlemen were engaged in observing the effect of tincture of iodine on urine containing biliary matters; and, on March 25th, put a few drops of the tincture into a test-glass containing diabetic urine of specific gravity 1037. “The diabetic urine, which was nearly colourless, on the addition of the tincture at first took the colour of barley-sugar; but, to our great astonishment, the colour gradually disappeared, and, in the course of a few seconds, the urine again became perfectly colourless.” If this fact were constant, the authors concluded that they had discovered a new and convenient test for diabetic sugar. They, therefore, repeated the experiment with the same urine, and with the urine of other diabetic patients; and invariably with the same results. The decolorising effect of the diabetic urine over the tincture of iodine, they find, is greater in proportion to the greater density of the urine; and they also note that diabetic urine alone has the property of rapidly decolorising the tincture of iodine. They consider, moreover, that by means of a standard solution of tincture of iodine, the quantity of glucose in the urine may be estimated.

M. Bousquet has read a paper at the Academy of Medicine on the subject of vaccine, and the following are the conclusions arrived at by him:—1. If Jenner did not actually demonstrate experimentally that vaccine may be originated from the horse, he at all events had a presentiment of the fact, and put his successors on the road to the discovery. 2. Vaccine may and does arise indifferently both in the cow and in the horse. 3. There are still doubts as to the nature of the disease in horses which produces vaccine. 4. Although vaccine does not proceed from the small-pox, it is a very analogous disease; and it is through this analogy that the two eruptions have the power of supplementing and of taking the place the one of the other.

Mr. Cayley has been elected Corresponding Member of the French Academy, in the Section of Astrology.

M. Desmarres, the son of the oculist of that name, was lately summoned before the tribunal to answer for the loss of sight of two patients who had been treated for purulent ophthalmia. M. Jules Favre appeared for the blind, but his eloquence failed to obtain for them a verdict. We do not read that any of M. Desmarres' *confrères* appeared in the witness-box to give evidence that through his negligence the eyes were lost!

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

#### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thursday, April 30, 7.15 P.M.
METROPOL. COUNTIES. [Special General.]	37, Soho Square.	Tuesday, May 5, 4 P.M.

### EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Rose Hotel, Canterbury, on Thursday, May 7th, at 3 P.M.

Dinner will be ordered at 5 P.M.

THOMAS BOYCOTT, M.D., *Hon. Secretary.*

Canterbury, April 20th, 1863.

### MIDLAND BRANCH: QUARTERLY MEETING.

A QUARTERLY meeting of this Branch was held in the Board-room of the Lincoln County Hospital on March 27th; T. SYMPSON, Esq., President, in the chair. Eight members and visitors were also present.

*Chopart's Operation.* The PRESIDENT, after referring to various matters of interest, said he wished particularly to dwell on the subject of a paper entitled, On the Superiority of Chopart's Operation and Excision of the Ankle in all cases admitting of their Performance, read by Mr. Hancock before the Medical Society of London, on January 5th last, as being at the present time of great importance to all practical surgeons, and of special interest to the members of the Branch from two of the operations therein considered (amputation of the foot after Syme's and after Pirogoff's methods) having recently been performed with success in the hospital, in the Board-room of which they were then assembled. The President gave a summary both of the contents of Mr. Hancock's paper, and of the discussion following the reading of it; and then proceeded to remark on the energetic manner in which Mr. Syme, in his *Observations on Clinical Surgery*, deprecates the so-called "improvements" in his mode of amputating the foot. Having met his objections, he showed that Pirogoff's was not the useless operation Mr. Syme appeared to consider it, read brief notes of a successful case lately under his own care, and concluded by calling the attention of his hearers, as showing the importance attached to the consideration of the subject, to a recent discussion at the Pathological Society on the relative merits of the different operations alluded to.

*Papers.* The following papers were read and discussed:—

1. Dislocation of the Knee-joint. By C. Brook, Esq.
2. Puerperal Convulsions. By S. Lowe, Esq.
3. Case of Inflammation of Left Femoral Vein, followed by the formation of an Abscess round the Right Shoulder-joint; Symptoms of Pyæmia; Recovery. By G. Mitchinson, L.K. & Q.P.I.

*New Medical Society.* A proposition was made by Mr. SYMPSON, that a medical society be formed for Lincoln and the neighbourhood, and some rules were adopted.

The members were afterwards entertained by Mr. Broadbent at his residence.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 14TH, 1863.

RICHARD PARTRIDGE, Esq., F.R.S., President, in the Chair.

THE SUCCESSFUL TREATMENT OF SEVERE STRICTURE OF THE URETHRA BY GRADUAL DISTENSION AT A SINGLE SITTING. BY HENRY THOMPSON, ESQ.

IT was the author's object to illustrate and explain a new method of treating severe or obstinate strictures of the urethra; i.e., those which are little benefited by dilatation. Its novelty did not consist in the mere production of some alteration or improvement in existing mechanical contrivances, but in the adoption of a mode of action on the stricture itself, different from those which characterised any of the other systems of treatment pursued at the present day. The author showed in what it differed from dilatation, simple and continuous; from rupture or "instantaneous treatment;" from cauterisation; and from incisions. He illustrated the proceeding, which he distinguished by the term "gradual distension," and described the instrument employed to accomplish it.

By the process in question the strictured part of the urethra only was acted upon, and this not to a degree short of, but up to or even beyond the natural calibre of the canal, wherever the stricture might be situated. All this was accomplished at one sitting, but with gentleness and slowness, so as to avoid unnecessary rupture; the degree of distension being regulated with absolute certainty, and its extent indicated with accuracy, by apparatus in the handle of the instrument employed.

The object of the operator was not to rupture, but to over-distend the fibrous tissue constituting the stricture, so as to destroy, or at all events to impair, its natural tendency to contract. He aimed at attaining that result which occurs from the practice of over-distending vital tissues elsewhere—viz., to impair or destroy their contractility.

The class of patients for which this proceeding appeared to be best adapted was described, and illustrative cases were appended.

The instrument consists of two long and narrow steel rods, accurately applied throughout their entire length by the single plane surface which each possesses. The external surface of the rod is convex, so that together they form a nearly cylindrical instrument, but tapering towards the lower extremity, where they are closely united. At the opposite or upper end they are also united, and are surmounted by a handle resembling that of an ordinary sound. This handle is attached to a screw with a very fine thread, which being turned, causes the two rods to diverge very slowly and very gradually from each other at a given spot, about six inches from the handle. When the separation of the blades is effected, an index, placed near the upper end and connected with some numerals on a disc, shows the exact degree of extension made, by pointing out that number of the catheter-scale to which the distension existing at that moment is equivalent. The general form and contour of the instrument is that of a slightly curved catheter. When the screw handle is turned, the two rods separate, so as to form a long oval or spindle-shaped figure, the

long diameter being about three inches and a half or four inches in length, and the short diameter corresponding to the number of turns given to the screw, and varying between the slightest possible separation of the rods and an interval of about three-eighths of an inch, or even more.

The stem of the instrument has marked on it a graduation in inches, which commences one quarter of an inch below the point of maximum distension or centre of the spindle-shaped figure produced by the separated rods. It is that point which will correspond with the stricture when the instrument is placed in the urethra, so that the contracted portion of the canal undergoes the greatest amount of distension which it can be desired to produce, while the rest remains wholly unaffected.

The mode of applying the instrument is as follows. A medium or full sized bougie or catheter is first passed as far as the stricture, and the distance from it in inches to the external meatus carefully noted. Suppose it to be five inches, the operator, taking the distending instrument, places the little blue steel collar which slides on its shaft opposite to the figure 5, and passes the instrument through the stricture until the collar arrives at the meatus of the urethra, and prevents the instrument from entering further. The maximum point of distending power must, therefore, correspond with the narrowest part of the stricture. The act of distension is now commenced by making two or three turns of the screw-handle, and is continued by slowly turning it once every half minute, taking care at the same time to prevent the instrument from shifting its position by observing that the collar remains opposite the external meatus.

In a short time the index, gradually rising, shows that the calibre is reaching Nos. 10, 11, 12, and so on, until in a few minutes No. 14 or 16 has been reached, which latter limit is usually quite sufficient. The screw-handle is now slowly turned backwards, not the whole way, but until the index has retreated to about No. 8 or 9, when the instrument is withdrawn. The operator next passes a full-sized gum catheter into the bladder, and fastens it there, leaving it in place for about twenty-four hours. It is then removed altogether. All that remains to be done is to pass a full-sized metallic instrument every second day for a week, and after that at increasing intervals for a week or two longer.

# MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

WEDNESDAY, APRIL 1st, 1863.

Mr. LUND in the Chair.

*Irido-choroiditis.* Mr. THOMAS WINDSOR exhibited three cases of this disease for the purpose of showing the beneficial effect of Graafe's treatment by iridectomy. One of the cases, in a girl aged twelve years, had been for two years under various treatment, without even the effect of stopping further deterioration. There was phthisis bulbi on the one side; on the other, the iris was uniformly ash-coloured; and in contact with the cornea, there were synechia posterior totalis, and opaque lens; the eye was softened, and there was only moderate perception of light. Iridectomy was performed, and a week later, linear extraction of the lens. She can now easily find her way about, and make out with glasses words of No. 18.

*Chronic Glaucoma.* The same gentleman exhibited a case of this affection, on which he had, a few days previously, performed iridectomy.

*Fatal Intestinal Obstruction.* Dr. W. ROBERTS reported on the case of Dr. Murphy shown at last meeting. He considered that the obstruction was due to a diverticulum (diverticulum virum of Mickel), which had become inverted and so protruded into the bowel; the

effect of this was to cause a gradually increasing stricture of the gut above and an undue development of circular muscular fibre. The chief points which led him to form this opinion of the case were the seat of the lesion, and the presence of peritoneum within the concavity of the supposed inverted diverticulum.

*Exophthalmic Goitre.* Dr. J. O. FLETCHER read a long and elaborate paper on the subject of this disease, detailing six cases which had occurred to himself, and several others communicated to him by friends. The paper is too lengthy for condensation in this report, but will be published *in extenso*. The chief point of the author was to show that these cases are generally due to causes that depress the nervous system, such as over-anxiety, fatigue, and the like, that they are, therefore, to be looked upon as necroses, and may be treated accordingly with every hope of success. The sympathetic nervous supply to the coats of the vessels is the point immediately involving the disease, producing atony by its disordered condition. He also endeavoured to point out the probable or possible connexion between this state of things and that which has been described by Dr. Flint as cholesteremia.

A long and interesting conversation followed the reading of the paper, in which several members took part, confirming, in the main, the views advocated by the author.

*African Drugs: Erratum.* In the report of last meeting reference was made to one of these drugs, which was stated to be used by the natives as an internal remedy for itch, and Dr. J. O. Fletcher was accidentally stated to have tried it with apparent success. The disease in which he made a trial of it was not itch but prurigo.

## ODONTOLOGICAL SOCIETY.

APRIL 6TH, 1863.

### ON THE TREATMENT OF INFLAMED DENTAL PULP. BY SIENCE BATE, ESQ.

THE author advocated that for all practical purposes the conversion of the internal pulp into bone was very doubtful, after once an inflammatory action had been set up, and as a curative treatment most unsatisfactory. The treatment that he advocated was extirpation of the pulp by instrumental manipulation, if possible; if not, then by means of an escharotic. In order to do this, he differed from the plan which practitioners advocated; and exchanged a minimum for a maximum dose of arsenious acid, which he introduced into the cavity on a pledget of cotton-wool that had been previously dipped into creasote, and hermetically sealed it in with a temporary gutta-percha stopping. Mr. BATE stated that if this were properly effected, the operation was changed from a painful into an almost painless one; and that his experience for the last nine months had been that the fear of alveolar abscess so much complained of was *nil*.

The paper excited considerable discussion, in which Mr. Coleman, Mr. Tomes, Mr. Keene, and others, took part.

THE MEDICAL HISTORY OF THE AMERICAN WAR. We are glad to learn that the materials for the *Medical and Surgical History of the Rebellion*, now being collected by Drs. Woodward and Brinton, under the supervision of the Surgeon-General, are very abundant and valuable. The illustrations of the work, some of which are already completed as coloured lithographs, are in the highest style of American Art. The preparation of these volumes will involve a vast amount of labour; but in no way can labour be more usefully expended. We cannot over-estimate the value of this great enterprise to military, medical, and surgical science. (*American Med. Times.*)

## Correspondence.

### DR. RAMSBOTHAM'S EVIDENCE IN DR. WATERS' CASE.

LETTER FROM FRANCIS H. RAMSBOTHAM, M.D.

SIR,—In justice to myself, I must request you will afford me a short space more, to vindicate myself in the eyes of my professional brethren; because you have quite mistaken, and in your last number have again misrepresented, the evidence I gave at the late trial at Chester; and because I am very desirous not to lose the respect and good opinion of my contemporaries in the profession.

You say the judge told the jury I considered Dr. Waters' treatment "improper". This, I grant, he did; but, with all deference, I must say he was not warranted in putting it in that way to them, as the following *verbatim* report of all that was material, taken from the *Chester Record* of April 11th, will show.

After telling the court I had examined Mary Whalley with the speculum, in Dr. Lee's presence, on February 6th, I was asked:

"Serjeant Shee: Did you find any trace of disease about her womb and month of the womb?"

"Dr. Ramsbotham: The womb and mouth of the womb were as healthy as I ever saw the organ in my life.

"Serjeant Shee: If there had been an actual ulcer there, would it have left a trace?"

"Dr. Ramsbotham: If there had been a deep ulceration on the substance of the womb, there would have been a cicatrix—a scar.

"Serjeant Shee: If there had been mere excoriation, there would not?"

"Dr. Ramsbotham: Most likely not;—the mucous membrane is so reparatory that it soon loses all trace.

"Serjeant Shee: It is a fact within your knowledge, that the speculum has been very extensively used?"

"Dr. Ramsbotham: Very largely used in London.

"Serjeant Shee: In your judgment, is it right to use it for an unmarried woman?"

"Dr. Ramsbotham: I never used it myself in an unmarried woman [of good character], unless it had been previously used by some practitioner before I saw the patient. I have a great objection to its being used in unmarried women, and I would not use it unless I was driven to it. If there were great distress in the system, which appeared referable to uterine disease, and disease at the mouth of the womb, and I thought I could obtain relief by the use of the speculum, even in the case of an unmarried woman, I might use it; but such a case I have never met with." (So reported. I think I merely said: "Such a case does not occur to my recollection just now.")

"Serjeant Shee: Supposing there should be nothing but excoriation, would it be advisable to use it for any length of time?"

"Dr. Ramsbotham: I should say, generally speaking, that superficial ulceration gives way to six or seven applications of caustic, applied once or twice a week. I do not think I ever used it more than six or seven times [in any case] for ulceration of the kind I am speaking of.

"Serjeant Shee: Supposing it were found that a person—

"Dr. Ramsbotham: Will you permit me to make an addition to my last answer? namely, that the complaint of superficial ulceration has a great tendency to recur; and it is possible that within a month [or two] there may be another ulcer, which may require further treatment.

"Serjeant Shee: In what way do you find it necessary to apply the caustic?"

"Dr. Ramsbotham: It cannot be applied except by means of the speculum."

I then go on to say that, if fits such as Whalley had, which I characterised from the symptoms as cataleptic hysteria, appeared while the caustic treatment was being carried on, and I could trace their onset to the caustic, I should discontinue the use of it. I said also I thought, from what I had heard in evidence, that "the probability was the speculum or caustic had produced the hysteria here". I gave my opinion that women might conceive while totally unconscious. I said that medical treatment was very valuable in many cases of enlarged liver; that, in the early stage of pregnancy, rapid movement, such as riding on horseback or walking sharply up steep hills, might produce miscarriage, though not necessarily so; and that I should not recommend marriage as a cure for an ulcerated womb.

In cross-examination, I said that in cases of irritable uterus producing hysteria, where there was no ulceration, marriage would be desirable; that if hysteria persisted after an ulcer had healed, it might be useful, and might perhaps prevent a recurrence; that I did not think, under hysteria, there was always such "duplicité and cunning that the whole energies of the patient's mind were bent on deception"; because I knew many hysterical women who were as truthful and single-hearted as any women in the world, with no duplicity about them. I did not think that was the general feeling of the profession. But if it was Dr. Prout's opinion, as the passage had been read from his book, he was a very good man to follow. And my examination ended by my declaring my opinion that it is not necessary the woman should experience any feelings of sexual gratification in order that impregnation should take place.

Now, sir, I contend that there is nothing in the foregoing evidence impugning either Dr. Waters' judgment or treatment; and, therefore, to charge me with saying I considered his treatment "improper" is not correct. The only difference between his treatment and mine consisted in my saying I would have discontinued the caustic when I knew of the cataleptic hysteria; because it must be recollected he swore he used the caustic not ten times at the farthest; and that she was not a virgin when she first came under his care. Indeed, when I interrupted Mr. Serjeant Shee, and added that superficial ulceration had a great tendency to recur, I did that for the purpose of explaining why Dr. Waters might have found it necessary to continue to apply caustic for many months.

Notwithstanding all this, you have hurled some grave accusations at me, which you must bear with me while I refute.

You say Dr. Lee stated in his evidence that he had made an examination of Whalley in conjunction with me; and that we had both arrived at the same conclusion,— "that no ulceration had ever existed at all, and that the speculum had been grossly abused." A glance at my evidence, as given above, will prove that I did not utter such expressions; and Dr. Lee never said he and I had arrived at the same conclusion. What he did say is thus reported in the *Chester Record*. After stating that he had examined her, and found the uterus in the most healthy condition, there being no trace of any former disease having existed there, he is asked by Serjeant Shee:

"Did you afterwards examine her in the same way in consultation with Dr. Ramsbotham?"

"Dr. Lee: I did.

"Serjeant Shee: Did you then form the same opinion?"

"Dr. Lee: Precisely.

"Serjeant Shee: When was that?"

"Dr. Lee: The 6th of February. It was about the end of January when the first examination was made with Mr. Dunn, of Norfolk Street, Strand.

"Serjeant Shee: Do you consider that the application



of caustic would have been necessary in the case of Mary Whalley?

"Dr. Lee: Not when I saw her.

"Serjeant Shee: Should you say so from what you say of the absence of any trace of disease?"

"Dr. Lee: My opinion was that no ulcer had ever existed at all, and that the speculum had been most grossly abused?"

Dr. Lee mentions only his own opinion; he says nothing about mine in any part of his evidence. How is it possible then to twist his words into the declaration "that he and I arrived at the same conclusion that no ulcer had ever existed at all, and that the speculum had been most grossly abused." It was his own opinion solely which Dr. Lee uttered, not mine.

Again, you say, "Dr. Ramsbotham did not repudiate any of Dr. Lee's statements." How was I to do that? I never heard of one witness repudiating the statements of another in the witness-box unless questioned on the subject, which I was not. I apprehend if I had taken upon myself to declare that I differed from what Dr. Lee had said I should have received a well-merited rebuke from the judge.

You ask what hindered them (*i.e.*, Dr. Lee and myself) making themselves acquainted with Dr. Waters's version of the story before going into court? and say that Dr. Waters's solicitor told him the medical evidence was that on which his opponents chiefly relied. His solicitor may have said so; his opponent's solicitor did not tell me so. Indeed, they were aware that my evidence would be of no use to them, because I had told them so. But I would like to know how Dr. Lee or I could make ourselves acquainted with Dr. Waters's version of the story before going into court; when it was only by his evidence on oath at the trial that we could become possessed of it?

You say I confess to have tried to stop the action, because I believed the charge would fall to the ground. This is not exactly the case. I said I advised the lawyers to abandon the action because I was sure they would lose it. I used this argument to them, as being the most likely one to influence their proceedings. My real reasons were a consideration for Dr. Waters; the scandal which such an action must bring upon the profession; and because I thought it most unseemly that the use and abuse of the uterine speculum should be canvassed in open court. This would of course have no weight with them. They would not care about scandalising the medical profession, nor object to any discussion about the speculum, even in a court of justice.

But, sir, to show you how wrong are the inferences you have drawn, I will just detail, as briefly as I can, how I came to be a witness in the case; and you may thus form a judgment as to whether I was a willing witness, and whether I could help appearing.

A gentleman, whose face I fancied I had some recollection of, and whom I at first took for a medical man, called on me and asked me three or four medical questions. Some time afterwards, I was requested to make an appointment to meet a certain physician in a street in the Strand. On keeping my appointment, I found, not the physician named to me, who I was told could not attend at that hour, but Dr. Lee. The patient was Mary Whalley. Dr. Lee told me he had seen her a few days before. There were present also the same gentleman, I believe, who had called on me, and an elderly lady. I was told the patient was in the bed-room, and I examined her in Dr. Lee's presence. On my expressing my surprise to him that we should have been called on to see a patient apparently in good health, he told me, I think, that there was a trial pending, but he did not enter into particulars. My examination of her person took but a very few minutes; and on our returning to the sitting-room, the gentleman asked me if there was any disease of the womb existing, or evidence of there

having been any. I replied, none whatever. I was then told the nature of the trial; and I recommended it should be abandoned, and said my evidence would be of no service to them. To which the gentleman present, whom I then knew to be one of the solicitors engaged, replied they must have me to speak as to the state of the womb on that day. This I considered peremptory. After that the case in full was laid before me; and Dr. Lee and I met the counsel (with the exception of Serjeant Shee) and solicitors. On that occasion also, I told the counsel my advice would not serve them, and with Dr. Lee again urged the abandonment of the case.

Now, sir, when you compare my evidence, as taken down in short hand, with what you have reported I said, and my statement with your surmises, I think you will feel that you have done me a grievous wrong, which I am persuaded you will be ready to repair.

I am, etc., FRANCIS H. RAMSBOTHAM.

Edinburgh, April 20th, 1863.

## DR. SWAYNE ON BLEEDING IN PUERPERAL CONVULSIONS.

LETTER FROM R. PROSSER, ESQ.

SIR,—After carefully reading Dr. Swayne's eleven cases of puerperal convulsions, in all of which bleeding had been performed, it appears to me that he does not establish the value of bleeding at all, either in diminishing the frequency and violence of the fits, or in stopping them altogether. It is recorded of all the eleven cases, that they were bled from twelve to thirty ounces; but the fits continued at intervals with more or less frequency and violence. Now, if bleeding does good at all, it certainly does so immediately; as its effect upon the system is direct, and consequently immediate. Therefore, if Dr. Swayne could record that the fits were mitigated, or ceased immediately after bleeding, and not at a period of a day or two after, I should be disposed to believe that bleeding did good; or again, could Dr. Swayne or any one else bring forward cases in which bleeding was not resorted to, and the fits continued for a longer period and with greater violence than usual, or proved fatal, then I should consider that bleeding might have been of use. But the record of cases in which depletion was resorted to, counterirritation and cold applied, purgatives and antispasmodics administered, and delivery effected, with one death in eleven cases, shows not the value of bleeding, but the ordinary success of the practitioner. It appears to me that the ten successful cases related did not recover in consequence of being bled, but that they got well notwithstanding they were bled. The delivery seems in all these cases—as is generally observed—to have had the greatest share in tending towards the relief of the fits.

Offering this criticism in a candid spirit, I will very shortly offer for your publication cases which will tend to show, if not to prove, to every unprejudiced mind, the inutility, if not the perniciousness, of blood-letting in puerperal convulsions.

I am, etc.,

R. PROSSER, M.R.C.S. Eng.

Bromsgrove, April 8th, 1863.

## TWIN-CASES.

LETTER FROM WILLIAM COOPER, M.D.

SIR,—In animadverting on the unfortunate case of Dr. Philbrick, in the number of the JOURNAL for March 7th, you express the desirability of having on record the opinions of those experienced in midwifery, as to the course to be pursued in cases of twins, where the second child is retained beyond the ordinary period. In answer to this suggestion, I venture on the following remarks.

The commonly accepted axiom, that meddlesome

midwifery is always bad, applies with as much certainty to the management of twin-cases as to any other occurrence, normal or abnormal, which may present itself during the process of parturition. Forty-two cases of twins and one of triplets, occurring in a practice of over one thousand nine hundred cases of midwifery,\* have enabled me to test the value of the application of this doctrine to the cases in question. I have on record instances where eight, ten, twelve, sixteen, and twenty-four hours intervened between the birth of the first and second child, and the labour terminating with safety, both to the mother and children. In the case of triplets, a period of eight hours elapsed after the rupture of the second bag of membranes and the birth of the second foetus; version was required for the third, it being an arm presentation; the mother did well.

The period assigned as the period of inaction by writers on midwifery, is too various and indefinite to be acted upon with any degree of confidence, and the requirement would be better met by the proposition,—that no manual interference is necessary or justifiable until warranted by some deviation from the natural course of labour, which to the experienced accoucheur would at once declare the necessity of its adoption—such as abnormal presentation of the second child, hæmorrhage, convulsions, threatened exhaustion, etc.

In conclusion, I may mention that the utility of the ergot of rye is never more strikingly exemplified than in its administration in full and repeated doses in these cases; but I have not found its action to be in proportion to the nausea and vomiting it produces, as lately suggested by Dr. Graily Hewitt.

I am, etc., WILLIAM COOPER.

Bury St. Edmunds, March 21st, 1863.

## THE DIETARY OF THE AGRICULTURAL POPULATION.

LETTER FROM EDWARD SMITH, M.D., F.R.S.

SIR,—Will you permit me to ask my professional brethren living in agricultural districts to favour me privately with a statement as to any locality with which they may be acquainted, where the dietary is very poor, and also that of any other class of persons who habitually live upon a very low dietary?

I am, etc., EDWARD SMITH.

16, Queen Anne Street, W., April 1863.

\* The large proportion of twin-cases—about 1 in 45—in our correspondent's practice, is remarkable. Dr. F. Churchill gives 1 in 75 as the average frequency. EDITOR.

THE RELATIONS OF HEIGHT AND WEIGHT IN THE HUMAN BODY. In the *Statistical Society's Journal*, of March last, a very interesting table is given, showing the growth of the human body from 18 up to 30 years of age, indicated by weight and height. The averages were taken from upwards of 4,500 observations at all ages. Thus, a lad of 18, if he be 5ft. 4in. in height, speaking in round numbers, ought also to weigh somewhere about 8st. 10lbs. Given the age of 21, and the height 5ft. 5in., he should weigh 9st. 5lbs. Ascending still further, and assuming the age to be 25, and the height 5ft. 6in., the weight would be 10st. 5lbs.; and at 30 years of age, with a height of 5ft. 6in., we ought to have the result 10st. 11lb. In fact, so clear and demonstrable is this "law of increase in the growth of man," as determined by very extensive measurements taken at different times by scientific gentlemen, that we can almost work, as it were, in a rule of three sum, any one condition we like. Taking the converse of what we have already exhibited, we may say that if a lad of 19 weighs 9st. 4lbs., he ought to measure in height 5ft. 4in. and a little more; if at 22, 9st. 12lbs., he should be 5ft. 6in. in height, and so on. (*London Med. Rev.*)

## Medical News.

ROYAL COLLEGE OF PHYSICIANS. At a general meeting of the Fellows, held on Monday, April 20th, the following gentleman, having undergone the necessary examination, was duly admitted a member of the College:—

Antonisz, Peter Daniel, M.D., St. Andrew's, Ceylon

At the same meeting,

Nolloth, Edward,

previously an extra Licentiate of the College, was also admitted a member.

Also, at this meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Adams, Thomas Rutherford, Kilmoganny, co. Kilkenny

Barber, Henry, M.D. St. Andrew's, Cliverstone, Lancashire

Bisshopp, James, 1, Lawn Place, South Lambeth

Blunt, Thomas, Wigston Magna, Leicester

Boulland, Alfred Brocard, Merthyr Tydfil, South Wales

Campbell, Hugh, St. Paul's Grove, Canonbury

Carter, Thomas, Richmond, Yorkshire

Ellerton, John, M.D. St. Andrew's, Wakefield, Yorkshire

Forball, Frae is Hyde, Woburn Place, Russell Square

Harley, Edward, King's College

Holt, Edward, Fromley, Kent

Lyle, Thomas, Stratton, Cornwall

Mackintosh, Hugh R. D., The College, St. Bartholomew's Hosp.

Rawlins, William Peter, M.D. St. Andrew's, 2, Francis Terrace, Kentish Town

Reynolds, John, Truro, Cornwall

Roberts, John, Kidwelly, Carmarthenshire

Steward, Joseph S. pinus, Rosemere Hill, Cumberland

Wiltshire, Alfred, M.D. St. Andrew's, Malvern, Worcestershire

APOTHECARIES' HALL. On April 16th, the following Licentiates were admitted:—

Bevis, Charles, Sydling, Dorset

Fisher, Stephen Winter, Cotham Park, Bristol

Greaves, Charles Augustus, Wardwick, Derby

Kepple, Thomas, Newcastle-on-Tyne

Lewis, David, Bronayron, Llangatho

Mahony, Edward, Richmond Road, Dalston

At the same Court, the following passed the first examination:—

Rayner, Henry, St. Thomas's Hospital

Snook, James Walbridge, St. Bartholomew's Hospital

Warburton, Joseph Wilkinson, Royal Infirmary, Liverpool

## APPOINTMENTS.

BENNETT, Robert, M.D., appointed Coroner for the High Peak Division of Derbyshire.

LODGE, Robert T., M.D., appointed Surgeon to the Liverpool Pilots' Benevolent Society.

\* MITCHINSON, George, L.K. & Q.C.P.I., appointed one of the Physicians to the Lincoln Lunatic Hospital.

WALKER, William, L.R.C.P.Ed., appointed Paid Medical Officer to the Metropolitan Benefit Societies' Asylum.

## ROYAL NAVY.

GRAHAM, William, Esq., Assistant-Surgeon, to the *Orontes*.

MESSER, A. B., M.D., Assistant-Surgeon, to the *Caraçoa*.

PICKER, Richard, M.D., Surgeon, to the *Caraçoa*.

SABEEN, John C., Esq., Surgeon, to the *Orontes*.

## BIRTH.

MACKIE. At Inch, N.B. on April 10th, 1863, the wife of \*George Mackie, M.B., of a daughter.

## DEATHS.

BAINBRIDGE, John N., M.D., at 86, St. Martin's Lane, aged 63, on April 16.

BIRTWHISTLE, John, Esq., Surgeon, at Old Ford, Bow, aged 63, on April 11.

CHALK. On April 17th, at 3, Nottingham Terrace, Regent's Park, Emily, wife of W. O. Chalk, Esq., Surgeon.

ORKE. On April 17th, at Southampton, aged 79, Anne, wife of \*W. S. Orke, M.D.

WELLS, Richard F., Esq., Surgeon, at the Isle of Portland, on April 9.

## THE CASE OF DR. WATERS OF CHESTER.

MEETING OF MEMBERS OF THE LIVERPOOL  
MEDICAL INSTITUTION.

A SPECIAL general meeting of the members of this institution was held on Monday evening, April 20th, "to take into consideration the best mode of expressing sympathy with Dr. Edward Waters of Chester, in reference to a late trial which has taken place in that city." Dr. Vose presided.

Dr. McNAUGHT moved the first resolution:—

"That this meeting desire to express their hearty congratulations to Dr. Edward Waters of Chester on the result of a recent trial in that city, which leaves his character unsullied after sustaining attacks which have seldom been equalled for persevering malignity." He said it was scarcely necessary to express an opinion as to the malignancy of that prosecution, or rather persecution. That any one, and especially a man of Dr. Waters's high social and professional position, should be exposed to such base calumny in the exercise of pure Samaritan-like benevolence, and upon such wicked and worthless testimony, was truly deplorable. But what was Dr. Waters's case yesterday might be that of his (Dr. Macnaught's) hearers to-morrow; and some, perhaps, might not possess either the moral courage or the pecuniary resources necessary for the establishment of an insulted character, as he fought for and effected. Dr. Waters, therefore, richly deserved the congratulations of the whole profession for his energetic and manly conduct in resisting all attempts at a compromise. In fighting his own battle, gentlemen, he had also been fighting that of the profession; and after such an *exposé*, and such a triumphant verdict, it was to be hoped that credulous elderly vestals would not be so ready to place implicit faith in the cunningly devised tales of hysterical lascivious girls. If lawyers were better acquainted with the deception practised and the ingenuity often exhibited on points of immorality in some cases of that Protean malady, they would be less disposed to undertake such cases as that of *Bromwich v. Waters*.

Mr. BICKERSTETH seconded the resolution. Long before the trial took place, offers of compromise were made to Dr. Waters, and urgently pressed upon him. Few men could have resisted the desire to avoid such a trial; but Dr. Waters, conscious of his moral rectitude, declined to submit to any compromise after the aspersions that had been made upon his character. Any medical man might any day find himself in a similar position, if, unfortunately, he should happen to have been consulted by some designing woman. In private practice, medical men are frequently called upon to make private examinations when entirely alone with their patients. The presence of a third party on such occasions is often offensive to the feelings of a woman. It might be politic to propose that a friend should attend; yet he thought it was generally unnecessary. It would often not only be cruel to the patient, but derogatory to our position as confidential advisers to insist upon the presence of a third party. Our position is, indeed, dangerous; but it is rendered doubly dangerous when, as in the late trial, members of our profession (one of whom does not hesitate to state that he felt convinced the case against the Doctor must fail, as there was no evidence to support the charge) did not hesitate to undertake a journey to propound opinions peculiarly their own, and upon the correctness of which alone it was possible to convict Dr. Waters.

The resolution was then put and carried unanimously.

Mr. STEELE moved the second resolution:—

"That this meeting feel called upon, in the interest of the profession, to record a solemn and energetic protest against medical witnesses, to the great injury of their

brethren, assuming the functions of advocates, and volunteering opinions when they are only required to testify to facts; a practice deplorably frequent, and which has reached its culminating point of impropriety at the hands of Drs. Lee and Ramsbotham in the case of *Bromwich v. Waters*."

The resolution was not directed so much against the gentlemen named personally, as against the objectionable practice of medical witnesses assuming the functions of advocates, and volunteering evidence when they were only required to testify to facts. That the practice was deplorably frequent must be evident to most of those who were acquainted with the numerous cases which had lately occurred in the law courts, where charges had been brought against members of the medical profession, which had proved to be unfounded, but in which there appeared to be no difficulty in inducing medical men to come forward on the part of the prosecution, and give evidence in such a way as to produce a prejudiced and unjust impression upon the judge and the jury. Notwithstanding the triumphant result of Dr. Waters's trial, there was a time during which his case was placed in the most imminent peril. And how? By the medical evidence that was offered on the part of the prosecution. Had not Dr. Simpson been able to counteract the evidence of Drs. Lee and Ramsbotham, the result would have filled the rest of their lives with self-accusation and remorse, from the consciousness of their having been the main instruments in consigning an innocent and an honourable man to infamy and ruin. Mr. Steele pointed out that, when the propriety or impropriety of medical treatment was canvassed by medical men, it had been hitherto deemed contrary to medical etiquette, and injurious to the interests both of medical men and patients, to give an opinion upon a case which had been under the care of another medical man without the presence of that medical man himself. This was the straightforward line of conduct which, from time immemorial, had guided all right-minded men in their dealings with their patients. If, therefore, this was an incumbent duty in a matter of mere medical etiquette, what should they say when the consequences ensuing upon the violation of this rule were absolute social death to the party implicated? It was by mere accident that Dr. Waters became aware that medical experts were to be called to give evidence against him. Shortly before the trial, the prosecution desired to have a commission to take the evidence of a medical man on the continent, who had had Mary Whalley under his treatment at Malvern; and in consequence of this, the solicitor for Dr. Waters obtained information that it was probable that other medical men would be called. When the evidence taken by commission was shown to Dr. Waters by his solicitor, he said, and very properly, "Why, this is the most arrant nonsense ever put upon paper." His solicitor replied, "Never mind; it is the opinion of a medical man—an opinion which is thought of great value by some persons—and, therefore, it must be answered." Then it was that Dr. Waters considered it necessary to submit this evidence to Professor Simpson of Edinburgh; and Professor Simpson gave him a hint that some eminent medical men in London would be called against him; though Dr. Waters was very hard to convince that it would be so. It was not too much to say that improprieties of the kind mentioned in the resolution had "culminated at the hands of Drs. Lee and Ramsbotham." Dr. Ramsbotham had made a sort of explanation and apology in the public journals, and had said that if he had heard Dr. Waters's version of the story before he gave his evidence, there would have been very little difference of opinion between them. Did not this show how completely Dr. Ramsbotham had forgotten that excellent rule to which he (Mr. Steele) had alluded? Had he adopted that rule, he would never have placed himself in that highly reprehensible light in which he

now stood. In conclusion, Mr. Steele pointed out the importance of adopting a resolution which, while asserting the entire innocence of Dr. Waters, would, at the same time, afford protection to younger members of the profession in the event of their being assailed in a similar manner.

Dr. DICKINSON seconded the resolution, observing that Drs. Lee and Ramsbotham had shown great want of judgment and proper professional feeling. With regard to Dr. Taylor, though his name had not yet been mentioned, it would be unfair to pass him by. He was not called upon to give evidence in a question of this kind, and he had no business to come down to give evidence upon a subject which was a matter of doubt. To see a man of the high standing of Dr. Taylor giving his sanction to a procedure of this description was woeful.

Mr. PARKER, while concurring in the observations which had been made by previous speakers, suggested that the time had arrived when the medical profession might very seriously take into consideration the propriety of forming a Medical Defence Association, in order that the expenses of such proceedings might be met without harass and ruin to individuals.

Mr. STEELE was afraid that the establishment of such an association would give the public the idea that the profession feared and expected these actions, and that it would also have the effect of inducing juries, if the verdict happened to be against the medical man, to give heavy damages, because payment would fall upon the society and not upon the individual. He would rather take his stand upon the dignity and honour of the profession, and fight the battle single handed, as Dr. Waters had done, throwing himself upon the sympathy and consideration of the profession if necessary.

The resolution was then put and carried unanimously.

Mr. FLETCHER moved the third resolution—

"That this meeting recommend that a subscription be opened with a view of indemnifying Dr. Waters for any pecuniary loss he may have incurred in conducting his defence, and for the further purpose of presenting him with some lasting memorial of the high approbation with which they have regarded the dignified fortitude of his bearing under the prolonged persecution to which he has been subjected."

Mr. Fletcher had known Dr. Waters for thirteen or fourteen years, and had known no man in whose character he had greater confidence, who was more thoroughly a gentleman and a Christian, and whose mind was more accomplished and delicate. As far as he (Mr. Fletcher) had had an opportunity of judging, Dr. Waters was about the last man of all his acquaintance against whom he should ever have imagined such a foul accusation would have been launched. Coming to the *£. s. d.* part of the resolution, Mr. Fletcher believed that they would do a great deal of good by subscribing to pay whatever expenses Dr. Waters might have incurred. He would not accept anything more than the amount he was out of pocket by the proceeding; but it would be gratifying to his own feelings and the feelings of his friends to have something as a memorial, not only that they considered him innocent, but that he had acted in a way which they regarded as meritorious, and had resisted temptations under which many men would have fallen. With regard to the costs incurred, he (Mr. Fletcher) knew that £500 had been paid by Dr. Waters before he went into court, but he did not know how much of this sum would go under the head of "taxed costs". From all he had heard, however, on the subject, he believed that the taxed costs paid to the victor in a case such as this bore but a small proportion to the real costs or actual amount which a person was out of pocket, even where he came off victorious. With regard to the subscription itself, Mr. Fletcher would rather see a large number of small subscriptions than a few large ones, for the sake of the effect to be produced in the

minds of the public. Some people were stupid enough, and others base enough, to believe any accusation, however absurd; and it was, therefore, no mere sentimentalism, but was a point of practical value, that the medical profession should come forward not only with their resolutions, but also with what money might be wanted to make up Dr. Waters's pecuniary loss, and to present him with something which he would leave to his children as a practical proof that not only his professional brethren in Chester and elsewhere, but those who knew his character and standing, not only believed him to be thoroughly innocent of the charges brought against him, but were convinced that his conduct through the whole matter had been marked by high merit. Whatever they did, they could never make up for the agony through which he had passed; but they could do something to replace a sense of wrong by the expression of their cordial sympathy. To say that the injury to Dr. Waters was due to a few gossiping old women or tittle-tattling dowagers of Chester was not true. The real venom had come from the medical profession itself. A weak and dirty weapon had been chosen; but a very little poison placed upon it by Drs. Lee and Ramsbotham might have made it effective for the work of destruction. What would Mary Whalley have been without Drs. Lee, Taylor, and Ramsbotham? Who gave the instructions to Sergeant Shree? They must have been given by a medical man. The *animus* of the instructions as to the charge relative to the speculum could have come only from Dr. Lee, aided by Dr. Ramsbotham; and the suggestion as to the drug-giving must have been known to Dr. Taylor. It must be remembered that these gentlemen had been for months in consultation with the lawyers; and that, whatever they might have said, actions spoke louder than words. Though Dr. Ramsbotham might have advised in so many words that they should not bring the action, he advised in deed that they should. It was most important, in regard to the future, that Dr. Waters should not only be clearly exonerated by the verdict of the jury, but that his professional brethren should declare that this foul accusation had been thoroughly rebutted, and that there was no man who more completely carried with him the sympathy and best wishes of his friends in the profession.

Dr. A. T. H. WATERS, who seconded the resolution, expressed his most cordial concurrence with the preceding resolutions. It was, he thought, very desirable, considering the mental anguish and trying circumstances through which Dr. Waters must have passed, that they should express their sympathy with him, and their congratulations at the successful issue of the trial. It was also desirable to express their reprobation of the conduct of those members of the profession who on this and similar occasions had been willing to lend themselves to those who were attempting to injure the character or ruin the reputation of a professional brother. [Applause.] Though not in any way related to his namesake of Chester, he (the speaker) had known Dr. Waters for several years, chiefly in connexion with the meetings of the British Medical Association. He had known him as President of the Lancashire and Cheshire Branch of that Society, and as the reader of the address at the annual meeting of the Association in 1859. He mentioned these circumstances, because they might not be known to every one present, and because they would show the high estimation in which Dr. Edward Waters was held by his professional brethren in the counties of Lancashire and Cheshire. It was very desirable (the speaker thought) to raise a subscription, in the terms of this resolution, for the purpose of indemnifying Dr. Waters from pecuniary loss incurred in conducting his defence; but they should not be satisfied with doing this merely, but subscribe to present him (as the resolution expressed it) with some lasting memorial of the high approbation with which they regarded the dignified

fortitude of his bearing under the painful circumstances in which he had been placed. [*Applause.*] When they looked at the report of the trial, and read the searching cross-examination to which Dr. Waters was subjected, they must feel that only a feeling of strict moral and professional rectitude could have carried him unscathed through such an ordeal. The speaker alluded to the mode in which the medical profession and the public at Chester, including the highest dignitary of the church and almost every member of the profession, had come forward in order practically to show their sympathy with Dr. Waters, and their high estimation of his character.

The CHAIRMAN mentioned that the sum which the solicitor of Dr. Waters had already disbursed was considerably beyond that incidentally mentioned by Mr. Fletcher; and further, that the actual amount of the expenses incurred could not be known until Dr. Waters' bill had been taxed—a form which could not be gone through until next term.

The resolution was put, and carried unanimously.

After some further discussion, the details as to sub-committees were referred to a subcommittee.

Mr. DESMOND moved—

“That the proceedings of the meeting be forwarded to the London medical journals for publication.”

Dr. CALTON seconded the motion, which was carried. It was further determined to advertise the resolutions agreed to in the local newspapers.

On the motion of Mr. HAKES, seconded by Dr. MACNAUGHT, a vote of thanks was passed to the Chairman, and the proceedings closed.

### ARMY MEDICAL SCHOOL.

THE Royal Victoria Hospital at Netley, about which there has been so much discussion, is now opened as the great invaliding establishment, whither sick soldiers from all foreign stations are sent. As the study of the diseases producing disability is very important, indeed essential for the young army surgeon, it has been found necessary to transfer the Army Medical School from Fort Pitt to Netley; and on April 16th, the sixth session was opened by Deputy Inspector-General Longmore, Professor of Surgery. The lecturer narrated the circumstances which had led to the removal of the school, and gave an account of the new arrangements at Netley, which he considered highly satisfactory. He reviewed the work which had been done at Fort Pitt, and stated that one-eighth of the whole medical department had already gone through the school. The lecture, which was very interesting and extremely well delivered, was attended by the governor, Colonel Wilbraham, C.B.; by the principal medical officer, Dr. Anderson; by Major Ravenhill, R.E.; by the professors, and by all the staff of the hospital, and by some of their private friends. It was a matter of regret that the incomplete state of the rooms prevented any invitations from being sent to the practitioners in the neighbourhood, to attend the lecture and inspect the school and hospital; but it was found that it would be better to defer this until the opening of the next session, when the libraries and museums will be finished and arranged.

MELBOURNE MEDICAL SCHOOL. The establishment of a medical school in connection with the Melbourne University, may, by the arrival of Professor Halford, be said to be consummated. Henceforward we take as a profession, a position which hitherto has been wanting to us. We have a recognised centre, around which our movements may take place with certainty and without intermission. We exist no longer as an assemblage of antagonistic elements. The principle of cohesion is supplied, and we have but to allow it to exercise its own proper influence, and the result cannot be otherwise than for our advantage. (*Austral. Med. Jour.*)

A HOMŒOPATHIC FETE. The homœopathic doctors of Paris held a great meeting at Vélours last week, to celebrate the birthday of Hahnemann. It is described as having been *une fête de famille*, simple and cordial, but we are not told if their own “minimum” system was applied by these worthy professors to the good things of Vélours.

ROYAL VISIT TO THE WINDSOR INFIRMARY. On the 21st instant, the Queen, accompanied by Her Royal Highness the Princess of Wales, drove to the Windsor Royal Infirmary, to which institution her Majesty is a liberal subscriber. The Royal party was met at the Infirmary by Major-General Seymour, the Rev. H. J. Ellison, Vicar of Windsor, and Mr. Blair, the house surgeon, who conducted her Majesty and the Princess of Wales through the different wards; Mr. Blair explaining many of the cases, which were minutely inquired into by her Majesty, who seemed deeply to feel the position of the unfortunate sufferers, several of whom the Queen spoke to in the kindest manner.

SANITARY STATE OF THE FEDERAL ARMY. Major-General Grant, in a letter to Surgeon-General Hammond, dated Headquarters, Department of Tennessee, before Vicksburg, says as to Surgeon J. R. Smith's inquiry into the sanitary condition of his army for its improvement:—“I know a great deal has been said to impress the public generally and all officials particularly with the idea that this army was in a suffering condition, and mostly from neglect. This is most erroneous. The health of this command will compare favourably with that of any army in the field, I venture to say; and every preparation is made for the sick that could be desired. I venture the assertion that no army ever went into the field with better arranged preparations for receiving sick and wounded soldiers than this. We have hospital boats expressly fitted up, and with the government and voluntary supplies it is a great question whether one person in ten could be so well taken care of at home as in the army here.”

ANTIQUATED TOADS IN THE HOLE. Sir A. P. Gordon Cumming writes to the *Elgin Courier*:—“In cutting the Inverness and Perth Railway through the Lochnavandah Park on Altyre, we have unceremoniously trespassed on the privacy and retirement of a numerous colony of ancient toads. The cutting is here from 20 to 25 feet deep, the lower part being through from 10 to 16 feet of freestone and red conglomerate. The interesting old residents are found in the red freestone about 15 to 20 feet below the surface, where they certainly must have seen several 19 years' leases out on the land above them. They are sometimes turned out by the heavy handpick or the great iron crowbar; but a blast of powder, of which a vast amount is here expended, seems to cause the greatest upset in the establishment, as a shot is sometimes the means of exposing as many as a dozen of the sleepy old fellows. They seem none the worse for their long repose, but after giving a few winks at the ‘new light’ thus suddenly let in upon them, and taking several gasps of the unwonted air, they leisurely and deliberately proceeded to hop and crawl down the line along the small watercourse towards the lower fields. I have seen them in numbers, and some of the men have counted above forty at once.” (*Scotsman.*)

ST. THOMAS'S HOSPITAL. The following resolution has been passed by the governors of St. Thomas's Hospital: “That the grand committee be empowered to continue the negotiations with the governors of Bethlehem Hospital for obtaining the site of that hospital, and to submit proposals to that body either to build for them a new one, in conformity with the plans and estimates prepared by Mr. Currie, the surveyor of St. Thomas's Hospital, or to pay for the site and buildings of Bethlehem the sum of £150,000, subject to the approval of the Court of

Chancery, the sanction of Parliament, and of this Court." And we gather from the following explanation of Mr. Tite, that there is a probability of the offer being accepted by Bethlehem Hospital. "The president of Bethlehem Hospital had written to the president of St. Thomas's saying that, in the event of a new hospital being built for them in the country, suitable to all purposes, they had no objection to enter into negotiations for their present building for the purposes of St. Thomas's Hospital, but upon no other terms. Mr. Currie had taken the matter in hand, and his estimate had just been read. The authorities of Bethlehem refused all negotiations on any other terms, and for £130,000 the governors could most likely obtain the site. As the governors could not legally build an hospital for any other body but St. Thomas's, he thought if they offered the plans of Mr. Currie, which were now on the table, and the £150,000 in money, to Bethlehem, they would accept the offer, because there would be no difficulty as to procuring a site in the country. The erection of the new St. Thomas's Hospital would cost £200,000; so that if it were placed in the site of Bethlehem Hospital, the total ultimate cost would be £330,000.

**VILLAGE HOSPITALS.** A house is taken which has room for six beds at least, which is in a healthy situation, and in wholesome condition, and near the doctor's abode. A woman is put into the house to keep it clean, and do the work of it. A trained nurse—one of Miss Nightingale's band, if possible—has the charge of the patients; and, when there are none, she attends the women of the village in their lying-in, or in illness, on the payment of a certain fee. The hospital patient pays a weekly sum, fixed, according to his circumstances, by his employer and the managers; and it does not appear that any difficulty is made about this. Probably it is, on the whole, an evident saving to the poor man to have his home relieved of the burden, and to have the cure so much accelerated as it is by the advantages of the hospital. The doctors are well pleased to have their most anxious patients close at hand, and under the most favourable conditions. It is a great change to the humane surgeon from having to ride far and wide, only to give orders which cannot or will not be obeyed, and to see the patients suffering from the noise of children, the intrusions of neighbours, the heat of the living-room, or the closeness of the bedroom, and from the miserable cookery of the cottage where the whole family has to live on 9s or 10s a week. Instead of this, the kind-hearted doctor finds his patient lying in quiet and comfort, duly physicked and daintily fed, under the charge of a qualified nurse, and of trustees, of whom the clergyman is always one. There is wine in the cellar, there are good things in the larder, bundles of old linen come in, and comforts for the bedridden; and the beds and easy-chairs are adapted for the treatment of broken limbs and the ease of the feeble frame. Wife or child may come in for a gossip at fixed times, and the only restraint is that they may not bring in food or drink without the doctor's leave. Kind ladies, with well-known faces, often look in; and all the news of the village, and some from London, and foreign parts, finds its way into the hospital. The place is far more cheerful and familiar than the great County Infirmary, and far more comfortable than the home which has no accommodation for sickness. Is it not natural that such an institution should succeed? And will it not be strange if it does not spring up all over the country? (*Once a Week.*)

#### BOOKS RECEIVED.

1. Clinical Report on Cancer of the Female Sexual Organs. By Thomas H. Tanner, M.D. London: 1863.
2. Waste. A Lecture. By J. A. Symonds, M.D.
3. The Urine in Health and Disease. By Arthur Hill Hassall, M.D. Second edition. London: 1863.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1 P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London. Special General Meeting, 8 P.M.; Clinical Discussion, 8.30 P.M.—Geographical.

TUESDAY. Royal Medical and Chirurgical, 8.30 P.M. Dr. A. T. H. Waters (of Liverpool). "On a Remarkable Case of Injury of the Head"; Dr. T. K. Chambers, "On the Therapeutics of Continued Fever"; Dr. H. Weber, "Pathology of Crura Cerebri."

WEDNESDAY. Zoological (Anniversary).—Society of Arts.

THURSDAY. Royal.—Antiquarian.

FRIDAY. Royal Institution (Anniversary).—Archæological Institute.—Western Medical and Surgical, 8 P.M. (Anniversary).

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—APRIL 18, 1863.

[From the Registrar-General's Report.]

	Births. Deaths.	
During week.....	{ Boys..1052 } { Girls..1028 }	2080 1437
Average of corresponding weeks 1853-62 .....		1977 1283
<b>Barometer:</b>		
Highest (Sat.) 30.092; lowest (Tu.) 29.778; mean, 29.887.		
<b>Thermometer:</b>		
Highest in sun—extremes (Wed.) 109 degs.; (Tu.) 83.7 degs.		
In shade—highest (Th.) 67.7 degs.; lowest (Tu. & Wed.) 36.8 degs.		
Mean—50.6 degrees; difference from mean of 43 yrs.+1.9 degs.		
Range—during week, 30.9 degrees; mean daily, 21.4 degrees.		
Mean humidity of air (saturation=100), 81.		
Mean direction of wind, N.E.—Rain in inches, 0.02.		

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

J. C.—The individual to whom our correspondent alludes, though as yet of short career, is a very notorious offender. He is a scion of a well-known ignoble house of rascally quacks; and obtained his college credentials by falsely pretending that he would lead a decent life; i.e., one exactly the reverse of that which he now pursues, and which has long been successfully prosecuted by his progenitors. We need hardly add, that the open and unblushing infamy of his and their practice, is not to be touched by anything we could say. Nothing less than whips of scorpions would produce an impression on the brazen-faced harpies who indulge in the lucrative and infamous traffic referred to. We quite agree with our correspondent, that the Medical Council is simply a farce, as a body presiding over the welfare and education of the profession, if it have not the power to expel from its Register scoundrels of so notorious a dye. In fact, we might say that in such case the Council is worse than a mockery—it is a positive delusion; for by its admission into, and insertion of the names of these people in, its legal Register, openly declares to the world that they are good and worthy men, worthy of a place in the Medical Register of the United Kingdom of Great Britain and Ireland, and



therefore worthy of public confidence. In this sense, the Council actually gives them a status which they would not otherwise possess! They are registered practitioners.

**A SURGEON KEPT BY A DRUGGIST.**—A correspondent says: "I know of many instances where a surgeon stands for an hour or more daily at a druggist's shop for the purpose of giving advice."

**B. C.**—It is only fair to the gentleman lately referred to in the *JOURNAL*, to say: that he at once ceased attending at the druggist's shop, when the impropriety of the proceeding was pointed out to him.

**A SICK HOMŒOPATH.**—A correspondent asks how he should act if requested by a homœopathic practitioner to attend him in his sickness. There can be no doubt or difficulty whatever about the matter. Our correspondent must, of course, at once obey the summons; take his fee; and rejoice over the homage which charlatany pays to science. We believe that, as a rule, homœopaths, when sick, do not employ their homœopathic colleagues. They practically show their belief and confidence in the thing they palm off on the credulous, by calling in the services of medical men. We have heard of many examples of this kind.

The following excerpts from stanzas on the marriage of the Prince of Wales with the Princess Alexandra of Denmark, are from the pen of our accomplished associate, Dr. Evanson of Torquay.

After the darkest night comes glorious morning,  
When sunbreak bursts from out the golden sky,  
With every beauty the fresh earth adorning,  
The glittering sea, and glowing clouds on high.  
A night of sorrow on our land has rested,  
But now the coming day is seen to dawn;  
The heart is not of its regrets divested,  
Although a veil o'er its regrets be drawn.

May England's star, still glorious and ascendant,  
In freedom's frontlet ever foremost shine,  
Showing to all who would be independent,  
How law with liberty man must combine:  
A nation, as one brotherhood, united,  
Who guard a regal right even as their own;  
A land where wrong is still by justice righted,—  
A people bound by freedom to the throne.

#### MR. ADAMS AND MR. PROPERT.

SIR,—I beg to forward to you a correspondence which has recently taken place between myself and Mr. Propert, and upon which it is unnecessary for me to make any comment.

I am, etc.,

WM. ADAMS.

5, Henrietta Street, Cavendish Square, April 22, 1863.

5, Henrietta Street, Cavendish Square, W., April 15, 1863.

SIR,—The following quotation is from a letter received from a gentleman occupying a high position in our profession:—

"The sting of the matter is, that, spite of the late trial, and notwithstanding the evidence since afforded by Dr. Cottew, Mr. Maitland, Dr. Webb, Mr. Toynebee, and others, as to the antecedents of the prosecutor, there are some persons who still adhere to Mr. Propert, who justify him in his apparently harsh treatment of you at the beginning of the affair, when he condemned you unheard, and refused to listen to the explanations you offered him; and who not merely condemn you by implication, but affirm positively as follows: viz., that were Mr. Propert's version of his proceedings made public, he would be said to be entirely justified, and that he is displaying great forbearance towards you in not noticing the attacks made upon him, and that his holding his tongue is safety to you. These latter expressions I have heard this week, from the month of a personal friend of mine, a man of sense, and one whose opinion I value. He is a friend of Mr. Propert's, and as such believes that Mr. P.'s statement would crush you."

I wish to know whether the statement made in the above quotation be true or false? Is it, or is not, true, that you are dealing out any such insinuations, or any insinuation whatever, against my character? I must demand a plain and simple answer to this question, and without delay.

I am, sir, yours, etc.,

WM. ADAMS.

John Propert, Esq.

6, New Cavendish Street, W., April 17, 1863.

SIR,—In reply to your letter of the 15th inst., I beg to state that I never heard of the statements alleged to have been made by friends of mine, with reference to yourself, in your letter referred to; neither do I consider myself in any way responsible for the opinions which they may entertain respecting you. I have, however, always felt much regret that a gentleman of your position in our profession should not have availed himself of the proposal by Mr. Johnson, the attorney acting for Miss Russell in the action brought by that person against you, contained in a letter addressed to your attorney, dated March 22nd, 1862; namely, "that both the plaintiff and defendant should be examined as witnesses on the trial of that action, and that such proposal should have been declined by your attorneys in their letter to Mr. Johnson, in reply, of the 11th of April, 1862."

I remain, sir, yours, etc.,

JOHN PROPERT.

William Adams, Esq., etc.

5, Henrietta Street, Cavendish Square, W., April 18, 1863.

SIR,—In my letter of the 15th instant, I asked you a plain question to this effect:—

"Is it, or is it not, true, (1) that you have said you were forbearing towards me by not replying to explanations which have been demanded from you for your conduct towards me; (2) that holding your tongue is safety to me; (3) have you implied that you are aware of allegations injurious to my character, which you withhold out of forbearance to me."

In your reply of the 17th April you do not answer this question; I must, therefore, repeat my demand for an answer. You have introduced in your letter a subject totally irrelevant to my question; but I will remind you that, however desirous I was to be examined as a witness (and it would undoubtedly have been much to my advantage), the laws of evidence did not permit of it. You will learn this from any solicitor; and if you will refer to the published charge of the Chief Baron, of which I send you a copy, at page 30, you may see that the judge said, "Miss Russell cannot be examined, nor can Mr. Adams." Mr. Lush, in his opening address, explained this peculiarity in the law of evidence; and Mr. Sergeant Shee did not suggest that any other course could have been adopted. This, however, is a mere matter of legal procedure that has nothing whatever to do with the question to which, as a member of the same profession, I require a plain and truthful answer.

I am, sir, yours, etc.,

John Propert, Esq.

WM. ADAMS.

6, New Cavendish Street, W., 22nd April, 1863.

SIR,—Having in my letter of the 17th inst. answered the questions contained in your letter to me of the 15th inst., I have no reply to make to your letter of the 18th; and I must decline any further correspondence on the subject of your letters.

I beg to remain, sir, your obedient servant,

W. Adams, Esq., etc.

JOHN PROPERT.

[It is no business or intention of ours to defend Mr. Propert; but we must suggest that it is hardly probable that Mr. Propert would make himself responsible for words which an anonymous friend of Mr. Adams says were told to him by anonymous friends of Mr. Propert, as having been uttered by Mr. Propert; and more especially so when the admission would, as we apprehend, be the admission of the publication of a libel by Mr. Propert. Why should not this matter in dispute be settled by the mutual offices of friends of Mr. Propert and friends of Mr. Adams? No one can for a moment believe that Mr. Propert has at most done more than act injudiciously in this affair; and if friends, after hearing the case, consider that he has done so and to the prejudice of Mr. Adams, what should prevent Mr. Propert at once saying so, and making any amendments which his friends propose? Let him put himself in the hands of a court of his own and of Mr. Adams's friends, and abide their decision. It is evident, on the face of it, supposing Mr. Propert has acted injudiciously and to Mr. Adams's hurt, that the motives which led him into the error were alone motives of kindness and compassion, though bestowed on a very false and miserable woman. Mr. Propert has fluently blood in him, no doubt, and may fairly object to the bullying tone which has been applied to him by a part of the medical press; but we cannot doubt that he would give satisfaction to Mr. Adams in a *Court of Honour*, as here suggested. We are convinced that a *Court* of this kind would give full satisfaction to both parties; and would also be the means of putting an end to the further publication of all gossip and scandal in the matter. EDITOR.]

COMMUNICATIONS have been received from:—MR. THOMAS BRYANT; DR. F. J. BROWN; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; M.B.; DR. WILLIAM NEWMAN; MR. T. SYMPSON; DR. D. NELSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. CAMPS; MR. WILLIAM CONNEY; MR. LOWNDES; DR. J. EDMUNDS; DR. P. H. WILLIAMS; MR. A. G. OSBORN; DR. J. STRUTHERS; THE HON. SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; MR. T. WHARTON JONES; DR. E. A. PARKES; DR. J. CANDY; MR. STONE; MR. JAMES BIRD; MR. T. T. GRIFFITH; DR. G. MITCHINSON; DR. FLEMING; DR. BOYCOTT; DR. HARLEY; MR. SIMON; DR. GINSON; DR. EDWARD SMITH; DR. BOLTON; MR. W. ADAMS; MR. J. SPROULE; MR. H. HAILEY; HONORARY SECRETARIES OF THE HARVEIAN SOCIETY OF LONDON; and DR. H. DICK.

#### ADVERTISEMENTS.

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# CHLORODYNE

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN."

(Extract from Affidavit made before S. C. WARD, Esq., Chancery Record Office, Chancery Lane, London, June 16th, 1862.)

The Inventor begs to thank the Medical Profession for the liberal support he receives from them, and to assure those who have not yet tried his Chlorodyne that it is superior to any other maker's, being more certain and more lasting in its effects; and the low price which he charges for it allows the poorest sufferer to enjoy its extraordinary beneficial influence. The immense demand for it by the Profession is a convincing proof that they find it a most valuable therapeutical agent. The following are a few out of many voluntary Testimonials:—

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"I have had the opportunity of trying the effects of Mr. Freeman's Chlorodyne, and find it an excellent Anodyne and Antispasmodic medicine."

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"I have much pleasure in stating, that after a sufficient trial of Mr. Freeman's Chlorodyne, I am fully persuaded that it is superior to any preparation of the kind, and, from its moderate price, is a great boon to the suffering poor, who daily acknowledge its salutary benefit."

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Is the ORIGINAL & GENUINE, was ESTABLISHED A.D. 1746,  
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Dose, 5 to 20 Drops.

**CAUTION.**—For the convenience and safety of prescribing Chlorodyne, in combination with other ingredients, so as to avoid decomposition (a result known to have taken place) through the use of SECRET COMPOUNDS, the Profession is directed to the following component parts in his preparation:—

CHLOROFORMYL  
ETHER.  
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ACID. PERCHLOR.  
TINCT. CANNABIS INDICÆ.  
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TINCT. CAPSICI.  
MORPHIA.  
THERIACA.

The proportion of Morphia— $\frac{3}{4}$  gr. in f. 3i. Dose—Five to twenty Drops.

The Profession is respectfully referred to the various Letters that have appeared in the Medical Journals against the use of "SECRET" REMEDIES.

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Sold in bottles, 1 oz., 1s. 6d.; 2 oz., 2s. 6d.; 4 oz. to 20 oz., 1s. per fluid oz. Sole Manufacturer and Proprietor, A. P. TOWLE, Chemist, etc., Ardwick, Manchester. May be had from Barclay and Son, Farringdon Street; or through any Wholesale House.

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With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time and with much less exertion.

From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, October 1st, 1861.

Twinberrow's "Double Action (Siphon) Syringe" is the most generally useful instrument of the kind with which I am acquainted. For the more ordinary purposes it is especially well fitted, being compact, portable, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement, the instrument may be rendered available

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JOHN ERICHSEN,  
Professor of Surgery at University College, and  
Surgeon to the Hospital.

From W. FERGUSSON, Esq.

Professor of Surgery at King's College and Surgeon to the Hospital.  
16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe, and think very highly of it.

Yours faithfully,  
Mr. Twinberrow, Edwards Street.

WM. FERGUSSON.

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2, EDWARDS STREET, PORTMAN SQ., LONDON.  
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# Remarks

ON

## THE PRESENT PREVALENCE OF SMALL-POX.

BY

GEORGE BUDD, M.D., F.R.C.P.

THE prevalence of small-pox, which is exciting so much attention at present, has been publicly attributed, in no small degree, to negligence on the part of the medical practitioners by whom vaccination is performed.

It is implied that the medical men to whom the practice of vaccination is officially entrusted, often perform their duties negligently; and that consequently a great number of persons supposed to have been vaccinated, have not really had cow-pox.

Considering that most medical men in general practice undertake to vaccinate, the charge is one of wide application; and, if it be admitted to be generally true, persons who contract small-pox subsequently to vaccination will naturally be led to ascribe their disease to the negligence of the medical man by whom the vaccination was performed.

It is, therefore, more than ever important that we should carefully consider all that observation has taught regarding the wonderful protection which small-pox and other members of that remarkable group of diseases, which, as a general rule, occur but once in life, give, each against its own recurrence.

All evidence goes to show that this protection is perfect for about seven years. There are few, if any, authenticated instances of small-pox, when taken in the natural way, or any other well marked disease of the group, occurring a second time within seven years, whatever may have been the degree of exposure to infection. As life wears on, the protection lessens; in other words, the body has a tendency to revert to its original condition, as far as the modification induced by this particular disease is concerned.

For the vast majority of persons, if the disease be taken in the natural way, the protection is practically perfect for life. No second attack ever occurs.

Willan, a most careful observer, who made eruptive diseases a special study, could state that in twenty years he had not met with a single individual who had twice had measles with the eruption and the concomitant fever both well marked.

Dr. Gregory, for many years Physician to the Small-pox Hospital, remarked in 1843, when his lectures on *Eruptive Diseases* were published, that no patient had ever been admitted into the hospital with small-pox occurring a second time.

Each of the diseases of this peculiar group does, however, as is now well known, occasionally occur a second time in the same person; and even when there is no evidence of a previous attack, some other circumstances not unfrequently lead to the same inference—namely, that the exhausted susceptibility to infection may be renewed by time.

Some years ago, I saw an old lady, near ninety, with a tribe of descendants of the third and fourth degree, suffering from well marked whooping-cough, in common with the children of the house in which she was staying; and I have witnessed the disease in a very severe form in a medical man of sixty, several of whose children had years before had it severely, and who during his professional life must have been repeatedly exposed to infection, not in his own house only, but in his general practice.

The only satisfactory explanation of such cases is that the protection inherited or given by an attack early in life had, in the course of years, worn out.

The disease, whichever of the group it be, appears, as might have been expected, more apt to recur when the first attack was imperfect. Willan made the observation, often since repeated, that measles is much more apt to occur a second time when the disease in the first attack was imperfectly developed—when the eruption appeared without fever, and without the catarrhal symptoms that usually attend it.

The most conclusive evidence on the effect of time in renewing the exhausted susceptibility to infection is, however, furnished by the practice of vaccination, which may be regarded as inoculation with the matter of small-pox somewhat changed in its properties, and rendered less virulent, by its passage through the cow.

It is found that the protection against subsequent small-pox given by cow-pox is much less complete than that given by small-pox itself: that the proportion of cases in which small-pox occurs after vaccination, however perfectly developed the vaccine vesicle may have been, is very much greater than that in which small-pox occurs twice.

The protection given by cow-pox is, however, practically effectual for about seven years. Within this time small-pox seldom, if ever, occurs after vaccination, provided the vaccine vesicle was properly developed. After the lapse of seven years, cases of small-pox begin to appear among the vaccinated, or, if the same persons be then vaccinated a second time, the operation takes effect in a certain proportion of cases. The statistics of the Prussian and Belgian armies, in which revaccination has been systematically practised for some years, show conclusively that, by the second successful vaccination, the susceptibility to infection is again exhausted.

These facts prove clearly that the protection given by vaccination has a tendency to wear out in time. There is every reason to believe that it wears out more quickly in early life, when the body is undergoing rapid change, and when the protective influence may be supposed to become diluted, if such a term may be used, by the mere growth of the body, than when the more stationary period of manhood is reached.

When cases of small-pox after vaccination began to appear, it was soon observed that the disease thus occurring is generally mild, and is somewhat modified in its symptoms or course. The fever that attends it is, as a general rule, less severe than in persons unprotected by previous vaccination, or the pustules do not attain their full development, but shrivel and scab prematurely. These facts show that the protective influence we have been considering is not something indivisible, that must be present or absent, but something that admits of every

possible degree, and that when it has waned so as not to be able any longer to prevent infection, it mitigates or dwarfs the subsequent disease.

This circumstance, and what observation teaches regarding other induced constitutional peculiarities, would warrant the inference, that a certain degree of the protective influence imparted by small-pox and other cognate diseases may be transmitted, by the law of succession, from parent to child: and consequently that the disease would be generally more severe when first introduced into a country unused to it than in countries where it has existed for several generations, and where the mass of the people have acquired by inheritance a certain degree of protection.

This inference is borne out, as much as could have been expected, by the observation of travellers. Darwin, in his *Journal* (p. 520), speaks of the ravages caused by measles among the aborigines of New South Wales: and some of our missionaries in Africa have spoken of its severity and destructiveness among the natives of that country.

All writers agree as to the enormous loss of life occasioned by small-pox, when it was first carried by the white man to the North American Indians and to the islands of the South Pacific.

As uncivilised nations keep no accurate register of deaths, such evidence is necessarily vague, and, no doubt is, like the slaughter in their battles, generally exaggerated: but in this particular case, the evidence is cumulative, and is confirmed by facts of which we have positive knowledge. About forty years ago, the king and queen of the Sandwich Islands, while on a visit to this country, both died of measles. They brought with them seven native attendants, and all were attacked with measles soon after their arrival in London. Dr. (now Sir Henry) Holland and Sir H. Halford were their medical advisers; and we have the testimony of the former that "the disease in all showed a malignant violence of which the examples are rare in this country." (*Medical Notes and Reflexions*, 1st ed., p. 390.)

Dr. McWilliam, in his *Medical History of the Expedition to the Niger*, thus describes the effects of vaccination in different classes of the population in the Island of Ascension:—

"The white children experienced the usual slight fever attending vaccinia, which in all cases yielded to a mild medicine. The white adults complained only of itching round the vesicle while it was in the stage of decline. But among the whole of the blacks the disease assumed a more decided form, and ran a regular course. The eruption was preceded by severe headache, pain of back and loins, and general fever, which did not disappear for several days. The eruption in several cases was dispersed over the neck, chest, and abdomen, and the bases of the vesicles were, in general, much inflamed. All of them were confined to bed for some days, and several required rather active treatment." (*Medical History of the Expedition to the Niger during the years 1841-2*. By J. O. McWilliam, M.D., p. 250.)

All these circumstances warrant the conclusion that, when one of the infectious diseases which occur, as a general rule, but once in life, has existed in a country during several generations, the mass of the people have acquired, by inheritance, a certain degree of protection against it—not enough to prevent the occurrence of the disease in life, but sufficient

in some degree to lessen its virulence.\* And if this be so, an inference, very important to the question before us, seems to follow. We have conclusive evidence that the protection against future small-pox given by vaccination is much less *durable* than that given by an attack of small-pox itself; and, if the protective influence be transmissible by descent, it follows that in the children of persons who have had cow-pox the inherited protection will generally be less, and the susceptibility to small-pox will consequently be greater, than in the children of persons who have had small-pox; that the practice of vaccination—at least, when the operation is performed, as is the general custom in this country, only in childhood—may have the effect, after a generation or two, of increasing the susceptibility to small-pox among the mass of the people, and may thus, in persons not protected by vaccination, render the disease even more virulent than it was when unmitigated small-pox alone existed among us.

These considerations render it sufficiently evident that, to give to the individual and to the race all the protection against small-pox which cow-pox is capable of giving, it is necessary, not only that vaccination should be performed on all persons with the utmost care, and with every precaution that can tend to secure its success, but that, if first performed in infancy, as, to give protection to the infant, it must be, it should *systematically* be repeated when a more stationary period of life is reached.

\* The degree to which protection is capable of being transmitted by descent, might readily be ascertained in the disease of sheep; which, from its close resemblance to small-pox, has been termed "variola ovina", or small-pox of sheep. This disease, like human small-pox, is not only communicated through the air, but may be propagated by inoculation, and can thus be given at will; and a peculiar facility for such an inquiry is afforded by the rapidity with which, in sheep, the generations succeed each other.

SMALL-POX IN LONDON. In the House of Commons, on Friday week last, Lord Naas asked the Secretary of State for the Home Department whether the attention of the government had been drawn to the increase of small-pox in the metropolis, and whether it was his intention to propose during the present session any measure for the promotion of vaccination. Mr. Lowe said that unfortunately when small-pox was not prevalent no trouble was taken by the proper authorities with regard to vaccination, but when the disease appeared in all its horrors then applications were made to the government for legislation, which, if ever so good, must be very tardy and insufficient for the moment. The subject had already engrossed the attention of the government, but much of the evil complained of was attributable to the neglect of the local authorities in not putting the provisions of the act in force. There was not, he was sorry to say, an act such as the one in England applicable to Scotland, but that subject was under consideration, and no decision had yet been come to upon it.

A FEMALE BACHELIER IN SCIENCES. A young lady presented herself at the Sorbonne a few days since to pass her examination for the degree of Bachelor in Science. The rector of the Academy of Lyons established the principle two years since of admitting women to take the degrees of bachelor of letters and of sciences. Mademoiselle Emma Chenn passed a brilliant examination. Her agitation was extreme, but she was supported and encouraged by the demeanour of the collegians present. The announcement of her admission among the new bachelors was hailed by a burst of applause from the entire assembly. M. Milne-Edwards personally congratulated Mademoiselle Chenn on her success.

# Lettsomian Lectures

## ON THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY  
OF LONDON.

BY  
THOMAS BRYANT, F.R.C.S.,  
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE II. (*Continued.*)

#### DIFFERENCES BETWEEN THE SURGICAL AFFECTIONS OF THE RESPIRATORY SYSTEM IN THE CHILD AND ADULT.

We will now pass on to consider in what way the surgical affections of the respiratory organs in children differ from those which are to be found in the adult; and, if there are not any which may be described as special to this early period of life, there are many which require surgical assistance, and which are, as a rule, observed only in young subjects.

Amongst the most important of these affections is the *œdema of the larynx* which follows upon the swallowing of boiling liquid; and the symptoms which immediately result from such an accident are mostly severe and dangerous to life. The pathological condition which is the result of the contact of the fluid is of a simple character, a severe blistering of the part being the prominent point; the *œdema* and vesication of the irritated mucous membrane readily closing the narrow rima.

The principles of treatment in such cases are not complicated, and they are the same as would be carried out under any other condition. But delay in their application is not to be allowed; for suffocation, either from the mechanical obstruction occasioned by the enlargement of the parts, or from spasm of the glottis, is most likely to ensue. If the symptoms, however, are not severe, and if, on careful watching, they do not rapidly increase, there is strong hope that the mischief is but partial, and that they will soon subside; for this blistering of a delicate membrane is a rapid process; and, if it do not take place within a few hours after the accident, it will rarely appear. Nevertheless, the child must be watched with care, so that the evils of a sudden spasm of the glottis may be averted, and the earliest indications of obstruction be successfully treated.

Dr. Bevan and others have spoken in high terms of the benefits of antimony in this affection; and the weight of evidence which they adduce in its favour must be considered strong, and therefore highly recommendatory. It is to be given in small and frequently repeated doses. I have given it in cases of the milder description with some success, when no immediate danger to life manifested itself, and when delay was, therefore, not so dangerous; but I have never yet been induced to trust to it when there was an evident fear of a momentary suffocation, and therefore an imminent danger to life. In such severe instances, some immediate means to prevent suffoca-

tion are loudly called for; and of these, tracheotomy has been the most favoured.

I possess the records of nine instances in which this practice was carried out, and in five recovery took place; in the remaining four, death followed from bronchopneumonia. I am aware that this success is greater than that usually recorded; for out of twenty-five cases recorded by Dr. Jameson in the *Medical Times and Gazette* for October 1859, and the *Dublin Quarterly Journal of Medical Science* for February 1860, but six cases recovered.

It is not an easy question to decide how much of this pneumonia is to be attributed to tracheotomy, or to the accident; but the operation is almost a necessity to prolong life, and must therefore be performed. I must confess, however, that I have derived much satisfaction from a suggestion which has been made within the last few years, but which, I believe, has not been carried into practice; and that is, to puncture or scarify the *œdematous mucous membrane*. If the pathology of the affection be such as I have indicated—merely a blistering of the mucous surface—there are great hopes that this practice may prove of value; and I shall certainly be disposed to give it a trial on a befitting occasion. It has this advantage, that on principle it is likely to succeed; and, if the practice fail, no possible harm can accrue, as other means can be at once employed.

The subject of *foreign bodies in the air-passages* is the next to which I propose to draw your attention; for, although cases illustrating the evil effects of such an accident are occasionally met with in adults, by far the larger proportion of these instances are undoubtedly found during early life.

It is scarcely necessary to dwell upon the symptoms by which this accident is to be diagnosed. The fact that obstruction to the respiratory process exists, that it came on suddenly, and is so aggravated at intervals as to endanger life, are sufficiently characteristic symptoms by which the nature of the case can be made out. The history will also, as a rule, prove of material assistance. But any one who has witnessed such an accident will find no difficulty in readily recognising a second.

There is but one principle of treatment which demands attention, and that is to procure, as speedily as possible, the expulsion of the foreign body. Without some surgical measure, it is an extremely rare thing to witness this event, if the foreign body have passed the rima, and entered the trachea; and, although I may have read of such cases, it has never fallen to my lot to witness one.

An operation, therefore, is almost always called for; and that of tracheotomy is the only feasible one. I possess the records of eight examples in which this operation was performed. In five of these, the foreign body was immediately ejected upon opening the trachea; and four of these recovered, death occurring in the fatal case from bronchopneumonia. In the remaining three cases, the foreign body was immovable, and produced death. In two, it was subsequently found to be firmly impacted within the rima; and in the third, it was impacted in the right bronchus.

It thus appears that, in a large proportion of the cases in which a foreign body has passed into the trachea, its removal can be successfully obtained by the operation of tracheotomy. Indeed, as long as any evidence exists that it is still free and moveable

and is not impacted either in the bronchi or larynx, a successful result to operative interference may with some confidence be predicated.

If the foreign body be impacted within the bronchus, there is little hope of its extraction. The use of forceps, and other instruments which have from time to time been suggested by surgeons for this end, cannot be recommended; for it is almost an impossibility to seize the foreign body when impacted within the tube, and any attempt will only tend to fix it more securely in its position. If air can pass into the lung, there must always exist a strong expulsive force, which powerfully tends to procure the removal of the body; and, if it be fixed in too firmly to allow of such a result taking place, any attempts from without will be obviously futile. In exceptional cases, however, this practice may be of use. In all cases, therefore, of foreign body in the air-passages, tracheotomy should be performed. Delay in its execution must be unhesitatingly condemned, as no possible good can follow such a line of practice; for the surgeon must not look for the natural expulsion of the foreign body through the rima, as the perfect closure of the laryngeal orifice is with tolerable certainty guaranteed by its presence, although recorded experience favours us with instances in which the foreign body was spontaneously expelled from the trachea without an operation. Chloroform should be administered preparatory to the operation, as it may be given with perfect safety; for it not only tends considerably to prevent the spasm of the laryngeal muscles by allaying their irritability, but it enables the surgeon to perform his difficult duties with calmness and precision.

A free section of the trachea is always to be made, in order to allow of a free passage for the expulsion of the foreign body; and, in the majority of cases, this foreign body will be expelled as soon as the opening in the trachea has been accomplished. If any difficulty be experienced in obtaining this result, the child's body may be tilted upwards and the head downwards, to favour the gravitation of the substance; and a good shake or pat upon the back will at times dislodge it from its position, and consequently assist in securing its expulsion. If these means fail in carrying out the object for which they were undertaken, the child must be left alone; the opening in the trachea should, however, be made large, or even valvular, and means adopted to preserve its patency; so that, should the foreign body by any chance be subsequently dislodged from its position, its expulsion may be secured.

The larynx itself should be always most carefully examined, not only before, but after the operation; for it is not an uncommon thing to find the foreign body firmly impacted within the rima, and consequently in a position from which its removal cannot be looked upon as being very difficult. In two of the cases which I have recorded, out of the three which proved fatal, after a futile attempt at the removal of the foreign body by tracheotomy had been made, I have already shown that the foreign body was subsequently found to be firmly impacted within the rima; and it is fair to believe that, if the foreign body had been previously removed from this position, a very different success would in both cases have been recorded.

This laryngeal exploration must, however, be con-

ducted with considerable care. The passage of a probe or fine catheter, or any other small body, through the rima from below upwards, is positively useless, as experience has proved that these means may be carefully employed, and yet the surgeon will fail in finding any obstruction; but the exploratory instrument must be a large one; indeed, it should be nearly as large as can be admitted through the rima; so that, if the foreign body lodge at this spot, it will necessarily be pushed upwards into the pharynx by its forcible passage. A large elastic catheter is unquestionably the best instrument for this purpose; and, if this be employed in such cases, it may be unhesitatingly asserted that a more uniformly good success will in future have to be recorded. This practice would probably have added two more successful cases to the five which I have already mentioned, making seven successful instances of the removal of the body, out of the eight in which it had taken place.

Within the last few months, I was present at the examination of a child who had died from the impaction of a bone within the rima, which had not been detected after the operation of tracheotomy, although a careful examination of the larynx was made with a fine instrument. It was impossible to see the specimen without a painful feeling of regret that a larger instrument had not been employed in the exploration, as the body was at once dislodged after death by the introduction of a catheter up the passage.

In all cases, therefore, of foreign body in the air-passages, in which an expulsion cannot be obtained by the operation of tracheotomy, let the larynx be carefully examined by means of a large catheter, and its extremity passed from below upwards through the rima; the finger at the same time making a careful examination from above; for by these means, and these only, will a foreign body be removed from the rima glottidis.

When the body is removed, convalescence may fairly be anticipated. An attack of bronchopneumonia will at times interfere with recovery, or even produce death; and, although this complication is one to which the attention and fears of the surgeon may be directed, it is not one which frequently follows, or which should produce other feelings than those of fear.

*Foreign Bodies in the Nostril* are common occurrences in children. It is a subject, however, which need not occupy our attention. They may readily be removed by means of a bent probe or forceps; and, if of a soft nature, a good syringing answers every purpose.

I have known a plum-stone to remain within the nostril for eight months, and to give rise to the symptoms of ozæna, for which the child was brought under my observation. A careful examination of the nostril in such cases will, however, invariably reveal its true nature.

The surgical affections of the upper part of the respiratory organs having received as much of our attention as we can afford to give, I propose now briefly to consider if there be any points of difference to be noted between the surgical affections of the adult and child; and I am disposed to believe that the most important difference is shown by the fact that in young life an injury to the thorax may be followed by laceration of the lung-tissue, with-



out any associated fracture or displacement of the ribs. This fact is, unquestionably, to be explained by the greater elasticity of the thoracic wall in the child than in the adult, and the greater tendency to laceration of the lung-structure. The following case will, perhaps, best illustrate its truth.

**CASE.** A boy, aged 7 years, when playing in the road, was knocked down by the shaft of a cart; the wheel caught him by the left side of the lower part of his abdomen, and turned him round, stopping when just about to pass over the thorax. Intense dyspnoea and severe hæmoptysis immediately resulted, and he was brought to Guy's. He was admitted under the care of Mr. Birkett; and, as I happened to be at the hospital at that time, I saw him, and noted the following facts. He was in bed, lying on his right side, half turned over on to his abdomen, with his hips drawn up and flexed. There was intense dyspnoea and cough, accompanied with hæmoptysis. He was quite collapsed, and nearly unconscious; and no indication of fractured ribs could be detected. He never rallied, but died two hours after the accident.

At the *post mortem* examination, the only external sign of injury was a bruise on the left side of the back. There was no fracture of the ribs, or any external indication of injury to the thorax. The right chest was filled with air and some ounces of blood, which had evidently proceeded from a laceration, about three inches long, of the lower edge of the middle lobe of the right lung. The lung was partially collapsed. In the abdominal cavity were a few ounces of blood, from a laceration of the upper edge of the liver. There was also effused blood about the left kidney, from laceration of the suprarenal capsules.

**REMARKS.** In this case, I think, there can be little doubt that the laceration of the lung was due to the injury; and, as it was not complicated with any fracture of the ribs, it must have been produced by a yielding of the bony and cartilaginous coverings, and a dragging of the lung from its fixed attachments. This is a point of considerable interest, and, not being common, is worthy of record. It is mentioned in this place as a principal point of difference between the thoracic injuries of young and adult life, and is the only one to which I will now draw attention.

*Fractures of the ribs* in children, like the same injury in adult life, are to be treated by strapping, and not by bandages; bands from one to one-and-a-half inch wide being fixed from the spine to the sternum round the injured side, including three ribs above and three below the seat of fracture. It must be remarked, however, that fractured ribs in young people are very rare; their natural elasticity, doubtless, being quite sufficient to explain the fact.

[To be continued.]

**CHEMICAL SOCIETY.** Arrangements have been made for the delivery of the following lectures respectively at the next three meetings of the Chemical Society:—May 7, Dr. Lyon Playfair, C.B., F.R.S., "On the Constitution of Salts;" May 21, W. R. Grove, Esq., Q.C., F.R.S., "On Certain effects of Intense Heat on Fluids;" June 4, M. Marcellin Berthelot, "On Synthetic Methods in Organic Chemistry."

## Original Communications.

### ON CONGENITAL PHIMOSIS: WITH A SIMPLE OPERATION FOR ITS RELIEF.

By FURNEAUX JORDAN, Professor of Descriptive and Surgical Anatomy, Queen's College; Assistant-Surgeon to Queen's Hospital; and Senior Surgeon to the Eye and Ear Hospital, Birmingham.

CASES of phimosis are conveniently classified under two heads—the *congenital* and the *contingent*.

The congenital variety is the more important; because, being permanent, it produces a greater abundance of evil consequences. Contingent phimosis is not only temporary, but is itself merely a symptom of other prior disease; and the clearly recognised principles of its treatment belong to the remedial surgery of the diseases of which it is a secondary phenomenon.

The effects of congenital phimosis are local and general. Locally, there may be inflammation—pain, tenderness, swelling, suppuration, ulceration, or sloughing, or adhesions; impeded urinary flow, or retention of urine (I have found retention of urine in phimosis, and also in urethral disease, without complete physical obstruction—is this due to so-called reflex action?); retained sebaceous secretion, which itself frequently causes much irritation and inflammation. Preputial calculus is occasionally met with. In cases of tight phimosis which remains unrelieved, I am convinced, from a lengthened series of observations, that atrophy of the penis is an undoubted result. It is commonly supposed also that phimotic stricture favours the accession of epithelioma in the penis. The presence of phimosis in acquired disease constitutes a very unfavourable complication. The treatment, however, when an operation is required, is simple; an incision through the whole length of the prepuce (or its complete removal when in a sloughing state) is the only measure capable of relieving phimosis when the skin and lining membrane of the prepuce are unable to glide over each other, from the presence of inflammatory products between them.

Very frequently the effects of phimosis are not local merely, but affect other organs, or even impair the general health. In these cases, the flow of urine is impeded. A tight phimosis may produce all the symptoms which follow stricture of the urethra. Indeed, I have seen, more than once, the act of micturition performed with more difficulty in congenital phimosis than is seen in ordinary cases of stricture—the prepuce being distended into a large globe at the end of the penis. Not only may there be lesion of the bladder, ureters, and kidneys, but obscure pains in distant parts may perplex the patient and his medical attendant. I was requested by a physician of great eminence in his profession to operate for a congenital phimosis in the son of a clergyman, where there were cystitis and extreme vesical irritability, and also severe inflammation of the tonsils and pharynx, with quite disproportionate pain in the throat. All the symptoms, which had caused distress for a considerable period, quickly disappeared with the removal of the phimosis. I have seen, in the large number of cases of urethral stricture which have been placed under my care, inexplicable pains in the throat vanish with dilatation of the stricture. But the anomalous symptoms of stricture may on another occasion fitly form the subject of a lengthened paper.

The seat of constriction in phimosis lies *chiefly* in the lining of the prepuce, and *partly* in the skin, and in both tissues near the preputial orifice; the skin at this

spot probably participating in the characters of the lining membrane.

The operation for congenital phimosis, which I described very briefly seven years ago in the *Medical Times and Gazette*, has been performed frequently since then by myself, and by several other surgeons, with unvarying success. It is a significant circumstance, that neither I nor any surgeon with whom I have communicated have ever found a prepuce that was too long after the efficient removal of the phimosis by the operation which I am about to describe.

The principle of the operation which I practise is this. An incision is made in the long axis of the penis, on each side of the preputial orifice, which divides a small portion of skin and a larger portion of lining membrane. The incisions, when the prepuce is retracted, assume a linear form at right angles to the direction in which they were made.

The details of the operation are these. One blade of a pair of small round-pointed scissors (Critchett's scissors for the subconjunctival operation for strabismus answer admirably) having been passed through the preputial orifice, both skin and lining membrane are divided to the extent of a quarter of an inch. The incision is made first on one side, and then precisely in the same manner on the other. The prepuce is now retracted as far as the incisions will permit. This proceeding brings more lining membrane into view between the lips of the wound. As much of the lining membrane as is thus exposed is divided by a second incision on each side. The operation is now complete, and the prepuce may be easily retracted. The incisions, which were made in the long axis of the penis, after retraction of the prepuce become linear in a vertical direction, and almost imperceptible in the circular folds of the retracted foreskin. In the after treatment, the prepuce should be kept back or frequently retracted. In children, an able medical friend considers occasional retraction (say once daily for a week or ten days, until the wounds have perfectly healed) to be sufficient.

The extent of the incisions may be a little less in children and in slight cases, and a little greater in adults and in severe cases. The scissors must be small. I have several times, where there has been retention of urine, found the introduction of a small probe a proceeding of some difficulty.

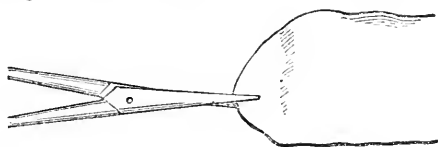


Fig. 1.—First incision. (In this and the next cut the flat side of the scissors is too clearly represented.)



Fig. 2.—Second and last incision. (The wound made by the first incision is not sufficiently large in the figure.)

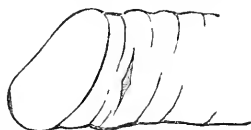


Fig. 3.—Direction of the wound after retraction.

The operation just described possesses the double

merit of dividing the constricted parts completely, and the constricted parts only. Considerable experience justifies me in claiming for the operation the following advantages. The wounds, being small, heal rapidly. No ligatures are required, and no sutures; no assistants, and no instruments, save the small scissors. Not an hour's confinement to bed or home is required. This great advantage was well seen in the case of a naval officer who had acquainted himself with the nature of all the operations for phimosis, mine included, in the library of the assistant-surgeon of Her Majesty's ship *H—*. He travelled from Plymouth to put himself under my care. I operated on his first visit to my rooms. He immediately walked to his hotel with ease, and walked out several times during a stay of two days in Birmingham. On the third day, he travelled to Plymouth with perfect comfort.

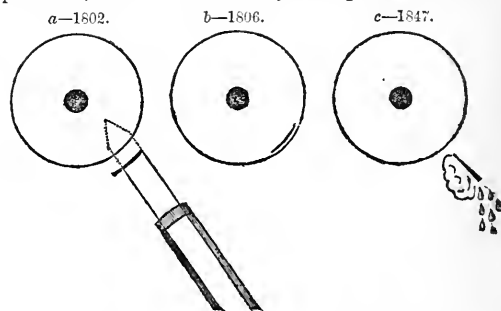
Lastly, the relief is complete and permanent. There is no deformity; and the cicatrices are found with difficulty, and only by means of a good light.

### SOME ACCOUNT OF THE OPERATIONS PRACTISED IN THE NINETEENTH CENTURY FOR THE RELIEF OF TENSION OF THE EYEBALL, GLAUCOMA, ETC.

By J. VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital.

[Read before the Midland Medical Society, February 3rd, 1863.]

THE earliest notice of section of the ciliary structures\* for the relief of intraocular tension is found in the *London Medical and Physical Journal* for the year 1802 (vol. vii, p. 209). Dr. Whyte there states, in a most interesting and ably written paper, that in cases of enlargement of the anterior hemispheres of the eye, occurring in Europeans, in consequence of incautious exposure of the eye to a tropical sun, whether complicated by congestion of the choroid veins ("dilated veins of the albuginea") or not, he had derived great advantage by puncturing the eyeball with a couching-needle. His incision was made through the sclerotics into the posterior aqueous chamber, the instrument being carried "behind and parallel to the iris". He directs, "the outlet" (incision) should be "proportioned to the existent expansion"; and states that by this procedure he had



extracted cataracts, ever without accident, and often with success. From this statement, I conclude the instrument used by Whyte was a broad cutting-needle. (Vide Diagram a.) The following parts would be divided by such an incision: the conjunctiva, sclerotics, radial fibres of the ciliary muscle and ciliary processes. The accidents which I should apprehend from this operation are, traumatic cataract, prolapse of the iris, and a trouble-

\* The terms ciliary structures, section or division of the ciliary structures, are used throughout this paper for convenience of expression, and not because they are found in the papers or works under review.

some inflammation of the sclerotica and ciliary processes.

Six years after the publication of the volume containing this paper, which shows Whyte to have been a surgeon of great boldness and originality, we meet with a short article from the pen of Mr. Wardrop in the *Edinburgh Medical and Surgical Journal* (vol. iii, 1807), on the Relief of Inflammation of the Eye by Opening the Cornea and Evacuating the Aqueous Humour. (Diagram *b*) Mr. Wardrop followed up his investigations, and in 1813 presented a valuable memoir to the Medico-Chirurgical Society of London, *On the Effects of Evacuating the Aqueous Humour in Inflammation of the Eyes and some Diseases of the Cornea*. In the same year, publicity was given to this paper in the *Transactions of the Society* (vol. iv, p. 142).

Mr. Wardrop, omitting all mention of the observations of Whyte, states that he was led to enter on his special plan of treatment from an acquaintance with the curious phenomena noticed by Dr. Barclay in the dead eye; viz., that if the organ was moderately squeezed in the hand, or had its veins filled with quicksilver or water, the cornea became turbid, and, on relaxation of the pressure, gained its natural transparency.

Mr. Wardrop refers the great and immediate relief which his patients experienced to the sudden "removal of tension". This "tension" he considered might be referable in some cases to an increased quantity of blood in the eye, the aqueous humour being of normal quantity; while in others, he states, it was manifestly increased. Wardrop believed that the operation had a marked antiphlogistic effect; but he did not recommend the treatment as "the sole remedy, but only as a powerful auxiliary in some cases, and in others as a sure and perhaps only means of preventing the total destruction of the organ.\* In an instance of progressive staphyloma attended with inflammation of the tunics, he observed that the latter was arrested by the paracentesis, and did not recur until the globe resumed its previous state of tension.

Carl Wedl has investigated the physiological effects of paracentesis of the cornea and sclerotica upon the circulation of the iris and choroid. In his *Pathological Histology* (Sydenham Society's Edition, p. 19), he states, "If the cornea of a white rabbit be punctured with a straight cataract needle, the transparent vessels of the iris, and the anterior ciliary vessels with the fine branches, visible only under a lens, become apparent after the escape of the aqueous humour. A reddish border is formed around the cornea. After death the vascular ramifications in the ciliary body and the iris are most beautifully displayed. If a puncture be made through the sclerotic into the vitreous humour, no stasis is observed in the ciliary vessels (processes?) until a portion of the vitreous humour has escaped. The quantity of vitreous humour that should be allowed to escape must be limited within certain bounds, otherwise minute extravasation of blood would appear to occur in the ciliary processes. Wedl refers these phenomena (congestion and extravasation) to a disturbance of the equable pressure which the humours of the eye exert on its internal circulation. After iridectomy performed for glaucoma, Gräfe has noticed "retinal ecchymoses"; they consist of extremely regular, round spots, which seem to be seated exclusively on the veins, and for the most part where the large trunks unite." (*Memoirs*, New Sydenham Society's Edition, p. 300.)

Continental surgeons appear to have appreciated more fully the value of Mr. Wardrop's practice in cases of ocular inflammation and congestion than his own countrymen. The French and Germans have not only boldly opened the cornea, but repeated the operation at short

intervals, occasionally several times in the twenty-four hours. Their results are reported as having been very satisfactory.

Some seventeen years after the publication of Wardrop's paper, Dr. Mackenzie suggested the propriety of practising paracentesis of the sclerotica for the relief of the tension of glaucoma. (*Glasgow Medical Journal*, Aug. 1830, p. 265.) Since then the several editions of his national work on *The Diseases of the Eye*, have contained similar advice.

Mr. Middlemore remarks, in his Jacksonian prize-essay, that he had noticed, after drawing off the turbid vitreous humour, it was replaced by a more transparent fluid, and the vision of the patient was improved. Mr. Middlemore must, I think, have abandoned the method almost immediately after the publication of his *Treatise on the Diseases of the Eye* (1835), or I should not have failed to have seen or heard of some of his cases.

Desmarres, in his *Traité des Maladies des Yeux* (1847), at page 773, gives an interesting and most instructive chapter on paracentesis of the eye. In acute glaucoma (*une violente ophthalmie interne*) supervening upon the depression of a cataract,\* he plunges a Wenzel's cataract-knife (*couteau lanceolaire assez large*, pp. 586 and 597) into the outer and lower part of the globe, and at three millimètres† from the rim of the cornea. (Diagram *c*) Such an incision would divide the ciliary muscle at its choroid end, the ciliary processes, and the anterior of the retina. The length of the incision which he makes is about one-sixth of an inch, and the depth to which the knife penetrates about one-fourth. I have arrived at these figures by the measurement of a drawing which Dr. Desmarres has given of an instrument (Wilde's needle?) for the performance of sclerotic paracentesis (p. 774). If the inflammation do not yield to a single operation, Desmarres reopens the wound even to a fourth time, or, if need be, as often as active inflammatory symptoms reappear.

The effect is to give immediate relief to local pain, and to subdue an ophthalmia which had proved rebellious to the usual antiphlogistic treatment. These results Desmarres refers to the drawing off of the aqueous humour when highly saturated with lens-molecules, and its replacement by a normal secretion (p. 597). It is in this class of cases that we get a glaucomatous tension; and I have in my own practice witnessed the most satisfactory results from such a proceeding, after paracentesis of the cornea had failed to give relief. Dr. Hillier Blount, who formerly practised in this town, was a student in 1846 in Dr. Desmarres' clinic. On his return to England, he informed me what marvellous recoveries he had witnessed from plunging a cataract-knife into the eyeball behind the rim of the cornea, in the case of acute internal ophthalmia (acute glaucoma?), when supervening upon the operation of cataract reclamation. In glaucoma, as defined by the older writers, Desmarres advises the same plan of relief which, he states, produces "beneficial arrests" in the progress of the disease. In a letter which I received from Mr. Hancock of London on May 17th, 1860, he mentions that the Parisian oculist continued to divide the ciliary structures, commencing his incision rather nearer to the transparent cornea ("division of the ciliary muscle"). He appears, however, to have since abandoned the plan for iridectomy. (See *BRITISH MEDICAL JOURNAL*, vol. 1862, p. 377.)

We have now arrived at the Iridectomy epoch. In 1855, Von Gräfe announced paracentesis of the cornea as a new remedy for glaucoma; and in 1857, the application of iridectomy‡ for the same purpose. He was

\* I have italicised this last opinion, as it embodies even *ipsissima verba* the views of the Iridectomy School in 1860, quoad the beneficial effects derivable from either operation.

\* The occurrence of glaucomatous pressure after needle operations for cataract, has been specially pointed out by Gräfe (*Memoirs*, Sydenham Society edition, p. 371.)

† A millimetre is about one twenty-fifth of an inch.

‡ Iridectomy is performed by making an incision half an inch

led to a trial of the latter from observing an improved circulation in the choroid, after its performance in cases where the pupil had been partially obstructed from the effects of an irido-choroiditis.

Mr. Dixon's experience has led him to the conclusion that some instances of acute glaucoma recover after a paracentesis of the cornea (Wardrop's operation)—a fact admitted by Gräfe; while others require, for permanent reduction of tension, a more compound operation, namely, the removal of a small bit of iris. (*Holmes's Surgery*, vol. ii, p. 855.)

Unhappily, a very large proportion of persons affected with glaucoma present the chronic or subacute variety of the disease. In such, let who may operate, the benefit in the greater number of cases is limited to a reduction of the intraocular pressure, and an extension of the lateral field of vision. The patient "does not see better, but in a different manner". As a rule, the sight endures during a longer period; but it is rare for the defining power to become more acute. In this class, the recurrence of an excess of tension, which may be quite independent of inflammation, is not infrequent, and may generally be completely overcome without a resort to a second or third iridectomy, as advised by Dr. Gräfe. Of the truth of this my own practice has afforded several examples. In some cases, in consequence of the advanced stage to which atrophy of the optic nerve has attained *before* surgical treatment was employed, or the increase *afterwards* of an effusion between the choroid and retina—states which may occur singly or combined—blindness creeps on, notwithstanding the intraocular pressure may be reduced to the normal standard.

I have seen the progress of idiopathic senile cataract complicated by a subacute glaucoma—a fact of the highest importance in regard to prognosis and treatment.

[To be continued.]

## PRACTICAL OBSERVATIONS ON THE TREATMENT OF THE PURULENT OPHTHALMIA OF INFANTS.

By J. C. WORDSWORTH, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital; lately Assistant-Surgeon to the London Hospital; etc.

So many sad instances of the destructive tendency of purulent ophthalmia in the infant have lately come under my notice at the Royal London Ophthalmic Hospital, that I am induced to offer a few practical remarks on the treatment usually adopted in this disease.

My own experience leads me to the conclusion that no disease is more amenable to treatment than this form of purulent ophthalmia; and I hope that consequently some good is likely to be produced by calling the attention of the profession to this subject.

At this time, I have under treatment at the hospital several cases that aptly illustrate and enforce the importance of the plan traditionally adopted by us, from the days of Saunders, Travers, Lawrence, Tyrrell, etc. It is recorded by them that, in their hands, a disastrous result was almost unknown, if cases came early under their care; and I believe the present staff of the hospital would unhesitatingly endorse this dictum, and bear testimony to the efficiency of the plan of treatment almost always adopted there.

long just behind the corneo-sclerotic union, and then removing one-sixth of the iris close to its ciliary attachment. By this proceeding, the pupil is made to extend to the ciliary ring, the zonula and the lens alone (it is presumed) intervening between the vitreous and aqueous chambers.

It, therefore, follows that the cases to which I referred were either very inefficiently treated, or that the remedies used were not applied in time. One, now attending the hospital, is an example of that very uncommon condition technically termed xeroma—"dry conjunctiva" or "cuticular conjunctiva"; and so far as I can learn, seems to have been a case of purulent ophthalmia, in which a very caustic solution of nitrate of silver was frequently applied, and has produced such a change in the condition of the conjunctiva, and apparently also in that of the lacrymal gland, that no fluid is poured on its surface.

In some others, the cornea has been perforated by ulceration or sloughing, and closure of the pupil, or a worse condition, has followed. Here, again, I believe, the error has been on the side of too vigorous use of stimulants during the active condition of the disease. There can be no doubt that, when the affection is early recognised, and before the ocular conjunctiva is much involved, it may be cut short by the use of stimulating and astringent applications, as in analogous cases of disease of the mucous surfaces in other parts; but that, as soon as the case has made some progress and an acute condition of inflammation is established, which has produced some symptomatic fever, it is irrational to attempt its cure by the irritant plan, while the febrile condition continues. It seems probable that the case is considered of no importance very frequently, till it has passed its incipient stage, and the opportunity for ectrotic treatment is gone.

It cannot, therefore, be too much impressed how important is an early recognition of this dangerous malady—a disease that has been computed to produce at least half the cases of hopeless blindness that exist in this country.

The surgeon would do well always to give a guarded opinion when he is consulted about "a slight cold in the eye" of a newly-born infant, remembering that the disease often commences very slowly; and that, so long as it is confined to the palpebral conjunctiva and the caruncle, it may be safely and efficiently treated with almost infallible success; but that, if neglected, it will probably soon pass into a very dangerous and tedious affection.

It is absolutely impossible to say of a given case that has proceeded to destruction of the eye, that it had a stage when the abortive plan of treatment might have been put into practice; for sometimes the disease makes such rapid progress that there is reason to doubt that this opportunity ever occurred, or if so, it was of so short duration that it was impossible to take advantage of it. I have seen cases in which the lids were swollen and tense to such a degree, within a few hours after birth, that it was practically impossible to gain an accurate view of the condition of the cornea. Here it is manifestly idle to suppose that the adoption of any treatment would have stopped the disease at once. On the other hand, it is also impossible to declare that all cases, if neglected, will pass into the second stage.

For myself, I may state that I believe that the disease is often of so mild a character, that only injudicious treatment can make it dangerous, and that little is required to be done; that the disease would subside if left alone even, and is aggravated by officious and unnecessary interference. However this may be, it is the safest and the only proper course to adopt the mild preventive measures which so ample experience has ratified.

Suppose, then, a case of the disease, in which it is confined to redness of the conjunctiva, especially of the lower lid, the mucous membrane being somewhat villous and prominent, and attended by some discharge of mucus or pus, and tears. This is the first stage. How may such be best treated? I should be content to have the eyes bathed frequently with warm water, by means of a small piece of linen cloth, to wash away the dis-

charge; and afterwards, with an astringent lotion, containing four grains of alum in an ounce of water, and then wiped dry, and a little spermaceti-ointment smeared on the edge of the lower lid, and the child put back to bed. A teaspoonful of castor-oil may be given, if it have not already taken some aperient. If in a few days this does not terminate the treatment, I usually drop a solution of two grains of nitrate of silver in an ounce of distilled water on the conjunctiva twice a day. This rarely fails to produce a marked improvement in a few hours, especially if the discharge have become thin; the child opens its eyes and bears the light without inconvenience.

If the case have passed into the second stage—the lids being *red*, swollen, tense, and *shining*; the conjunctiva of the globe swollen, and raised round the cornea; the discharge profuse; and the child being hot, fretful, and restless—I apply a leech to each upper lid, and administer a grain of calomel at once. By means of the leech, the swelling is soon reduced, so that the cornea may be examined; and, independently of the antiphlogistic effect of loss of blood which is thus gained, the application of remedies to the conjunctiva can be more easily effected.

Fomentation of the lid is continued for some time, to encourage bleeding and soothe the inflamed structures. The child will usually be considerably reduced by the bleeding; and, being also relieved of pain, soon falls asleep. If the calomel do not soon open the bowels, a small dose of castor oil may be given. The fomentation is renewed at short intervals; and, as soon as the case approaches the conditions of the first stage, the weak alum-lotion is substituted for the warm water; and this again supplemented by the nitrate of silver drop, as this ceases to effect a cure.

I constantly find that the subjects of this affection are immature children of seven or eight months; and that the mothers are feeble and delicate women, incapable of providing a full supply of good milk. Under these circumstances, I prescribe quinine and iron for the mother, and thus indirectly influence the child.

The late Mr. Tyrrell introduced the practice of dividing the chemotic swelling by a series of radiating incisions round the cornea—a practice that since his time has, I believe, fallen into disuse. It is long since I have known it employed; but in his practice it seems to have been so satisfactory, that one could scarcely reconcile the disuse of it with one's duty, if a suitable case were presented. Yet I have no reason to think the practice of his successors at the hospital is less successful than that adopted by this excellent surgeon.

From considerable opportunities, I am persuaded that the plan above sketched is most satisfactory and efficient for the treatment of this important disease. I do not doubt that, if more generally employed, it would conduce to diminish materially, if not to entirely check, the sad and irremediable consequences of purulent ophthalmia. It also has, to my mind, a great advantage over the cruel and unnecessary practice of applying stimulants to the tender and acutely sensitive little patients; and assuredly, in the cause of humanity, we should endeavour to avoid the infliction of an unnecessary pang, especially when we remember how acutely a sympathising mother suffers in witnessing these painful cases; and how heroic she must be, or neglect to apply the painful remedy that has been prescribed, when she sees the agony that its employment causes to her babe. Who can wonder, then, that such painful treatment is not fully carried into effect; and that, consequently, much risk is incurred by the attendants for the sake of saving the child's sufferings? Nor should we forget that the mother's health materially reacts on the child's; and, consequently, how necessary it is that she should be spared these painful emotions.

## Transactions of Branches.

### SHROPSHIRE SCIENTIFIC BRANCH.

PROTRUSION OF THE EYEBALL, WITH BLINDNESS: DISEASE OF THE KIDNEYS, WITH HÆMORRHAGIC DIATHESIS.

By T. WHARTON JONES, F.R.S., Professor of Ophthalmic Medicine and Surgery in University College, London.

[Read February 13th, 1863.]

IN the following case of disease of the kidneys, with hæmorrhagic diathesis, the patient died with symptoms of pectoral disturbance; but the most striking phenomena at first were protrusion of the left eyeball from extravasation of blood into the ocular capsule, and amaurosis from intraocular extravasation and serous effusion.

M. A. C., aged 19, a sempstress, was admitted into University College Hospital, under Mr. Wharton Jones, on January 8th, 1863. There was great protrusion of the left eyeball, over which the upper lid, livid from ecchymosis, was tensely stretched. The ocular conjunctiva was raised up in the form of chemosis by extravasated blood and protruded between the eyelids. The sight was totally lost. The protrusion of the eyeball and loss of sight came on two days before admission. The right eye was not affected. The patient was very pale looking.

*Past History of the Case*, drawn up by Mr. Ringrose, Ophthalmic Surgeon's Assistant. About two months ago, both eyes became bloodshot. The left was the first affected; but whilst it got well, the vision of the right remained dim. For this the patient was treated at a public institution, but without benefit.

She had been subject to bleeding from the nose since childhood, and about a month ago lost a great deal of blood in this manner. The menstrual discharge first appeared when she was between 16 and 17 years old and was very profuse; but latterly it had not been nearly so much. She had suffered from headaches for the last three or four years, chiefly over the brow; but lately the pain had extended to the back of the head. She had been subject to cold feet, and has sometimes fainted at her occupation. Has complained of pain across the loins. The urine had been very high coloured with a thick sediment at the bottom of the utensil. Her parents were both healthy.

January 9th. The left eye continued in about the same condition. The right eye seemed slightly affected. She felt pain over the brow. Mr. Wharton Jones incised the chemosed and protruding ocular conjunctiva, and likewise slit up the tensely stretched upper eyelid, to relieve the eyeball from the pressure to which it was subjected. This immediately gave the patient considerable relief. Water-dressing was applied over the eye.

January 10th. The patient did not suffer so much pain. She now complained of dimness of sight in the right eye.

January 11th. Last night she was seized with a feeling of suffocation, which still continued. Pulse 146, and very weak. Respiration 34. She had slight cough. She brought up a rather large amount of frothy fluid like saliva—not mucopurulent nor tenacious. The chest on percussion was extra-resonant. At the apex of the right lung was an abundance of fine crepitation, limited to inspiration, and most abundant at the termination. Slight crepitation, but coarser, was heard at the base. The left lung, just above the heart and by the side of the sternum, was also the seat of crepitation, but coarser than at the apex of the right lung. The patient was now quite blind on both sides.

10 P.M. The patient lay on her back moaning, but

quite conscious. There was slight lividity of the face, and great difficulty of breathing.

She died at half-past ten P.M.

**POST MORTEM EXAMINATION**, conducted by Dr. Sidney Ringer, and reported by Mr. Ringrose.

*Skin.* Small petechial spots were present on the arms and legs.

*Brain.* A clot was found in the longitudinal sinus, non-adherent, and apparently quite recent; likewise a clot in the lateral sinus, also recent. The brain and membranes were quite healthy. In the right middle fossa of the base of the skull, just below the sphenoidal fissure, there was, in the dura mater, a small spot of ecchymosis of about the diameter of a split pea. The arteries of the brain, on being slit open, were found to contain none but recent clots.

The *trachea* was full of frothy fluid of a bright red colour, but otherwise healthy. The *bronchial tubes* contained fluid similar to that in the trachea.

*Lungs.* On the anterior surface towards the apex were seen red lines and spots of bright red colour, not altered by pressure. The lines were between the lobules, and the spots in the lobules themselves. In some cases, an entire lobule was coloured; but the redness was sharply defined, not extending into the next lobule. Few spots were seen at the base and posterior surface. On section, the redness was seen to extend into the substance of the lung, and a few similar spots were observed in its very centre. The redness, except in a few cases, was external to the pulmonary vesicles. The lungs were by no means gorged with blood, and were slightly emphysematous.

The *pulmonary artery and vein* were cut open, but found to contain none but recent clots.

*Heart.* The right side contained a firm clot very closely mixed up with the columnæ carneæ and chordæ tendinæ, and extending into the pulmonary artery. This clot consisted of fibrine with the red corpuscles aggregated on one side. The left side of the heart was empty. Beneath the tricuspid valve was a large spot of ecchymosis. On the anterior surface of the heart, on each side of the longitudinal furrow, were seen several small spots of probable ecchymosis. The veins of the heart were rather emptier looking than usual.

The *pericardium* contained the usual quantity of fluid tinged with red. The fluid in the *pleural cavity* was likewise tinged.

*Aorta.* Here, close to its attachment to the heart, was a small spot of ecchymosis of about the diameter of a split pea. The vessel itself, down to the diaphragm, was healthy, but coated with a thin film that could be stripped off in very small pieces. This membrane possessed scarcely any tenacity, was very translucent, and of a bright red colour. It was probably exfoliated epithelium.

The *liver* was apparently healthy. The *spleen* was rather large, soft, and presented numerous minute circumscribed dark red spots—possibly of ecchymosis. The *intestines* were healthy.

The *kidneys* were natural in size, but of lighter colour than usual. The capsule peeled off much too easily. On section, the cortical substance was found much atrophied. Under the microscope, fatty degeneration, atrophy of the Malpighian bodies, and an increased amount of fibrous tissue, were observed.

The *urine*, drawn from the bladder after death, showed a considerable quantity of albumen. The mucous membrane of the bladder was pale. It presented no ecchymosis.

*Dissection of Eyes*, by Mr. Wharton Jones. *Left Eye.* There was extravasation of blood in the cellular tissue between the ocular capsule and sclerotica, and between the sclerotica and conjunctiva. There was also ecchymosis in the substance of the upper eyelid next the tarsus. On examination of the exterior of the eyeball,

points of extravasation were seen at the exit of the *venæ vorticosæ*. Extravasated blood was found between the sclerotic and choroid; and there was serous effusion between the choroid and retina, in consequence of which the retina was pressed together into a string of folds, whilst the vitreous humour had become absorbed. The inside of the retina presented spots of extravasated blood, both at the fundus and anteriorly. The lens, iris, and cornea, were not much altered. There was no extravasation in the optic nerve.

*Right Eye.* The sight of this eye, it is above mentioned, was quite lost before death. There was no protrusion, and no extravasation within the ocular capsule; but there were spots of extravasation at the points of exit of the trunks of *venæ vorticosæ*, as in the left eye. As in the left eye, also, there was extravasation between the sclerotic and choroid, but in a less degree. There was also serous effusion between the choroid and retina, but so slight that the retina was not pressed together as in the left eye. The inner surface of the retina at its fundus presented small spots of extravasation. The vitreous humour was yellowish, from a slight permeation with extravasated blood.

#### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

A SECOND CASE OF ASCITES AND ANASARCA IN THE FÆTUS, OCCURRING IN THE SAME INDIVIDUAL.

By JOHN M. BURTON, Esq., Blackheath.

[Read March 27th, 1863.]

[The previous history of Mrs. L., the subject of the subjoined case, was published in the *BRITISH MEDICAL JOURNAL* for November 16th, 1861. The delivery took place on July 19th of that year; and it is stated that

"The whole body was anasarcaous. The loose tissue of the penis and scrotum was much infiltrated and quite transparent. The scalp was rendered excessively tense by effusion beneath it; so that, upon pressing my fingers deeply into it, I could not feel the sutures even after the child's birth. The abdomen was very tense; its superficial veins being very prominent and full, just as one sees in an old case of ascites in an adult. Upon cutting into the peritoneal sac, at least a pint of clear straw-coloured serum escaped. The liver was large, soft, and friable; the spleen was in the same condition. The stomach and bowels small and contracted. I was only permitted to make a very cursory examination of the fœtus."

Mrs. L., the subject of the preceding history, became again pregnant, and during the latter months suffered from the great size and consequent weight of the abdomen. The motions of the fœtus were feeble; and she had a strong presentiment that all was not right with her.

On December 8th, 1862, she was taken in labour; and after some hours of pretty severe pain and the discharge of a very large quantity of liquor amnii, a male child was born, in exactly the same condition as in the former case. The abdomen was immensely distended by ascitic effusion; and the whole body was anasarcaous. Finding this to be the case, and that the diaphragm was not able to contract in consequence, and that the child only made a few feeble gasps, I did not divide the umbilical cord; and, the placenta being immediately expelled, I was enabled to keep the fœtus and placenta entire for examination. This was made by my friend, Dr. Wilks, the lecturer on Pathological Anatomy at Guy's Hospital, who kindly sent me the subjoined report:—

"11, St. Thomas Street, Southwark, Dec. 15, 1862."

"Dear Mr. Burton,—I have examined the fœtus carefully, and cannot discover the cause of the dropsy. There



was not only fluid in the abdomen, but all parts of the body were anasarcaous, including the integument itself, just as is seen in renal disease. I could, however, find nothing amiss with any of the viscera. I think it possible that some obstruction might have existed in the arteries of the cord to have accounted for it; but I could not find any, nor do I know that any one has made any observation connecting the two in any way.

"The placenta was healthy; the white masses scattered through it were merely decolorised fibrine of the blood....."

"I am, yours very truly, "SAMUEL WILKS."

The patient recovered without any drawback. She is, as far as I can ascertain, in perfect health; and is the mother of several fine and healthy children.

The pathology of the case I cannot pretend to explain, and I shall be very glad to have the opinion of the members upon it.

## Reviews and Notices.

ON HUMAN ENTOMOZOA; comprising the Description of the Different Species of Worms found in the Intestines and other Parts of the Human Body, and the Pathology and Treatment of the Various Affections produced by their Presence. To which is added, a Glossary of the Principal Terms employed. By WILLIAM ABBOTTS SMITH, M.D., M.R.C.P.Lond., Senior Assistant-Physician to the Metropolitan Free Hospital, etc. Pp. 251. London: 1863.

THIS book is divided into three parts. The first is a Synopsis of the Entozoa which are found in Man; arranged under the heads of protozoa or infusoria, cestodea, trematoda, nematodea, and acanthotheca. The second part is on the Pathology and Treatment of Human Entozoa; here the author treats of the entozoa found in the respiratory passages, in the intestinal canal, in the biliary and urinary passages, in the sanguineous system, in serous cavities; of hydatids in various parts; and of entozoa in the nervous and muscular systems, in the areolar tissue, and in the eye and its appendages. In the third part—Special Therapeutics—he notices various medicines used in the treatment of entozoa.

A book of this kind, containing a well arranged outline of whatever is known concerning the parasites of the human body, has been wanted in our literature; and we should be disposed to give great praise to Dr. SMITH for writing it, if it were not that its title-page is calculated to convey an erroneous impression of his real share in its production. We express only the results of a careful examination, in asserting that nearly every sentence of the first and second parts is translated from M. Davaine's *Traité des Entozoaires et des Maladies Vermineux de l'Homme et des Animaux Domestiques*, published at Paris in 1860. The third part, which contains twenty-three pages, certainly displays more independence on the part of Dr. Smith. It is quite true that Dr. Smith, in his preface, acknowledges having made a liberal use of M. Davaine's book.

"I feel that I cannot permit its issue" (i.e., of his work) "without recording my deep sense of obligation to Dr. Davaine of Paris, the author of one of the best modern treatises upon entozoa, for the disinterested and unconditional manner in which he gave me permission to make use of any portions of his work; and to Messrs.

Baillière and Son, the proprietors of the copyright, as well as the publishers, of Dr. Davaine's treatise, for a similar privilege, of which I have, as will be seen upon a perusal of the following pages, largely availed myself."

Dr. Smith has indeed, as has been already observed, *very* largely availed himself of the privilege granted him; so that, nearly throughout the book, it is Davaine, and not Smith, who speaks. But the acknowledgment in his preface, although at first sight candid, does not sufficiently show this; and his title-page misleads still more. Any one reading these parts of the book would imagine that Dr. Smith had a more or less profound scientific and practical knowledge of entozoa, which he was desirous of laying before the profession; and that he had used the work of Dr. Davaine, as the most complete which could be met with, merely to remove doubts or to supplement deficiencies in his information.

It is impossible, under the circumstances which we have noticed, to say that Dr. Smith has done more than translate a number of judiciously selected paragraphs from Dr. Davaine's book. If he had but added to his title "Abridged from the *Traité des Entozoaires* of M. Davaine," and had distinguished his own few additions by brackets or in any way that he pleased, he would have had the credit of having performed a very honourable and useful duty. If he will take our advice—which we give him, as a young author, in all kindness—he will, in his next edition, supply the omissions which we have pointed out.

Since the above was written, we have received from Dr. Smith a letter, in which he refers to certain statements made in a review of his book in one of our contemporaries, which appear to imply that he has used M. Davaine's book without permission; and he denies the truth of any charge of literary dishonesty. He has also, we learn, directed the words "Partly translated from the *Traité des Entozoaires* of M. Davaine", to be inserted in future advertisements of his work.

Dr. Smith will see that, in our review, which has been written, as before stated, after a careful examination of his book and of M. Davaine's, we have made no charge against him of having wilfully appropriated without acknowledgment the labours of another man. All that we have accused him of, is an error of judgment, which might act prejudicially to his own reputation. We are glad to find that he is now doing nearly the same thing as has been suggested by us; but it would have been better, if he had done it at first, *proprio motu*. But, "better late than never."

STAMMERING AND STUTTERING: THEIR NATURE AND TREATMENT. By JAMES HUNT, Ph. D., F.S.A., F.R.S.L.; Foreign Associate of the Anthropological Society of Paris, etc. Fifth Edition. Pp. 256. London: 1863.

THE father of Dr. HUNT acquired considerable reputation for a number of years by his successful treatment of stammering and stuttering; and the present author has devoted considerable attention to these distressing defects, with credit to himself and relief to those who have placed themselves under his care.

This fifth edition of his work will bear a favourable comparison with some of the editions which have preceded it. The author enters more fully on an examination of the question of the real nature of the affection under consideration. In common with his late father, he denies that stammering is a disease, but holds that it "is an imperfection occasioned by organic, physical, or accidental causes—the want of some proper regulation in use." He, therefore, condemns all surgical interference, and recognises medical treatment only so far as it may be calculated to improve the general health when impaired. His treatment consists apparently in a proper education of the movements of the organs of speech; and is based on common-sense principles. His remarks on the management of stammering and stuttering children (pp. 195-209) are especially worthy of consideration.

We observe with satisfaction that Dr. Hunt has omitted from this edition a string of letters testimonial from various of his patients, by the publication of which former editions of his book were marred. We will further suggest to him, that the exclamations against charlatans in which he occasionally indulges are scarcely compatible with the dignity of a man of science, and are, in our opinion, unnecessary. He can well afford, while gaining a merited reputation by the success of his treatment, to leave pretenders to be condemned by their failures. One of the most curious conspicuous signs of quackery is the constant abuse which its followers heap on each other.

We can cordially recommend this fifth edition of Dr. Hunt's book to the study of those who are afflicted with the impediments of speech of which he treats, or who have patients or friends so afflicted.

**NATURAL HISTORY ACCORDING TO LAW.** The Imperial Court of Montpellier has recently been called on to hear an appeal, in which the point in dispute was the *veraxa questio* whether a frog is a fish. The judgment was affirmative, and those persons who have hitherto thought that they might catch frogs at all seasons, in private or public waters, will now see that they have been mistaken.

**THE AUSTRALIAN FLORA.** Dr. Murray, who accompanied Mr. Howitt's exploration party as medical officer, has brought back with him an interesting collection of specimens of the flora of the Cooper's Creek district, of the indigenous woods, and of articles illustrative of native life. The timber specimens represent seventeen varieties of trees, the most peculiar of which are the cork tree, so named on account of the peculiarity of its bark, and the orange tree, which bears the singular fruit mentioned by McKenlay. In outward appearance, it is not unlike a small orange, but it has a pungent flavour, which renders it disagreeable to Europeans. The taste of the fruit, Dr. Murray says, is something between that of a water melon and cayenne pepper. The collection of the timber specimens was a work of great labour, Dr. Murray having to saw the wood with his own hands. They are to be sent to Dr. Mueller for that gentleman to classify. A sample of *pitchere*, a strong narcotic, the use of which enables the natives to chew tobacco and swallow the juice with impunity, is to be sent to Dr. Macadam for analysis. The observations offered by these gentlemen, together with the particulars of the many other interesting articles included in the collection, will probably appear in a volume Dr. Murray proposes to publish, descriptive of the country traversed, and of the expedition. (*Melbourne Argus*.)

## British Medical Journal.

SATURDAY, MAY 2ND, 1863.

### MEDICAL EVIDENCE IN COURTS OF LAW.

MEDICAL evidence delivered in our courts of law has of late often become a public scandal and a professional dishonour. The bar delights to sneer at and ridicule it; the judge on the bench solemnly rebukes it; the public stand by in amazement; and honourable minded members of our profession are ashamed of it. To such a pass has medical evidence been brought by the exhibitions too frequently made of late by its expounders in courts of law!

If the injury and the disgrace attaching to the proceeding were discharged and fell solely upon the heads of those who offend in this wise, we might be well contented to let justice be so dealt out. But it is not so. The whole profession, unfortunately, suffers in character, both as an honourable and a scientific calling, from the disrepute thence arising. How could it be otherwise? What respect can the public have for a profession—what faith or confidence in medical practitioners—when they see members of high position in it enter the witness-box, and flatly contradict, and in the most positive terms, the opinions given by other equally eminent members of the profession? What is the public to think when, for example, they see three doctors on one side swearing, on behalf of a railway company, that the plaintiff is not suffering from any injury at all; and three on the other swearing that he is not only suffering from an injury, but is seriously damaged, and probably for life? What is the public to think, when one set of witnesses swear that a professional brother's practice is altogether improper, and another set of witnesses of equal repute swear that it is most proper, and the very practice which they themselves would pursue? Why, the evident result of all this is, that the whole profession sinks in public estimation, and that the practice of medicine is thrown into general disrepute, and public confidence in our art and in our honesty is seriously damaged.

This kind of advocate's medical evidence, therefore, is a thing which concerns the whole profession. The whole profession suffers through it, and consequently has a right to demand an account of his words from him who thus publicly drags its credit through the mire. And it is, indeed, time that the profession took the matter into hand; for the proceeding has come to an unbearable pass. It was bad enough, indeed, that men should be found for high fees to swear, opinion against opinion, in cases where mere pecuniary compensation was at stake;

but when as of late we find, month after month, medical men entering the witness-box, and in the most reckless and unjustifiable manner swearing away the very reputation of their medical brother—brother, indeed!—it is assuredly time that the profession as a body should step forward and publicly express its condemnation of so great a disgrace. Are we speaking without book? Let those who think so turn to the back pages of this JOURNAL. Let them read through the cases there recorded even during the past year—examples of the condition of things we are now describing. They will find abundant evidence of the correctness of our statement. Again and again has it been our duty to rebuke the actors in such scenes; but it would appear as though something more powerful than the warnings and castigations of the press were required to check the evil.

One learned judge, in a late railway case, said, in his remarks to the jury: "Here, unfortunately, the medical evidence was utterly contradictory; and it was certainly sad to see gentlemen of the medical profession giving evidence so entirely contradictory." Then, again, on another late occasion, we have Chief Justice Erle remarking: "It was a pity that one medical man should be ready to come forward and condemn the treatment of a brother in the profession, and say that *he* would have done this or that, when probably, had he been in a position to judge of the case from the first, he would have done no better."

When words like these fall from the bench, we may be sure that there must be something very wrong in the proceeding which draws them forth. Indeed, the indignation of the whole profession has been lately excited into action through the evidence recently given by medical men in the now famous cause of *Bromwich v. Waters*. The Metropolitan Counties Branch of the British Medical Association has determined to take the question in hand, and, if possible, to lay down rules which should guide the medical man in the witness-box when he is forced to enter there and give evidence upon which hang the honour and reputation of a brother medical practitioner.

If men would only follow the Christian precept of doing to others as they would be done by, we should certainly have no need of the force of professional opinion to guide and direct us in the matter; but facts too plainly show that something stronger than conscience is required to force certain members of our profession to act justly towards their brethren. It therefore becomes the duty of a great Association such as ours to step forward and enact the part of monitor towards the persecutor, and of guardian towards the persecuted, in cases of this kind. It will be the business of the Metropolitan Counties Branch, if possible, to express in resolutions what it considers should

be the rules to guide a medical man when summoned in a court of law to give evidence upon the professional conduct or practice of a medical brother.

In framing resolutions of this kind, we need hardly say that no word must enter into them which could be in any way interpreted as a pressure upon medical men such as would, in the slightest degree, tend to interfere with or obstruct the ends of justice. This is absolutely essential. A medical witness, for example, cannot refuse to depose to facts; and no one can object to him that he does so, whatever may be the injurious effects which thence result to the medical brother who is on his trial. He is bound in conscience to deliver himself of those facts, even to the prejudice of his medical brother. And, happily, it is not, in this sense, that we have any difficulty in dealing with the question. It is not in swearing to matters of fact that we have to call medical men to account for swearing away the reputation of their brethren; but it is in their swearing to matters of opinion.

Let us see how this is. A well-known medical man of high repute—Dr. Lee, for example—enters the box, and swears that in his opinion the treatment adopted by the defendant is highly improper. Now, let it be clearly understood, Dr. Lee is talking to a jury who know nothing of the nature of the medical question before them beyond what they are told by the doctors. They are of themselves quite incapable of judging of the treatment, whether it is right or whether it is wrong; and, naturally and of necessity, therefore, they are entirely guided in their judgment by what they are told by authority. The higher the authority who instructs them, the more implicit is their faith in his assertions; and when they have full confidence in the authority or oracle who stands before them, it comes to this, that they receive his delivered *opinion* as something equal in value to a positive *fact*. Thus, for example, it is certain that the jury at Chester the other day, would have accepted, *not as an opinion*, but as a *positive fact*, that Dr. Waters's treatment was grossly improper, had not Dr. Waters happily placed in the witness-box for the defence men whose reputation was equal to that of the prosecution-doctors, and who swore to an exactly opposite opinion on the treatment.

Is there, then, any difficulty in laying down the rule of practice which should be followed in such a case, in accordance with the dictates of professional honesty and an honourable professional sentiment? We apprehend that there is none whatever. Let medical witnesses only have the modesty and the honesty, when they deliver their opinions, to abstain from all *suppressio veri* and from all *suggestio falsi*—in fact, from playing the advocate's part in the witness-box; and no one could then quarrel with their evidence.

Let the medical witness, for example, state the honest truth, and say, "That is my opinion on the point; but it is only an opinion, and I feel bound to add that men of as high a position as myself in the profession hold a very different opinion about it." Medical men in a medical debating society may boldly and uncompromisingly lay down their opinions as if they were facts, because their hearers know all about the matter, and understand very well what medical convictions and opinions are worth; but it is totally different with a jury in a law court. A jury may and will swallow the most hypothetical statement, if it be only roundly sworn to by a man of authority in the profession, and if they hear no contradiction to his swearing.

There can be no excuse for a medical witness when he swears away a professional brother's reputation by sustaining his own personal convictions. He knows that men just as good as himself hold perfectly opposite convictions. However firmly, therefore, he may stick to his own convictions, he has no right, according to the plainest rules of reason, to tell a jury that his convictions are facts, or impress them as such on the jury's minds. If he do so, and above all in a case where a medical brother's reputation is at stake, he is manifestly committing an act of gross immorality. To sustain as a positive fact what he knows is not an accepted fact with the profession, is clearly committing an act of deception upon the jury. To produce that impression on the jury's mind which shall lead them to condemn as improper the treatment of a medical brother in a case such as here supposed, and so to destroy the medical brother's reputation is manifestly nothing less than an act of gross injustice and professional immorality—one which deserves to be stigmatised by the profession as such.

We apprehend that there can be no doubt as to the correctness of the view sustained; and that there can be no difficulty in framing resolutions to express the view of medical evidence here laid down.

But other points arise for consideration, and especially the question how far a medical man is bound to attend to the subpoena served upon him—whether he is morally obliged or not, or should be tempted by a fee of two, ten, fifty, or a hundred guineas, to obey the summons served on him to act as a witness on behalf of any side that applies for his services. Ought a medical man, for the sake of a large fee, for example, to appear in the case of a prosecution against a medical brother when he has nothing whatever to say in the matter, and only supports the case by lending, or rather hiring-out, his well-known name to appear on the list of the prosecutor's witnesses?

Now, on this point, it is right that we should know the legal liability of a witness; and this, we think, is very clearly stated in the following words:—

"In the case of *Webb v. Page*,—*Carrington and Kirwan's Reports*, p. 23,—the late Mr. Justice Maule ruled as follows: 'There is a distinction,' said his lordship, 'between the case of a man who sees a fact, and is called to prove it in a court of justice, and that of a man who is selected by a party to give his opinion on a matter with which he is peculiarly conversant from the nature of his employment in life. The former is bound, as a matter of public duty, to speak to a fact which happens to have fallen within his own knowledge. Without such testimony the course of justice must be stopped. *The latter is under no such obligation.* There is no such necessity for his evidence, and the party who selects him must pay him.' In the case referred to by Mr. Justice Maule, a skilled witness had been subpoenaed; but refused to give evidence unless first paid for his services and loss of time.".....

"There is one reason why I should not advise any person in the position of a skilled witness totally to disregard a subpoena. It is quite clear that should such a person fail to attend a trial, no attachment could issue, even if he were called, as is usual, upon the subpoena, because the party subpoenaing him could not make the requisite affidavit that he was damaged by the witness's absence, and in what respect. But such party might bring an action for damages; and although he would recover none, he might not only worry, but might even put the defendant to a considerable expense, as taxed costs by no means include the entire costs in such cases. Although, therefore, I could not advise a total neglect of the subpoena, the safest course would be to obey it, and demand expenses before giving evidence. Such expenses would be only those allowed for a professional witness; but if the person so subpoenaed were willing to run the risk of an action, he might safely absent himself without any fear of an attachment from the court for contempt."

The law on this point seems clear and explicit. No medical man is morally bound to attend and give evidence on a matter of mere opinion; and it is evident that the legal obligation is merely nominal. It is, therefore, certain that medical men who appear in court and give evidence on matters of opinion are volunteers, and attend there either for conscience sake or for love of a large fee. We may add, it is equally clear that any medical man who goes into the witness-box does so, under such circumstances, because he wishes to do so. Moreover, it is manifest that no man of law would subpoena a recalcitrant "skilled" witness, or one who threatened, if he were summoned, that he would speak the whole truth, and so rather damage than support the man of law's case.

The practical conclusion of all this plainly is, that the medical man who enters the witness-box as an advocate's witness, to speak, not the whole truth, but only so much of it as shall damage his opponent, (*suggestio falsi*); and who carefully suppresses whatever might tell in favour of his opponent, (*suppressio veri*)—commits a highly immoral act, for which he is accountable at the bar of professional opinion.

The medical man cannot honourably and honestly adopt the practice of the prosecuting counsel, for example, whose business is simply and solely, *per fas et nefas*, by suppressing truth and suggesting the false, to gain a verdict against the defendant.

## THE WEEK.

It is with much regret we announce the death of Mr. H. Charles Johnson, Surgeon to St. George's Hospital. Mr. Johnson, whose life had been despaired of for the last two or three months, died at his house in Savile Row on Tuesday, the 28th ult., at the age of 55. Mr. Johnson was appointed Lecturer on Anatomy at St. George's Hospital upon the opening of the School in Kinnerton Street; and in 1843 he was appointed assistant-surgeon, and in 1853 surgeon, to St. George's Hospital. We are not aware that Mr. Johnson made any contributions to medical literature. He was most successful as a practitioner; and few men in the profession were more esteemed, and we may say beloved, by his friends and patients. Mr. Henry Lee, who resigned the office of surgeon to King's College to accept that of assistant-surgeon to St. George's, is a candidate for the office vacated by Mr. Johnson's death.

As very erroneous statements have been made concerning the giving of their verdict by the jury in the case of *Bromwich v. Waters*, it is fair to Dr. Waters to state the real facts. One jurymen alone, out of the twelve, dissented from the verdict given. "Eleven of us", said the foreman of the jury to the judge, "were almost agreed five minutes after we left the jury-box." That the dissentient juror was a person quite incapable of giving a calm judgment in the matter is evident from another remark of the foreman:

"We have done all we can to persuade the dissentient juror, but without success; and I really think he will be seriously ill unless we decide soon, as he has worked himself up to a state of great excitement. A Jurymen: He says he will hold out for a week."

It is positive, therefore, that *the jury*—the eleven—never had the slightest doubt or hesitation in the giving of the verdict.

THE Postmaster General has sanctioned the proposal of Dr. Waller Lewis to revaccinate all the officers of the Post Office who have not been recently vaccinated.

THE annual meeting of the Society for the Promotion of Social Science is to take place in Edinburgh, in the second week in October. We are glad to be able to state that Professor Christison will be President of the Public Health Department, and that the Presidents of the Scotch Colleges of Physicians and Surgeons will act as Vice-Presidents. If, however, the medical session commences in London in October, of course the London professors will be unable to attend it.

OFFICIAL documents show that the present number of lunatics in France is 60,000.

ALLUDING to some remarks made in the *BRITISH MEDICAL JOURNAL*, the *American Medical Times* says:

"Prosecutions for alleged malpractice were once very frequent in this country, and the English journals assumed that they were evidence of the low state of the profession. Now, however, such prosecutions have become very frequent in England, and we but rarely hear of them in the United States."

ACCORDING to the Registrar-General's Report, there were sixty-five deaths from small-pox during the week ending April 25th. There appears to be no question that the increased prevalence of this disease is due to the neglect or the inefficient performance of vaccination.

THE Medical Council meets on the 25th inst.; and we sincerely trust that we shall have the pleasure, before it closes its sittings this year, to report that it has done some work of real and marked service to the medical profession.

THE meeting of the Association of Medical Officers of Lunatic Asylums will this year take place on July 9th. The Association has again obtained permission to meet in the Royal College of Physicians.

THE London College of Physicians has passed the following additions to its by-laws:—

"Every candidate for the membership will be required to translate into English a passage from a Latin author, and he will have the opportunity of showing his knowledge of Greek, or of one or more of the modern European languages.

"The *testatur* of having passed the examination in arts at Codrington College, Barbadoes, shall be accepted in lieu of the examination on the subjects of general education conducted by the Examiners at this College.

"The certificate of the second class in literature and science of the Cape of Good Hope shall be accepted in lieu of the examination conducted at the College before the admission of students to professional studies."

THE *American Medical Times* does not take a high view of the morality of American society nor of the medical profession, in the particular of abortion at least. It tells us that the ratio of premature births in New York is rapidly increasing.

"Not only are produced abortions frequent in this community, but they are rapidly increasing. In seven years, from 1850 to 1857, the still-births doubled. The registration returns of the State of Massachusetts show that the comparative frequency of abortions in that state is thirteen times as great as in New York city. Whoever examines the advertising columns of country papers, and marks the large number of nostrums which in various and cunning phrases are recommended as certain to effect abortion, cannot doubt the wide and almost universal prevalence of this crime. It is painful to believe that the public conscience is not alive to the moral turpitude of abortion. It cannot be denied that in every grade of society lax opinions of the criminality of procured abortion exist. It is not alone the ignorant and vicious that consider it no crime; the religious equally entertain the belief that abortions may be practised

without a shadow of guilt. Every physician must have been approached by persons of upright motives with solicitations to prescribe remedies or employ means which would terminate an early pregnancy. Who is responsible for the tone of the public sentiment on the question of the criminality of abortion? We believe it rests entirely with the medical profession. There is a class of physicians who treat this subject with so much indifference that they sanction rather than discountenance the crime. In mild terms they object to employing means to produce abortion, and yet suggest the remedies by which it may be accomplished. The effect is pernicious, as the crime is generally perpetrated. There is still another class of medical men, standing on the boundary between legitimate medicine and quackery, who both advocate and practise abortion. They assume a sanctimonious air and a clerical dress, and under this guise practise the black art of abortionists. They are found in the most respectable medical circles, and make their professional associations subserve their base purposes. In this city the Academy of Medicine, and in the country the medical societies, should inquire 'Have we not abortionists among us?' We do not doubt that they will be found, and that too in startling numbers, especially in large cities."

On the 29th ult., the following addresses were presented to the Prince of Wales on the occasion of his marriage:—From the Royal College of Physicians of London, by Dr. Watson (Physician Extraordinary to the Queen), President, Dr. Budd (Senior Censor), Dr. Alderson (Treasurer), and Dr. Pitman (Registrar); from the Royal College of Surgeons of Edinburgh, by Patrick Newbigging, M.D., F.R.S.E. (President); and from the President and Council of the Royal College of Surgeons in Ireland, by Dr. Mackesy (President), Dr. Adams (Surgeon-in-Ordinary to Her Majesty in Ireland), and Dr. Hutton (secretary).

THE citizens of Glasgow give £6000 as a testimonial to Dr. Strong, the City Chamberlain.

On the 29th ult., the Medical Benevolent College held its annual festival at Willis's Rooms. The dinner was, as usual, a great success. The President, Earl Manvers, presided, and was supported by Lord Chelmsford and a numerous body of leading members of the different professions—law, physic, and divinity. The announcement by Mr. Propert of receipts of money on the occasion was highly satisfactory and gratifying to the supporters of this favoured institution. The receipt of upwards of £1000 was announced during the evening.

THE profession will be pleased to hear that the suggestion made in the last number of the BRITISH MEDICAL JOURNAL, in reference to the matter in dispute between Mr. Propert and Mr. Adams, has been accepted by both these gentlemen. They are both willing to abide absolutely by the decision of a medical court. That this is the proper mode of settling the difficulty is clearly proved, by the numerous proofs which we have received of approba-

tion of our suggestion from respected members of the profession.

M. MOQUIN-TANDON, had he not died, would have read a report to the Academy of Medicine on the subject of vivisections. "A society in London," we read, "analogous to our Society for the Protection of Animals, was much shocked at the numerous sacrifices of animals, and the cruel tortures inflicted upon them, for experimental purposes. This society had influence enough in France to obtain from the minister a promise that he would bring the subject under the notice of the Academy of Medicine." Hereupon the Academy appointed a committee, whose reporter was M. Moquin-Tandon. Doubtless this important report will soon be read before the Academy. *L'Union Médicale* says of vivisection: "Vivisection is often useful, and sometimes necessary, and therefore not to be absolutely proscribed; but I would gladly petition the Senate to forbid its performance on every animal which is useful to and a friend of man. The mutilations and the tortures inflicted on dogs are horrible. The King of Dahomey is less barbarous than these merciless vivisectioners. He cuts his victims' throats, but without torturing them; whilst they tear and cut to pieces these wretched dogs in their most sensitive parts. Let them operate on rats, foxes, owls, sharks, vipers, reptiles, etc. But, no; our vivisectioners object to the teeth, the claws, the beaks, of these repulsive animals; they must have gentle animals; and so they, like cowards—I say like cowards—seize upon the dog, that caressing animal, which licks their hands armed with the scalpel."

M. Filhol has recently investigated the toxic properties of the *Lolium Temulentum*. Numerous experiments have been at different times made on animals with this plant; but they have not hitherto led to anything certain concerning the nature of the poison contained in it. The effects of the poison, in fact, have appeared paradoxical, as it occasioned phenomena of an opposite character. It excited, and it caused prostration; it produced convulsions and coma. M. Filhol and his colleague have explained the mystery. The *lolium* contains a double poison—a poison of the strychnine class, and a poison of the narcotic sort. The two poisons have been isolated by them, and experiments on animals have shown their special actions. M. Filhol adds, that the presence of the *lolium* in corn may be shown by the shape of its starchy particles, which are different from those of wheat.

M. Schönbein has been nominated correspondent in the Chemical Section of the French Academy, in place of M. Liebig, who has been promoted to the position of foreign associate. In the section of Astronomy, Mr. Maclean, of the Cape of Good Hope, has been elected correspondent.



## SMALL-POX IN LONDON.

THE Privy Council have, through their medical officer, addressed a circular letter of advice on the subject of small-pox to the Board of Guardians of the thirty-six metropolitan unions and parishes, and are also employing a medical inspector for the purpose of personally communicating with the guardians of affected districts on the arrangements best suited for the emergency. The Guardians are urged by the Privy Council to do whatever is in their power to promote vaccination in their respective districts. The measures which the Privy Council particularly advise Guardians to adopt are these:—1. By comparing in detail the register of successful vaccinations with the register of births, and, by making inquiry at elementary schools and other establishments having many young inmates, to ascertain as far as possible what children are not yet duly vaccinated. 2. To give notice to the parents or guardians of such unvaccinated children warning them of the present danger of small-pox, and reminding them of the provisions of the law. 3. To see that in the local arrangements for vaccination every possible facility is given to the public, and that revaccination is freely afforded to persons who properly require it. 4. Wherever there appears to be much general neglect of vaccination to cause public notices on the subject to be extensively distributed and placarded throughout the district. 5. Under the provisions of the Act 24th and 25th Victoria, c. 59, to cause proceedings to be taken for the recovery of penalties from those parents or guardians who, after notice, omit to have their children vaccinated, as the laws require.

The letter of the medical officer of the Privy Council concludes by adverting as follows to the subject of hospital accommodation:—

“My Lords also direct me to request that you will bring under the particular notice of your Board that at the present time, when cases of small-pox among the poorer classes of society are arising in London at the rate of many hundreds per week, the Small-pox Hospital, even with the assistance of other hospitals, cannot give more than a tenth part of the accommodation required for the sick, and that consequently patients capable of spreading the disease are now either being detained in their own, often crowded and unwholesome, dwellings, or are received into parish infirmaries, where for the most part they can be but imperfectly separated from other inmates. And I am to say that in their Lordships’ opinion it is in the highest degree desirable for the purpose of arresting the present epidemic of small-pox, Boards of Guardians in those districts where the disease is prevailing should, either separately or conjointly, take measures for establishing, under proper medical advice, temporary hospitals for the exclusive reception of cases of small-pox.”

At a special meeting, held recently, at Whitehall, of the Metropolitan Association of Medical Officers of Health, Dr. R. D. Thomson, of Marylebone, in the chair, it was unanimously resolved:—“That, in consequence of the increase of mortality from small-pox, the association deem it their duty to call the attention of guardians of the poor and other local authorities of the metropolis thereto. The association recognising the total neglect or inefficient performance of vaccination as the great cause of the mortality in question, they yet consider it not the less apparent that the prolonged residence of infected persons in rooms occupied by others, the exposure of such persons in the streets, in public conveyances, or in the waiting-rooms of hospitals, and the absence of adequate means of isolation, have been the immediate agents in bringing about the recent rapid diffusion of small-pox to a degree unexampled in the epidemic of 1859-60.” Persons were daily applying to

the general hospitals in consequence of refusal at the Small-pox Hospital; all such applications were necessarily rejected, the sufferers sent back to their homes, and thus became the means of aggravating the evil. It was therefore necessary that, during the epidemic, temporary buildings should be erected or opened in such situations as were best suited for the purpose on the double ground of distance from inhabited houses and facility of approach. Also that public attention be called to the importance of vaccination and the law thereon empowering guardians to take proceedings under the Vaccination Amendment Act of 1861, in case of neglect of vaccination.

## PARISIAN PRIVATE LUNATIC ASYLUMS.

Of these establishments Dr. Lee of Philadelphia writes as follows:—

“There are numerous private lunatic asylums in the neighbourhood of Paris, the most celebrated being that founded by Esquirol, at Ivry, Dr. Marcet, of the Bicêtre, being resident physician; the *Maison de Santé du Chateau Sainte-James, près Paris*, and the *Maison de Santé* of Dr. Blanche, at Passy. The establishment of *Sainte-James* is near the Bois de Boulogne, and is carried on by Dr. Casimir Pinel, the nephew of the celebrated Pinel. It is a very extensive old chateau, built in the reign of Louis XV, and in the style of that age, and was occupied during the reign of Louis Philippe by M. Thiers, his minister, the distinguished historian. The grounds, which occupy several acres, are handsomely ornamented with flowers, shrubs, and trees, artificial lawns, grottoes, and bodies of water, etc. There is a large and productive kitchen-garden, and a variety of fruit trees. The walks are pleasant and well shaded, and there is a commodious billiard-room excavated from a solid rock. There are several buildings appropriated to the patients who belong to the wealthier classes, and pay from seven to twelve hundred dollars annually. Nearly all have their own servants. The two sexes occupy distinct premises. The attendant sometimes occupies the same room with the patient, but more frequently an adjoining one, separated by lattice-work. The fire and lights are also placed in the servant’s room, and are inaccessible. The main building seemed to me very poorly adapted to the purpose of an insane asylum, many of the rooms being small, and not being well lighted or ventilated. The doctor is a member of the Legion of Honour, and an author of distinction. He very politely gave me several of his works on insanity. He is a great advocate for the use of prolonged baths, and long continued dripping of cold water on the head in certain cases of insanity, and has written a treatise on the subject. He has also written a work on the ‘Isolation of the Insane,’ which he deems advisable in a large majority of cases; not at home, but in a public or private asylum, and indispensable for the poorer classes. He insists on the great importance of resorting to it as early a period as possible, and believes that the incurable cases originate from a neglect of isolation in the beginning of the disease.

“The doctor resorts to the usual modes of physical restraint in all violent cases, and where the patients are inclined to injure themselves or others. He is about sixty, of affable and agreeable manners, and enthusiastic in his specialty. He numbers about forty patients. The private institution of Dr. Blanche, at Passy, is also located in an old chateau of the age of Louis XV, built by Prince Carignan, and occupied by his descendants for many generations. During the French Revolution it was occupied by the Princess Lamballe, who was seized in this very house and dragged before the Revolutionary Tribunal, to be brutally murdered by the mob before she could reach the guillotine. Extensive additions

have, however, been made by Dr. Blanche, so that it is now tolerably well adapted to the purposes of such an establishment. The premises occupy several acres, which are well laid out in walks, pastures, lawns, etc., and planted with ornamental trees and shrubbery. Each patient has his own attendant and a separate apartment. Each patient pays, on an average, about one thousand dollars annually, some more, some less. Physical restraints are freely used, as preferable to padded rooms. Dr. Blanche does not believe in isolation, nor in prolonged baths, nor water drippings on the head. There may, possibly, exist some rivalry between him and Dr. Pinel, for they are rather antagonistic on many points. The doctor spoke highly of Arnott's water-bed for paralysed cases. To the question, why general palsy was more frequent than formerly, Dr. Blanche replied that people lived faster than they used to, used up their nervous agency sooner than they formerly did, which I conceive is the true explanation. He said that domestic unhappiness was a very frequent cause of insanity; that there were few happy marriages in France; that those in Paris could easily be counted; that most of those who lived together were not man and wife, etc. I hope he is mistaken.

"Dr. Blanche showed Dr. Brown and myself every part of his establishment, and explained fully his views in regard to the management of the insane. He has about eighty patients, and his terms, as will be seen, are about the same as those of Dr. Pinel. This must suffice for the public and private lunatic asylums in France. The subject is far too vast to be treated satisfactorily within the limits I have allotted myself; but there are other topics, at least as interesting, which demand our notice, and which will receive attention in future communications."

### SURGEONS AFTER A BATTLE.

DR. HAMILTON, in a lecture lately delivered at the Medical College, New York, says:—

"After a battle, also, whether the army has been victorious or has suffered a defeat, the duties of the medical officers continue without interruption. In either case they have usually been compelled to labour incessantly for two, three, or more successive days and nights, without sleep, without rest, and sometimes without food even. It is well known that both Drs. Milnor and Sutton, exhausted by their labours with the wounded at Savage's Station, finally perished, while in the hands of the enemy, from actual starvation. On such occasions, also, the surgeons have usually been left alone to do their work. Their nurses, cooks, servants, and orderlies are gone. Their wounded men are in deserted houses, in barns, under sheds or hayricks, or under the shade of a tree upon the open field. They have often no candles, no seats, tables, or beds; no cooking utensils; no food, perhaps, or stimulants. Everything, almost, has to be improvised. It has often been to us a matter of surprise how much the inventive genius of a surgeon, sharpened by the appeals of those who are suffering, has been able to supply. A bivouac fire furnishes at night both light and heat; a log is a seat; a fragment of a board is a table; a few tough saplings, laid upon four crotchets, with some leaves, or a blanket, constitute a bed; cold water and words of encouragement are excellent stimulants. Remember, gentlemen, that to the wounded and fainting soldier, *Hope* is a better cordial than brandy. And that you ought never to omit to offer words of encouragement, when it is in your power to do so. As for food, it is well enough to know that commissaries are seldom found upon the field, either immediately before, immediately after, or during the battle. We do not in this

remark intend to imply a censure upon these officers. Their duties are laborious and perplexing in the extreme; and in order to answer all the demands which press upon them at such a time they must be ubiquitous. We only intend to state a fact; and to advise you that you will be obliged generally, after a great battle, to feed your own wounded men. Surgeons have many times during the present war performed such miracles. After the battle of Seven Pines, with 4,000 wounded men on our hands, and with comparatively nothing to feed them, some of the surgeons, by consent of General Sumner, killed several of the horses belonging to his orderlies, and made of them a most palatable and nourishing soup. Others followed the example of Miss Nightingale at Scutari; finding supplies of crackers and of coffee with no commissary to give the required permission to use them, they asked permission of God, and in His name broke open the boxes, and distributed the contents."

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [Special General.]	37, Soho Square.	Tuesday, May 5, 4 P.M.

### EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Rose Hotel, Canterbury, on Thursday, May 7th, at 3 P.M.

Dinner will be ordered at 5 P.M.

THOMAS BOYCOTT, M.D., *Hon. Secretary.*

Canterbury, April 20th, 1863.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The fourth meeting for the session 1852-3 was held at Dartford, on April 24th, 1863; T. HECKSTALL SMITH, Esq., President of the Branch, in the Chair. There were present seventeen members and visitors.

*New Members.* Two new members were elected (subject to approval at the annual meeting of the Association); viz., Peter Martin Duncan, M.B., of Belmont, Lee, Kent; and Thomas Churton, Esq., M.R.C.S., of Erith.

*Communications.* The following papers were read.

1. On the Necessity of Comparative Observation in the Investigation of Injuries. By John Grantham, Esq., F.R.C.S.

2. On a Case of Renal Calculus. By John Dan Brown, M.D. The morbid specimen was exhibited.

*Presentation of Patients.* Mr. E. MOORE presented a lad, aged 8 years, who showed unequal development of the lateral portions of the tongue, with deviation to one side on the protrusion of the organ; also unequal development of the limbs. The child was of scrofulous constitution.

Mr. KEDDELL presented a lad, aged 8 years, who had recovered from traumatic tetanus following upon a scalp-wound. The disease commenced on the eleventh day, and endured about forty days. The abdominal muscles were principally affected: there was no opisthotonos. Morphia treatment was employed.

*Conversation.* A conversation was induced by Mr. T. HECKSTALL SMITH, on intermittent fever. He said: I am anxious to obtain the experience of the assembled members upon a point on which I am much interested. Some seven years ago I mentioned, at a meeting of the South-Eastern Branch, that it seemed to me we had entered upon an "intermittent cycle" as the type of disease. I practise over a large district, singularly favoured in its geological formation; chalk, flint-drift, sand, washed pebbles, being almost the universal character, with here and there a little overlying clay; the whole naturally and fully drained. During twenty-five years' practice, up to that time, I had not seen one case of ague contracted in the locality, though I had seen many imported cases. At that time, numerous cases of ague occurred, scattered over the whole district. They increased both in number and intensity during three or four years, and then gradually subsided. It has now disappeared. During the same period, intermittent neuralgia has prevailed, and has not as yet entirely ceased. Other diseases were attended with an intermittent and remittent character. Some of the ague cases were of a very aggravated type; one presented the symptoms of yellow fever; in another, congestive or simple apoplexy occurred at every cold stage; others presented alarming lung-congestion. I wish to inquire if this "cycle" of the intermittent form of disease has been observed in other localities, more especially where it was previously unknown. I also wish to mention one or two practical points in the treatment. Thirty-five years ago I brought before the profession the plan of cutting short the attack, and frequently of arresting the disease at once, by giving one large dose of bark immediately before the expected cold stage. This practice is eminently successful with quinine, especially if the tongue is tolerably clean; if not, an emetic given at the same period must be prescribed, and with the best results. Quinine is certainly our best antiperiodic; but I am aware that arsenic has long been used with success for the same purpose. I prefer quinine to arrest the intermittent attack. But I now wish finally and especially to direct attention to an important practical point in the treatment of ague, of the truth of which I have no doubt. Ague has a tendency to recur again and again after it has been "cured"—that is, arrested by bark; but if we follow up from this point with a course of arsenic, relapses are very rare. Given in the way recommended by Mr. Hunt, with which all are familiar, arsenic is perfectly safe, and is apparently less objectionable than many drugs which are described as less formidable. Let me ask of those who have the opportunity, to test this plan. I think we should arrive at the results I have indicated.

Mr. FRY stated that the arsenic treatment was introduced into the West Kent General Hospital at Maidstone by Dr. Woodfall, and that the result was satisfactory.

*An Expression of Opinion* by the members was given in the matter of Dr. E. Waters of Chester. The disposition evinced by the public to bring false accusations against medical practitioners was considered to be an evil on the increase, and one that must be met by steady resistance on the part of the profession. It was recommended to subscribe towards the expenses of such law-suits in each case as it may arise; and the conduct of medical practitioners who appear as witnesses against their brethren was denounced.

After the usual thanks, the members and visitors adjourned to dinner.

## Reports of Societies.

### LIVERPOOL MEDICAL INSTITUTION.

APRIL 2ND, 1863.

JAMES HAKES, ESQ., Vice-President, in the Chair.

*Temporary Molar Teeth removed by Suppuration.* Mr. STEELE shewed two temporary molar teeth expelled by suppuration, from an infant five months old. There had been some purulent discharge for some time from the left nostril, and within the month from the centre of the gums of the upper jaw. The palate and the first upper molar tooth came out together with some small spicula of bone, and in a fortnight after, a second was removed. The teeth had made their way laterally through the side of the alveolar arch.

*Acute Inflammation of the Larynx, complicating Fever.* Dr. VOSE shewed a specimen. The disease had not caused symptoms sufficiently urgent to seem to demand tracheotomy. There was a little globular appearance of pus on the right arytenoid cartilage and some thickening. Dr. Vose said this complication was new to him, but had been spoken of by Dr. Murchison.

Dr. GEE observed that Rokitsansky alludes to this complication under the head of laryngotyphus. On examining this specimen, however, it seemed to him that there must have been some previous morbid action, and that the appearances were not entirely due to a recent inflammation.

*Compound Fracture of the Tibia and Fibula.* Mr. LOWDES shewed a specimen, from a patient at the Northern Hospital, on whom amputation had been performed eleven weeks after the accident. The original injury to the soft parts had been considerable, and had been further aggravated by a severe attack of traumatic delirium. Several pieces of the tibia, which was broken about three inches above the ankle, were removed at first, and other portions had exfoliated. Only a very slight fibrous union was found between the ends of the tibia, and hardly any appearance of new bone. The ends of the fibula, which overlapped one another for an inch and a half, were in close apposition and firmly bound together by a strong interlacement of fibrous tissue.

*Dipsomania.* By F. D. FLETCHER, ESQ. Mr. Fletcher wished to lay before the Society some observations as to this condition; in reference, first, to its characteristic features; secondly, to the manner in which it is produced; thirdly, the course which it runs; and fourthly, the treatment by which we may attempt its cure.

The special symptom of this disease is the maniacal tendency to drink, which Mr. Fletcher thought as evident in the dipsomaniac as is the maniacal tendency to kill, to burn, or to steal, in the homicidal monomaniac, in the pyromaniac, or in the kleptomaniac. He held that tendency to be maniacal in its character that has acquired such power over an individual, as to completely subjugate his will, so that in obedience to its impulse he will act in direct opposition to the combined forces of his judgment, his instincts, his interests, and his own desires. He thought that facts bore him out in asserting that there is such a psychological condition as that which Coleridge, from his own experience, described as paralysis of the will, and in further asserting that the place and influence of the paralysed will are usurped by other powers that act upon the mind and soul. Drunkards he would divide into two classes: those who drink because they like to do so; and those who drink because they cannot help it. How is this condition of dipsomania induced? Sometimes we get clear proof of the hereditary transmission of this tendency from parent to child, but this is only in a minority of cases. More frequently we can trace the course of the patient's drunkenness up to its source, and see how the tendency has been acquired.

We may find three distinct stages in the drunkard's history: the first, in which the will had its full power, and kept the passion in check; a second, in which the power of the will was impaired but not lost; and a third, in which the will had surrendered at discretion, all self-control had been lost, and in the full development of dipsomania, he had become less amenable to reason and conscience, and more thoroughly a slave to mere appetite than a brute. There is, further, a difference noticeable in the secondary effects of prolonged excess, which results in some cases in delirium tremens, in others in fixed hallucinations without the sleeplessness, tremor, and depression of delirium tremens. What can we do to prevent and to cure these miserable cases? Their prevention can be only accomplished by the gradual spread of sounder ideas than seem now to prevail as to the use and abuse of stimulants. As to the cure, we must attempt to relieve that physical depression which originates in some the craving for stimulants, and to rouse the will *via* the conscience to assert its rightful supremacy; but if we fail in this, and the patient cannot restrain himself, we must perform the necessary function of restraint for him. After alluding to the practical difficulties in the way, Mr. Fletcher said that if we are convinced that dipsomania is as real a morbid condition as melancholia, if we believe that, like other forms of mania, it is most likely to be cured by keeping the patient from scenes and circumstances which favour the growth of the ideas whose morbid development determines the specific form of his mania, we shall claim for the victims of monomania the same advantage which we accord to other mischievous monomaniacs. He suggested that it should be ascertained if this disease exists to such an extent as would justify the establishment of special regulations for its victims; that the proof of an uncontrollable tendency to drink should be held by itself to legalise the confinement of the individual; that the necessity for restraint for some time after apparent recovery should be recognised by the Commissioners of Lunacy, and its enforcement authorised; that in cases of relapse this period of probation should be at least doubled every time the patient is readmitted. He thought that were reformatories, on the voluntary system even, established in this country, many a dipsomaniac might be snatched from the doom, towards which he is irresistibly tending.

Mr. STEELE said one of the great difficulties with regard to madness was that it was only a question of degree. When a man became so far mad as to make it seem necessary, society confines him. He mentioned one or two well marked cases of uncontrollable impulse to drink, and said he had met with many very distressing cases of drinking among respectable married women, and would just allude to one peculiar effect to which the habit seemed to lead, *viz.*, the death of the foetus.

Mr. LOWNDES did not quite understand whether it was those who had an uncontrollable desire for drink, or those who when drunk acted in a mad way, that were dipsomaniacs. The northern nations had thriven; and if the excessive use of stimulants had been so injurious, how beneficial the moderate use must have been! As to the antiquity of the convivial customs of these northern nations, he referred to Tacitus, who said the ancient Germans were as difficult to overcome with wine as with the sword.

Dr. SKINNER spoke of the way in which these things are managed in Scotland. There they have institutions to which those who are willing may go, and may be taken care of. He had had dipsomaniacs residing with him, and had seen the benefit of moral influence.

The CHAIRMAN asked if we cannot lock up patients suffering from delirium tremens.

Dr. WATERS said these cases used to be very frequently received into the Lunatic Asylum in Ashton Street.

Mr. BAILEY said it was most desirable that we should

have some control over these cases of dipsomania; but to be effectual it must be very long continued.

Dr. VOSE said that, at the lunatic asylum in Liverpool both male and female patients were admitted with delirium tremens. As to drunkenness, the law treats it with a fine; and if a man when drunk commit a crime, he may be punished for it. If from drink he lose his senses, he may be locked up like any other maniac. He would be disposed to put habitual drunkards under surveillance for a time, and mentioned that one of the advantages of the sanatorium in the Isle of Arran, was that it was twelve miles from any whiskey shop. If this dipsomania be a special disease, to which the human mind is subject, how is it that we do not hear of it in other countries? It is not of itself an indication of insanity to be given up to other vices, such as extravagance, sensual indulgence of other sorts, miserly habits, etc. It is only too true that we are perpetually attending cases of habitual intemperance both among males and females, and the scenes we see are often very awful. Dr. Vose related one or two cases he had seen as illustrating the difficulty in which the medical attendant is often placed.

Mr. FLETCHER replied, and referred to some localities in the town as shewing what a curse these drinking customs are. With regard to the remark that when a man from drink loses his senses, he may be locked up, would it not be better to try to save the brain before it gets so far affected as to bring the person into the condition of a lunatic. He thought this a disease as certainly recognisable as kleptomania, pyromania, etc.

#### HARVEIAN SOCIETY OF LONDON.

APRIL 2ND, 1863.

HENRY W. FULLER, M.D., President, in the Chair.

PNEUMOTHORAX, AND THE OCCASIONAL RECOVERIES FROM THAT ACCIDENT. BY J. E. POLLOCK, M.D.

THE object of this paper was to maintain that pneumothorax is not so uniformly fatal as has been represented, and that, in certain instances, the rupture of the lung and escape of air into the pleura has even a curative tendency as regards the lung. The author began by stating the results recorded by various authors of repute. The rupture of a tubercular cavity into the pleura is the only accident to be considered here. Of which Laennec says:—"The effusion of air cannot exist for any length of time without giving rise to severe symptoms and even to death. I have never seen pneumothorax in any person who was not confined to his bed."

From the details of twenty cases of this accident which occurred in the Hospital for Consumption, the duration of life after the accident was as follows:—All but one died under one month; this patient lived four months, and had enormous but gradually increasing effusion. In thirteen cases, the pneumothorax occurred on the right side; in seven, on the left. In eight, the perforation was at or above the level of the second rib; in one, there were two perforations; in another, several. The seat of rupture was not ascertained in the remaining nine cases. Effusion occurred in twelve cases; none in eight. Death occurred from sudden collapse, or more gradual collapse, in all.

The phenomena of metallic voice and respiration are due to the resonance of these sounds in a large space bounded by elastic walls. The occasional tinkle is caused by the bursting of a small bubble. The compression of the lung gives rise to a crepitant sound, as in pleurisy with effusion.

There is a class of cases in which recovery undoubtedly takes place. Thus, the cavity in the tubercular lung may be of small size, as in a case seen by the author, where it did not exceed half an inch in diameter.

By a provision of nature, the investing membrane is almost invariably thickened around that portion of the lung, the seat of the affection, otherwise pneumothorax would be of daily occurrence. Dry pleurisy is, therefore, a conservative agency in phthisis.

After the accident, the cavity in the lung collapses, and thus the organ is more favourably situated in some cases by the occurrence of pneumothorax.

Dr. Pollock held, that the entrance of air into the pleura is not, *per se*, a dangerous accident. The fatal cases of pleurisy so frequently supervening on the accident are due to the condition of the pleura, which are diseased or the seat of tubercle. Thus Dr. Meadows, in 1860, read a paper on a case of sloughing of the thoracic walls, when no dangerous inflammation followed. In a case under the author's care, Mr. Fergusson punctured for empyema, and the air freely entered and retreated from the chest without evil consequences. The patient made a good recovery.

Two cases were then given, in which pneumothorax had been a curative agent. One occurred in a young lady, aged 28, with cavity in the left apex. Pneumothorax supervened. After collapse of the lung, she rallied again, and in two months was much better. She is now, one year after the accident, better than before it. Physical signs of cavity have disappeared, and there is moist crepitation. The air has been absorbed.

Dr. Pollock deprecated the use of operative proceedings in pneumothorax.

The PRESIDENT proposed a vote of thanks to the author for his valuable paper.

Dr. DRYSDALE remarked, that he believed the usual seat of perforation was in the left lung. The author's cases, however, gave 13.7 in favour of the right. He was glad to hear, that the author considered the introduction of air into the pleural cavity so exempt from danger; as the operation of puncture in cases of pleurisy with large effusion would thus be often indicated.

The PRESIDENT observed that, according to his experience, the seat of perforation is usually in the lowest part of the lung. Admission of air into the pleural cavity is not dangerous. He adverted to the cases treated by Dr. Goodfellow of the Middlesex Hospital, when drainage tubes were inserted into the thorax, and yet no dangerous inflammation ensued. He, therefore, considered the operation of puncture, in pleurisy with effusion, without much danger.

Dr. BALLARD had seen the chest punctured in pneumothorax, with fatal result.

Mr. SEDGWICK related a case of empyema which he had treated by puncture of the thorax. The case did very well.

Dr. GREENHOW believed the usual seat of perforation to lie far down in the lung posteriorly. He had seen serious consequences follow the admission of air, after perforation in pleurisy; but had no hesitation in performing the operation, taking care to prevent the admission of air. Metallic tinkling is caused by the bursting of a small bubble in the cavity.

Dr. STONE remarked that, out of 5000 cases of death in the Hospital for Consumption, pneumothorax had been diagnosed only in twenty. That the admission of air into the pleural cavity is not, *per se*, dangerous, he proved by cases occurring in healthy individuals.

Dr. CAMPS observed that the presence of a small quantity of fluid, however small, was requisite to produce metallic tinkle.

Mr. WEEDEN COOKE asked whether puncture of the thorax had never been employed by the author in pneumothorax?

Dr. POLLOCK replied in the negative.

THE MEDICAL PROFESSION IN VIENNA. According to recent statistics, there are in Vienna 560 physicians, 179 surgeons, and 912 sages-femmes.

## Correspondence.

### MEDICAL ADVOCATES.

LETTER FROM JAMES EDMUNDS, M.D.

SIR,—The performances of medical experts are becoming a libel upon the profession; and it behoves the Association to organise some means of attaching a proper penalty to this kind of misconduct.

Bromwich v. Waters is, however, a far less serious case than the late one of Gattie v. Halford. An action for seduction, under circumstances which call for medical evidence to bring the charge home to an individual, needs a most rare concatenation of circumstances; whereas, in Gattie v. Halford, a gentleman of seventeen years standing, and of the highest qualifications, was most unjustly assailed for malapraxis in the use of the forceps, and for misconduct in not having applied the instruments without calling in further assistance. The JOURNAL did its duty at the time in denouncing the medical men who appeared for the prosecution; yet the case escaped that amount of professional condemnation which it deserved, as this important subject had then aroused but little attention.

I have to-day referred to the full reports; but the JOURNAL of June 29th, 1861, contains an accurate account of the trial. I believe that Dr. Barnes affirmed that the conformation of the pelvis was perfectly normal, in order the more completely to exclude the possibility of unavoidable injury to the nerve during the passage of the head. Dr. Halford's treatment and management of the case was, however, vindicated in every point by Sir C. Locock, Dr. Ramsbotham, and Mr. Baker Brown; and, in fact, Sir C. Locock and Co. rode so completely rough-shod over all that Dr. Barnes and Co. had advanced, that the defendant received a verdict in his favour on all points.

Reverting to Bromwich v. Waters, Dr. Ramsbotham seems to have merely drifted into a mistake; and, while he said little that could be well excepted to, he has since shown that he regrets that little.

The cure of this sore place is in our hands. Let us carefully scrutinise the conduct of those who appear in the witness-box; and, when we see a man presumptuously condemning those who have a right to think differently, or prostituting his science for a one-sided advocacy, in place of an humble exposition of simple truth, or apeing omniscience with his own narrow dogmatism, then note that man, and, quite apart from any spirit of trades-unionism, let the Association meet for the purpose of marking their sense of such conduct; and, whether the fault be presumption, ignorance, carelessness in the performance of so important a duty, or anything even less venial, let us act out the fair inference that such an one is unfit for our noble profession, and avoid meeting him in practice.

I am, etc., JAMES EDMUNDS.

35, Finsbury Circus.

SIR,—We are all indebted to you for your courageous and powerful defence of one who has suffered most unjustly from the inexcusable conduct of some eminent men in our profession. For my own part, I consider your strictures on Dr. Ramsbotham and the others only too mild. I see in Dr. Ramsbotham's letter only a lame excuse. It would have been more dignified in him to have at once confessed his error, and apologised for it. And why are the other two gentlemen silent? Surely the whole profession must demand from them an explanation. Why did not they consult with Dr. Waters at first, and hear his statement? That they did not do so, is their condemnation. Men in their position ought

to be particularly careful how they lend their names to the injury of a brother practitioner. They seem to think that an obscure country practitioner is not worthy usual fair treatment. Men who act unscrupulously towards a brother practitioner can scarcely be considered safe hands to entrust patients to; and I should recommend country practitioners to bear this in mind. If we do not show to the world that we respect one another, we cannot expect the world to respect us as a body.

That you may long continue to support the cause of truth and justice and mutual courtesy, is the wish of yours, etc., J. E. S.

April 22nd, 1863.

SIR,—Every member of the medical profession owes you a deep debt of gratitude for the bold and able manner in which you have treated the conduct of the medical men called by the plaintiff in the late trial *Bromwich v. Waters*. As, in the language you have used, truth has neither been suppressed nor justice reprobated, I am at a loss to understand how Dr. Ramsbotham can complain of being badly used. The profession as a whole certainly takes a very different view from Dr. Ramsbotham of his and Dr. Lee's conduct; and, so far from considering your criticisms unmerited and uncalled for, look upon them not only as just, but as requisite. The proceedings at the late trial have opened the eyes of the profession to a danger to which it has almost hitherto been unexposed. They have shown that medical men, occupying what is commonly considered a high position, may be found ready to enter the witness-box and use that position and their authority against professional brethren of equally high position and repute. It is of no use for Dr. Ramsbotham now to tell us that he went into the witness-box reluctantly, and that he considered his evidence in favour of the defendant; for the judge himself has decided against the latter opinion, and the profession has unanimously endorsed his judgment.

As neither arguments nor apologies can now undo the injury that has been inflicted upon Dr. Waters, let us cease to talk of them, and at once turn our attention to the best method of effectually preventing medical men, who are unable to prevent themselves, from lending their support to the prostitution of medical science or the hoodwinking of justice. It is, we believe, the unanimous opinion of the profession that, without medical support, no trial such as those alluded to could ever have been brought before the eyes of the public. It therefore behoves us take into consideration the most effectual means of preventing their repetition. I therefore take the liberty of requesting you, Mr. Editor, to ventilate the question in the pages of the *JOURNAL*, and to invite the cooperation of our members for this purpose. The sooner, too, that this is done, the better; or we may ere long have some other less scrupulous and more needy member of the profession bartering the good name and sacrificing the reputation of another professional brother.

I am, etc., H.

April 1863.

## ON THE LOCAL ACTION OF ATROPIA ON THE EYE.

LETTER FROM ALEXANDER FLEMING, M.D.

SIR,—In the last number of your *JOURNAL* you have given insertion to a paper by Dr. Lawson, which professes to controvert my views on the local action of atropia on the eye in the *Edinburgh Medical Journal* for March of this year. I will now prove that Dr. Lawson has not understood my paper, and has not stated my views correctly. Dr. Lawson observes:—

"The conclusions at which Dr. Fleming has arrived may thus briefly be summed up.

"1. Adaptation of the eye to distinct vision at different distances is effected in great part by the iris.

"2. The iris is an erectile structure.

"3. The ciliary muscle, in contracting, presses on the veins returning from the iris, and so causes turgescence of the latter, decrease in the size of the pupil, and power of examining near objects.

"4. Dilatation of the pupil is due to the contraction of the capillaries, diminution of the quantity of blood, and hence an absence of the necessary erectile fluid.

"5. Contraction of the capillaries may be due to a stimulation of the sympathetic nerve."

Let us now examine separately these so-called conclusions, and compare them with my paper.

*Conclusion 1.* "Adaptation of the eye to distinct vision at different distances is effected in great part by the iris."

This statement is not true. On the contrary, my opinion is that "the normal accommodation of the eye to near and distant vision depends essentially on a change in the position of the lens." (*Edinburgh Medical Journal*, March 1863, p. 780.)

*Conclusion 2.* "The iris is an erectile structure."

It is here implied that I consider the iris to be composed simply of erectile tissue. On the contrary, I believe the iris to be a mixed muscular and erectile tissue; as plainly indicated in the following paragraph of my paper:—

"The ciliary processes have a mixed erectile and muscular structure, not unlike that of the iris." (P. 779.)

Dr. Lawson adds:—"In proof of conclusion 2, the writer (Dr. Fleming) asserts that the softness of the iris is evidence of its being erectile."

This statement is a misrepresentation. The following is the paragraph of my paper to which he refers:—

"The erectile structure of the iris has been of late too much overlooked in discussing its movements—the singular softness of which appears to imply something more than muscular contraction." (P. 779.)

The word "softness" refers plainly to the movements and not to the structure of the iris.

*Conclusion 3.* "The ciliary muscle, in contracting, presses on the veins returning from the iris, and so causes turgescence of the latter, decrease in the size of the pupil, and power of examining near objects."

Dr. Lawson implies in this statement that I refer the adaptation of the eye to near vision to contraction of the pupil. The following paragraphs of my paper show plainly that I do not:—

"For near vision in normal accommodation I believe that the pupil contracts and the lens advances. The veins of the iris and ciliary body are, I believe—as formerly suggested by Wallace, Cooper, and Smeé—at the same time compressed by the ciliary muscle causing turgescence of their erectile parts. The turgescence of the iris cooperates with the contraction of its circular fibres to close the pupil. The turgescence of the ciliary body must exert pressure on the vitreous humour, which, diffused equally through that fluid, takes effect on the only yielding point—the lens—and pushes it forward, just as a patient is raised by pressure on the side of a water bed." (P. 779.)

*Conclusion 4.* "Dilatation of the pupil is due to the contraction of the capillaries, diminution in the quantity of blood, and hence an absence of the necessary erectile fluid."

The following paragraphs of my paper show plainly that this statement is not correct:—

"The sympathetic nerve supplies at the same time contractile power to the arteries and to the radiating fibres of the iris; and it seems most probable that in ordinary dilatation of the pupil the same reflex influence stimulates conjointly the contractile arteries entering the iris and the radiating fibres. These being always asso-



ciated in action, we can understand that an agent like atropia, directly contracting the arteries entering the iris, will draw into movement by sympathy its radiating fibres, the contraction of which is already made easy by the emptiness of the erectile tissue. . . . . When atropia is applied to the eye, I believe that it reaches by imbibition, first, the arteries entering the iris—constricts them—impedes the flow of blood to, and relaxes its tissue. The constriction of the arteries of the iris, with its consequent relaxation, draws into action, by *functional sympathy* (and without the intervention, by reflex action, of the brain or cord), the radiating fibres, and dilates the pupil. Sinking deeper into the eye, the alkaloid reaches, secondly, the ciliary processes, and relaxes their erectile structure and causes distant vision. The relaxation of the ciliary body must cause the advance and expansion of the vitreous humour around the lens; while the lens itself recedes to occupy the place of the displaced fluid." (P. 779.)

I feel that I need add no more.

I am, etc.,

ALEX. FLEMING.

Birmingham, April 20th, 1863.

### MEDICAL PROVIDENT ASSOCIATION.

LETTER FROM R. B. CARTER, ESQ.

SIR,—Will you kindly allow me space to say that the letters I have received leave no doubt on my mind that the Association will be sufficiently supported; while they seem to prove also that it can be very inexpensively maintained. A week in three years and a half seems to be about the average of sickness among practitioners.

The gentlemen who have favoured me with letters will receive private communications by and bye; and I shall be glad to hear from any of those who have not yet written.

I am, etc., ROBERT B. CARTER.

Stroud, Gloucestershire, April 28th, 1863.

### TREATMENT OF PUERPERAL CONVULSIONS.

LETTER FROM J. G. SWAYNE, M.D.

SIR,—In the JOURNAL for April 25th there is a letter from Mr. Prosser of Bromsgrove, at the beginning and end of which are the following passages:

"After carefully reading Dr. Swayne's eleven cases of puerperal convulsions, in all of which bleeding had been performed, it appears to me that he does not establish the value of bleeding at all, either in diminishing the frequency and violence of the fits, or in stopping them altogether."

"It appears to me that the ten successful cases related did not recover in consequence of being bled, but that they got well notwithstanding they were bled. The delivery seems in all these cases, as is generally observed, to have had the greatest share in tending towards the relief of the fits."

How any one, after "carefully" reading my cases, can come to the conclusion that in all of them the delivery was the chief cause of the recovery, is to my mind quite incomprehensible. In one of them particularly (No. 11), it could not have been so, for the simple reason that there were no convulsions at all until fourteen hours after the birth of the child. In three others (Nos. 2, 7, and 10), the fits increased in severity and frequency after delivery, until the patients lay completely insensible, with stertorous breathing. They were then bled, and from that time their condition steadily improved. In most of my other cases, bleeding was followed by a marked diminution in the frequency and violence of the fits, before delivery was had recourse to. Mr. Prosser expects too much when he says that the convulsions ought to cease immediately after bleeding. As I observed in my paper, one of the chief results of

bleeding is a rapid diminution in the quantity of albumen in the urine; but yet a state of toxæmia is one that cannot be suddenly removed.

When Mr. Prosser publishes his cases, I shall be glad to see what is to be said on his side of the question; but I hope, for the sake of medical science, that he will be more accurate in recording his own experience than he has been in criticising mine.

I am, etc., J. G. SWAYNE.

Clifton, April 28th, 1863.

## Medical News.

UNIVERSITY OF OXFORD. In a Congregation holden on April 23rd, the Degree of Doctor in Medicine was conferred on

Tuckwell, Henry Mathews, Lincoln College

ROYAL COLLEGE OF SURGEONS. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 21st:—

Atkinson, Charles Stephen Abbott, Norwich  
Barrett, John, Bath  
Carter, William, Newbury, Berkshire  
Collins, Denis, Liverpool  
Etheridge, Charles  
Evans, Thomas, Llandysil, Cardiganshire  
Everett, Herbert, Norwich  
Evershed, Arthur, Arundel  
Ferris, John Spencer, Bradford-on-Avon, Wilts  
Freeman, Samuel George, Stoney Stratford  
Hall, Samuel, Belper, Derbyshire  
Hobbs, Henry Adlison, L.S.A., Croydon  
Jeaffreson, Christopher, Leamington  
King, George, Leekford, Hants  
Moore, Harry Gage, Lynton, Hants  
Newman, Anthony John, L.S.A., Newport, Monmouthshire  
Quarrell, William, Weston-super-Mare  
Reynolds, John, L.R.C.P., L.S.A., Truro, Cornwall  
Sinpson, John Henry, Marksbury, Somerset  
Spencer, Herbert Morris, Ackworth, Yorkshire  
Thomas, David Howell, Swansea  
Tucker, Frederick John, Milton Street, Dorset Square  
Weaving, Albert, Oxford  
Wigg, Thomas Carter, East Dereham, Norfolk

At the same meeting of the Court—

Edwards, Robert; and  
Hadow, Henry, of the Royal Marine Infirmary, Woolwich, passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College; their diplomas bearing date respectively May 4th, 1857, and June 24th, 1859.

Admitted on April 22nd:—

Beviss, Charles, M.D.St.And., Sydling, Dorset  
Bowie, Robert, Hull  
Carter, Thomas, L.R.C.P. & L.S.A., Richmond, Yorkshire  
Edlowes, Arthur Benjamin Jackson, Loughborough  
Fagg, Frederick Thomas, Hythe, Kent  
Frankish, John David, Christchurch, New Zealand  
Gill, William, Truro, Cornwall  
Good, Joseph, Watford, Herts  
Grewcock, John Baily, Folkingham, Lincolnshire  
Henson, Sidney Rossell, Hull  
Mackintosh, Hugh Richard Duncan, L.R.C.P., Cheltenham  
Martindale, John Walker, Wintlermere  
Mason, Thomas Edward, M.D.St.And., Deal, Kent  
Medwin, Aaron George, M.D.St.And. & L.S.A., Blackheath Road  
Milner, James Forman, Hull  
Moore, John New, Moreton in the Marsh  
Nash, Walter Llewellyn, Cheltenham  
Ringrose, Basil, Potters Bar, Middlesex  
Rumbold, Walter, L.S.A., Ramsbury, Wilts  
Thurston, Edward Whitfield, Ashford, Kent  
Whitehead, John, M.D.St.And. & L.S.A., Preston, Lancashire  
Wood, John Hurd, Notting Hill  
Woodman, Samuel, Finchley Road

Admitted on April 24th:—

Blunt, Thomas, L.R.C.P., Weston Magna, Leicestershire  
Brewer, Thomas, Halifax  
Britton, Thomas, M.D.St.And. and L.S.A., Driffield, Yorkshire  
Dear, William Donald, Demberara  
Dermott, Fitzherbert  
Fox, Edward Lloyd Harries, Iroughton, Hants  
Grattan, Edward Shaw, Belfast

Greatrex, Adolphus Burnell, M.D.St. And. & L.S.A., Eccleshall  
 Harley, Edward, L.R.C.P. & L.S.A., Ludlow, Shropshire  
 Heckford, Nathaniel, Forest Gate, Essex  
 Jeffery, Joseph, Northampton  
 King, Thomas, Monks Risborough, Bucks  
 Lavin, Michael Drury, Bushey, Herts  
 Lytle, Thomas, L.R.C.P., Stratton, Cornwall  
 Miller, John Nicholas, L.S.A., Hampstead  
 Morton, John, Holbeach, Lincolnshire  
 Oliver, John Brown, High Wycombe  
 Picard, Peter Kirkpatrick, M.D.Edin., Edinburgh  
 Pilkington, Thomas, Enfield, near Acerrington, Lancashire  
 Spence, James Atkinson West, L.R.C.P. & L.R.C.S.Edin., Bedale  
 Thompson, George Septimus, Newcastle

#### APOTHECARIES' HALL. On April 23rd, the following Licentates were admitted:—

Hosking, William Henry, Guildford Street, Russell Square  
 Macintosh, Hugh Richard, Duncan, Cheltenham  
 Snyer, Septimus, Brick Lane, Whitechapel  
 Wigg, Thomas Carter, East Dereham, Norfolk

#### At the same Court, the following passed the first examination:—

Powdrell, John, St. Bartholomew's Hospital

#### APPOINTMENTS.

BONE, William, M.D., appointed Assistant Medical Officer for the Female Department of the Middlesex County Lunatic Asylum, Colney Hatch.

GIBSON, John Haydock, M.D., appointed Physician to the York Dispensary.

MORRISSEY, Tobias J., M.D., elected Coroner for Tipperary.

#### UNIVERSITY OF LONDON. The following appointments were made by the Senate on April 29th:—

ELLIS, George V., Esq., Examiner in Anatomy, *vice* W. Sharpey, M.D., F.R.S.

FARRE, Frederick, M.D., Examiner in Materia Medica, *vice* G. O. Rees, M.D.

HULTON, John, Esq., F.R.S., Examiner in Surgery, *vice* W. Ferguson, Esq., F.R.S.

PAEKES, E. A., M.D., } Examiners in Medicine, *vice* Dr. Tweedie

SIBSON, F., M.D., F.R.S., } and Dr. Jenner.

SAVOY, William S., Esq., F.R.S., Examiner in Physiology, *vice* T. H. Huxley, Esq., F.R.S.

#### POOR-LAW MEDICAL SERVICE.

BULLOCK, Charles J., M.D., to the Congleton District of the Congleton Union.

LIMBERDALE, John, Esq., to the Kintbury District of the Hungerford Union.

RUSSELL, John, L.K. & Q.C.P.I., to the Thurles Dispensary District of the Thurles Union.

#### ARMY.

BROWNE, Surgeon R., 83rd Foot, to be Surgeon 25th Foot, *vice* C. R. Robinson.

GRANT, Staff-Assistant-Surgeon M., M.B., to be Assistant-Surgeon 2nd Life Guards, *vice* F. T. Duckland.

ROBINSON, Surgeon C. R., 25th Foot, to be Surgeon 83rd Foot, *vice* R. Browne.

WELCH, Staff-Assistant-Surgeon F. H., to be Assistant-Surgeon 22nd Foot, *vice* J. Adcock, M.D.

#### To be Staff-Assistant-Surgeons:—

ADCOCK, Assistant-Surgeon J., M.D., 22nd Foot.

STANLEY, St. John, from half-pay.

#### INDIAN ARMY.

BOUSFIELD, Assist.-Surgeon S. G., Bengal Army, to be Surgeon.

COEVEYS, Assistant-Surgeon N., M.D., Bengal Army, to be Surgeon.

#### ROYAL NAVY.

HALES, P. A. P., M.D., Acting-Assistant-Surgeon, to the *Liverpool*.

JACK, John, Esq., Surgeon, to the *Royal Oak*.

KEELAN, Patrick, Esq., Assistant-Surgeon, to the *Royal Oak*.

NEGUS, Fysher, Esq., Surgeon, to the *Imphacable*.

SIMPARD, L. J., M.D., Assistant-Surgeon, to the *Royal Oak*.

SPEER, Henry M., Esq., Surgeon, to the *Liverpool*.

THIMBLE, James, Esq., Assistant-Surgeon, to the *Liverpool*.

#### MILITIA.

ADAM, A. M., jun., Esq., to be Surg. 2nd Lanarkshire Royal Militia.

GERMAN, J., Esq., to be Assistant-Surgeon 1st Derbyshire Militia.

MARRIOTT, C. W., Esq., to be Assistant-Surgeon 2nd Warwickshire Militia.

#### VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BREES, H., Esq., to be Surgeon 1st Administrative Battalion Tower Hamlets R.V.

NORTON, A. T., Esq., to be Assistant-Surgeon Civil Service R.V.

RAMS, J., Esq., to be Assistant-Surgeon 1st Manchester R.V.

#### To be Honorary Assistant-Surgeons:—

FREEMAN, R. G., M.D., 25th Kent R.V.

PARKER, J., Esq., 88th Lancashire R.V.

#### BIRTH.

CROMPTON. On April 14th, at Upper Walmer, the wife of Samuel Crompton, M.D., of Mauchester, of a daughter.

#### MARRIAGE.

\*BIRD, W. Valentine, M.D., of Egremont, Birkenhead, to Ann Amelia, youngest daughter of Richard Braginton, Esq., of Torrington, Devon, at Seacombe, on April 22.

#### DEATHS.

ELLIS, James, Esq., Surgeon R.N., at 7, Belgrave Street South, on April 17.

JOHNSON, Henry Charles, Esq., surgeon, at 6, Savile Row, aged 54, on April 28.

LARGE. On April 16th, at Helpstone, Northamptonshire, Mary, widow of John H. Large, Esq., Surgeon, of Donington.

STREETER. On April 23rd, at 20, Harpur Street, aged 57, Charlotte, wife of John S. Streeter, Esq., Surgeon.

STUBBS. On April 24th, at Hammersmith, aged 80, Mary, widow of Richmond R. Stubbs, Esq., late Surgeon H.E.I.C.S.

VERLANDER. On April 25, at 26, Danes Street, aged 90, Alice, widow of Jacob A. Verlander, M.D.

Mr. H. BIGG has been appointed anatomical mechanician to the Prince of Wales.

THE COLLEGE OF SURGEONS. The Council of the College of Surgeons has just removed from its list of members the name of Robert Jacob Jordan, who, in the *Medical Directory*, appears as of 29, George Street, Hanover Square, L.R.C.P.Edin., M.R.C.S.Eng., etc.

THE ACADEMY OF MEDICINE. The Academy of Medicine has just been called upon to elect a foreign associate; the choice was as happy for the body as it was flattering to England. Out of 53 votes, 52 were registered in favour of Professor Faraday, who was at once proclaimed "Foreign Associate of the Academy of Medicine."

MR. PROPERT AND MR. ADAMS. THE BRITISH MEDICAL JOURNAL suggests that the whole affair be placed before a court medical, composed of equal numbers of the friends of both parties, which would no doubt give satisfaction, and be the means of putting an end to the further publication of all gossip and scandal in the matter. (*Dub. Med. Press.*)

MEDICAL OFFICERS OF THE INDIAN ARMY. In the House of Commons, Mr. Baskley asked the Secretary of State for India when the medical officers of her Majesty's Indian army would be placed upon a perfect footing of equality with the medical officers of her Majesty's British army. Sir C. Wood said that the whole question of the status of the medical officers of the Indian army was under consideration.

CRIMINAL LUNATICS. In the House of Commons, on Monday, General Buckley asked whether the building intended for criminal lunatics was ready; and whether those criminal lunatics now confined at the private asylum at Fisherton, near Salisbury, amounting to the number of 284, were likely shortly to be removed to the new asylum. Sir G. Grey was informed that a large portion of the asylum was very nearly ready, so that very shortly about 100 patients would be removed to it. He did not know what number might ultimately be placed there, but the first patients received would be female patients.

VACCINATION. The Vaccination (Ireland) Bill was read a second time in the House of Commons on Thursday week. In the debate, Sir R. Peel said the object of the Bill was to extend to Ireland that system of compulsory vaccination which prevailed in almost every country in Europe except Scotland. He had received communications from numerous Boards of Guardians in Ireland in favour of the Bill, and among others from

the nine most populous unions. The cost of the measure —1/20th part of a farthing on the total valuation of Ireland, would be an infinitesimal price to pay for what would be a great boon to the country. At present the births amounted to about 200,000 a year, while, on the other hand, the number of vaccinations, which was 107,000 in 1860, had fallen to 87,000 in 1862.

**HOSPITAL FOR WOMEN AND CHILDREN, LEEDS.** On April 22nd, the committee of the hospital met Mr. Ikin the hon. sec. at the house of the Vicar (the President of the hospital), when a silver tea service and salver, epergne, four corner dishes, and timepiece were presented to him. On the salver, teapot, and epergne was inscribed: "Presented to J. I. Ikin, Esq., Hon. Sec. of the Hospital for Women and Children, Leeds, by a few friends of the Institution, as a slight recognition of his unwearied exertions in its behalf since its foundation, and especially in promoting the erection and completion of the New Hospital. April, 1863."

**THE CASE OF DR. WATERS OF CHESTER. MEETING OF THE PROFESSION AT BIRKENHEAD.** A meeting of the medical profession of Birkenhead was held at the Borough Hospital, on Monday evening, April 27th, to consider the propriety of assisting to defray the expenses incurred by Dr. Waters, of Chester, in resisting the unjust charge brought against him at the late Chester assizes. Dr. Vale presided; and Mr. Godelen officiated as secretary. The following resolutions were passed: "That this meeting desire to express their sympathy with Dr. E. Waters for the position in which he was placed by the unjust and abominable charges which were brought against him at the late trial of Bromwich v. Waters, and to offer him their hearty congratulation on the result of that trial." "That this meeting recommend that a subscription be set on foot to assist in defraying the expenses incurred by Dr. Waters." A committee was appointed to carry out the last resolution.

**THE LATE DR. FOWLER, OF SALISBURY.** This gentleman, who for many years practised in that place, has just died at the advanced age of ninety-eight years. He had for twenty years retired from the more active duties of the profession; he, however, honourably passed through a long and arduous practice. He obtained his degree of M.D. at the University of Edinburgh in 1793, was admitted a licentiate of the Royal College of Physicians in 1796, and then settled at Salisbury. Dr. Fowler was at once elected Physician to the Infirmary in that city, and continued to discharge the duties of that office with great zeal and ability up to 1847, when advancing years induced him to resign. He was the oldest Fellow of the Royal Society, and was also member of various other learned bodies. His remains were interred at Salisbury on Saturday week, the pall being supported by four members of the profession—John Winzar, John Andrews, G. R. Tatum, and J. A. Lush, Esqrs., the two former being pupils at the Infirmary during the time when Dr. Fowler was physician.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—APRIL 25, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 958 } { Girls..1003 }	1963 1408
Average of corresponding weeks 1853-62 .....		1933 1286
<b>Barometer:</b>		
Highest (Fri.) 30.214; lowest (Wed.) 29.604; mean, 29.895.		
<b>Thermometer:</b>		
Highest in sun—extremes (Sun.) 106.4 degs.; (Tue.) 91 degs.		
In shade—highest (Mon.) 69.3 degs.; lowest (Sun.) 33.6 degs.		
Mean—50.2 degrees; difference from mean of 43 yrs.+3.0 degs.		
Range—during week, 35.7 degrees; mean daily, 24.6 degrees.		
Mean humidity of air (saturation=100), 77.		
Mean direction of wind, N.W.—Rain in inches, 0.01.		

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

**TUESDAY. ....** Guy's, 1½ P.M.—Westminster, 2 P.M.

**WEDNESDAY....** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

**THURSDAY.....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

**FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.

**SATURDAY.....** St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Entomological.—Asiatic.—Epidemiological.

**TUESDAY.** Pathological.—Photographical.—Ethnological.

**WEDNESDAY.** Obstetrical Society of London, 8 P.M. Dr. Kidd, "Further Observations on the Use of Anæsthetics in Midwifery"; Mr. Cooke, "Case of Simultaneous Uterine and extra-Uterine Pregnancy"; Mr. Marshall and Dr. Graily Hewitt, "Case of Tubal Pregnancy"—Society of Arts.—Geological.

**THURSDAY.** Harveian Society of London. Dr. Camps, "Some Remarks on Certain Diseases attended with Impaired and Perverted Motion."—Royal.—Antiquarian.—Linnean.—Chemical.

**FRIDAY.** Astronomical.—Royal Institution.

**SATURDAY.** Royal Botanical.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**DR. BOLTON.**—We are glad to hear from Dr. Bolton that the individual who refused to pay his fee has at last done so—not having courage to face the County Court. The thanks of the profession are due to Dr. Bolton for his moral courage in thus maintaining the rights of the profession. Dr. Bolton suggests:

"Since the question of titles is asleep for a time, now is a favourable opportunity for raising another, that of professional remuneration, and how to recover it, when far beyond the due point. This, I trust, you will ventilate, so as to benefit us all, whether we work as generals, act as specialists, or take our ease like men of title, only."

COMMUNICATIONS have been received from:—MR. FURNEAUX JORDAN; DR. F. J. BROWN; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY OF LONDON; MR. BURTON; MR. J. VOSE SOLOMON; THE HON. SECRETARIES OF THE HARVEIAN SOCIETY OF LONDON; DR. J. G. SWAYNE; MR. S. H. SWAYNE; MR. THOMAS BRYANT; MR. S. WOOD; DR. O. B. SHORE; MR. STONE; DR. OGIER WARD; MR. R. B. CARTER; DR. H. WEBER; MR. J. SPROULE; MR. J. C. WORDSWORTH; DR. S. CROMPTON; and MR. J. GOLDEN.

## ADVERTISEMENTS.

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## On ENURESIS (Incontinence of Urine) in

CHILDREN and in ADULTS; its Nature, Causes, and Treatment. "We can recommend this little book to our readers."—*Med. Circular*. London: H. K. LEWIS, 15, Gower Street, North, W.C.

## The London Medical Review

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## Middlesex Hospital Medical COLLEGE.

SUMMER SESSION, 1863, COMMENCING FRIDAY, MAY 1.

### LECTURERS.

Dr. Hall Davis—Midwifery and Diseases of Women and Children.

Dr. H. Thompson—Materia Medica.

Dr. E. Headlam Greenhow—Forensic Medicine.

Mr. Soelberg Wells—Ophthalmic Surgery.

Mr. Taylor and Mr. Heisch—Practical Chemistry.

Dr. W. Woodham Webb—Histology and Minute Anatomy.

Dr. T. Spencer Cobbold, F.L.S.—Botany and Comparative Anatomy.

Dr. E. H. Greenhow—Public Health.

The Hospital Practice and arrangements for Clinical Instruction continue as during the Winter Session. The Visit is made daily at 1 o'clock. Clinical Lectures four times a week, at 3 o'clock.

The Middlesex Hospital, having an endowed Cancer Department and special Wards for Urine Diseases and Syphilis, contains in the aggregate 305 beds. There are separate Out-Patient Departments for Ophthalmic Cases, and for Diseases of Women and Children.

Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson—Physicians.

Dr. Hall Davis—Physician Accoucheur.

Dr. Murchison, Dr. E. H. Greenhow, Dr. B. Sanderson—Assistant Physicians.

Mr. Shaw, Mr. De Morgan, Mr. Moore, Mr. Nunn—Surgeons.

Mr. Hulke, Mr. Lawson—Assistant Surgeons.

Mr. Soelberg Wells—Ophthalmic Surgeon.

Mr. Tomes—Dental Surgeon.

Further particulars may be obtained from the Dean; or from Mr. De Morgan, Treasurer to the College.

THOMAS WILLIAM NUNN, Dean.

## St. George's Hospital Medical SCHOOL.—The SUMMER SESSION will commence on

FRIDAY, MAY 1st.

### LECTURES.

Midwifery—Dr. Robert Lee, F.R.S.

Materia Medica—Dr. Barclay.

Practical Chemistry—Dr. Noad, F.R.S.

Botany—Mr. Maxwell Masters.

Medical Jurisprudence—Dr. Fulle.

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On the payment of £90—one half, £45, to be paid at the commencement of the first Summer Session, and the other half, £45, at the commencement of the second Summer Session—a Pupil will be admitted to the Hospital Practice and Lectures required for examination, for the License of the College of Physicians, by the College of Surgeons, and Society of Apothecaries. The above fee entitles a Pupil to hold the offices of Clinical Clerk and Dresser.

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A MATERNITY DEPARTMENT, for the delivery of married lying-in women at their own homes, is established at the Hospital; and a Ward is devoted for the reception of women suffering under diseases peculiar to the sex.

The following Prizes will be awarded at the termination of the Session:

Sir Charles Clarke's Prize for Good Conduct.

The Thompson Medal.

Sir Benjamin Brodie's Clinical Prize in Surgery.

The Lewis Powell Clinical Prize in Medicine.

A Prize of Twenty Guineas for general proficiency in Medical Studies, will be offered to students who entered to the Hospital Medical School for the Session 1862-63, and for the encouragement of Clinical Study.

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.

A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

Further information may be obtained from Mr. George D. Pollock, the Treasurer of the School, from any of the Lecturers, or from Mr. Hammerton, at the Hospital.

# Remarks

ON

## THE PRESENT PREVALENCE OF SMALL-POX.

BY

GEORGE BUDD, M.D., F.R.C.P.

### II.

It is impossible to consider the wonderful protection against their own recurrence given by small-pox and other members of that peculiar group of diseases which, as a rule, occur but once in life, without having attention arrested by the *general* mitigation of small-pox that results when the infection, instead of being received through the air by casual exposure, is given by *inoculation*—in other words, by direct implantation of the infectious matter on the skin.

Before Jenner's memorable discovery of the power of cow-pox to protect from small-pox, when the practice of inoculation with small-pox matter prevailed in this country, it was estimated that, if the subjects for inoculation were well-selected, small-pox communicated by inoculation was something like a hundred times less fatal than small-pox taken in the natural way.

Notwithstanding the remarkable mitigation of the disease by inoculation, the benefits resulting from the practice to society in the aggregate were not, as is well known, so great as might have been expected. The mortality among those actually inoculated was indeed diminished in about the proportion just stated; but many persons neglected to be inoculated, or to have their children inoculated; many others entertained a prejudice against the practice; and these were worse off than they would have been if the practice of inoculation had not been introduced, because this practice, by multiplying sources of infection, greatly increased their chance of taking the disease. It is seen, indeed, by reference to the bills of mortality, that, after the practice of inoculation had become general, the number of deaths from small-pox increased rather than diminished.

The effect of inoculation on the individuals inoculated, and on the race, which, through Jenner's discovery, had almost come to be a subject of mere historical curiosity, was again made of great practical interest by the outbreak in Dorsetshire, last summer, of the pustular disease in sheep, which from its striking resemblance to human small-pox, has been termed *variola ovina*, or the small-pox of sheep. This disease resembles small-pox in the character of the pustules, in its severity, and in its communicability through the air and also by inoculation with matter taken from a pustule; but there is reason to believe that it is specifically different from human small-pox. The disease is not prevented by a previous vaccination with the matter of cow-pox, as small-pox in man is: it is not communicated to the shepherd; and all attempts to give it by inoculation to other domestic animals, even those most

allied to the sheep, have failed. But, although apparently specifically different from human small-pox, it has been found, like human small-pox, to be very much less fatal when communicated by inoculation than when taken in the natural way; and many of the flock-masters of Dorsetshire, at the risk of multiplying sources of infection, had recourse to inoculation to save their flocks.

The circumstance that inoculation mitigates this disease in sheep, as it does small-pox in man, warrants the inference that the mitigation by inoculation is not peculiar to this or that disease, but comes under some general law.

Now, when inoculation for small-pox is practised on a person susceptible of the disease, this is what happens. The development of a small-pox pustule immediately begins at the inoculated spot. On the third or fourth day after inoculation, there may be seen at this spot, on an inflamed base, a small vesicle, which can already be recognised as a small-pox vesicle by the peculiar depression or cup-shape of the summit, that characterises the vesicles of small-pox and cow-pox. Without much general illness, this vesicle becomes pustular and ripens, just like any individual vesicle of ordinary small-pox. On the evening of the seventh, or early on the eighth day, when the pustule at the inoculated spot is fully developed, fever occurs like the eruptive fever of natural small-pox, and issuing, as this does, on the second day, in an eruption of small-pox over the body. The disease runs its subsequent course exactly as natural small-pox does, except that, in the great majority of cases, it is much milder.

There is, then, in small-pox resulting from inoculation a twofold development of the small-pox pustule. First, in point of time, there is the development of a single pustule at the inoculated spot; and when this pustule is ripe, or nearly ripe, a general eruption of small-pox makes its appearance, to run its appointed course. In natural small-pox, on the contrary, small-pox pustules are developed once only. The virus has no visible effect for seven or eight days after infection; fever then sets in, issuing on the second day in a general eruption of small-pox.

We may conceive, then, that in inoculated small-pox there is a double infection: one simply local, resulting from the *engrafting* of the small-pox at the inoculated spot, which takes effect immediately; the other a general infection, which, as in natural small-pox, produces a crop of small-pox pustules after eight or nine days; and as small-pox, when it has once run its course, modifies the system in such a way that the disease cannot occur in that individual again, so the development of the single pustule at the inoculated spot has the effect of gradually exhausting, as it proceeds, the original susceptibility to the disease, and thus mitigates the effect of the general infection.

If this reasoning be just, the remarkable mitigation of small-pox effected by inoculation depends on the agency by which the disease prevents its own recurrence, and an important inference may be drawn. As cow-pox prevents future small-pox, at least for some years, as effectually as small-pox itself does, it may be inferred that, if vaccination be practised soon after the infection of small-pox is received through casual exposure, the development of the vaccine vesicle (which does not sensibly differ in

rate of growth or appearance from the small-pox vesicle resulting from inoculation) will get the start of the small-pox infection, and thus have the same effect in mitigating the disease as inoculation with the matter of small-pox generally has.

When, therefore, small-pox occurs in a house, immediate vaccination may be recommended to all the inmates who can be supposed to be susceptible of small-pox infection, not only to prevent future infection from small-pox, but also with a reasonable expectation of mitigating the disease, should infection have already taken place.

By parity of reasoning, the mitigation known to be effected by inoculation in the small-pox, *so-called*, of sheep, would imply, what has not that I know been put to proof, that the disease in these animals cannot occur in the same individual twice.

## Lettsomian Lectures

ON

### THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

#### LECTURE II. (*Continued.*)

#### DIFFERENCES BETWEEN THE SURGICAL AFFECTIONS OF THE CIRCULATORY SYSTEM IN THE CHILD AND ADULT.

THE differences between the surgical affections of the circulatory system of the child and adult are the next to which our attention must be directed; and the subject of *nævus* perhaps claims our first notice. That it is an affection of young life every one will admit; and I imagine that few will deny that it is a disease of the vascular system. Whether it be a new growth altogether, allied to the erectile tumours, or a simple increase or multiplication of normal capillary tissue, may be open to dispute; but I am disposed to explain the appearance of *nævi* by this last suggestion, and to suppose them produced by a multiplication or growth of capillary tissues; the formative and developmental forces, which are so active in young life, taking a wrong path, and directing their power simply to the repetition and growth of capillary tissue, instead of the healthy development of the natural body. This misdirected force may also continue its action for some months; but it has always a tendency to cease, for it is only during the first few months of life that *nævi* show any rapid signs of increase.

The subsequent life of *nævi* tend also to bear out the truth of this suggestion. In many cases, they continue to grow for months with varied degrees of rapidity, and then suddenly cease; remaining either in a stationary condition, or, as is more frequently the case, undergoing a degenerating process. In some instances, this degeneration of the growth commences *in utero*; when, at birth, decaying or so-called ulcerating *nævi* will be observed; one and all of these *nævi*, at different times of their existence, ceasing to increase; and

one and all, at different epochs of their life, beginning to degenerate; the growing power after a time ceasing to manifest itself, as the developmental power had previously done. Obedient also to the physiological law which is in force during all ages—more particularly during young life—and which shows itself by the tendency that all parts of the body possess to return to their normal and healthy condition, so these *nævi* degenerate and waste, and cease to trouble except by their deformity.

*Nævus* is, therefore, essentially a disease, or rather a growth, of young life; it makes its appearance either at birth or a few weeks subsequently, and is found only when growth and development are the most active; and it is to be explained by an excess in the growth of capillary tissue, and a want of natural development. The treatment of these cases will next claim our attention.

*Treatment of Nævi.* It may with some truth be stated that, unless a *nævus* be so situated as to be an eye-sore or an inconvenience, and unless it show positive evidence of its tendency to rapid increase, there is no necessity for any operative interference; it will to a certainty, after a time, cease to grow, and will also to a certainty begin to degenerate or waste; and under such circumstances, in a large proportion of cases, it is hardly necessary to interfere. Should, however, the *nævus* be so situated that it is or will be either an inconvenience or a deformity; or should it grow so rapidly as to threaten to become either, something must be done; and this something is to be determined by the nature of the *nævus* and of the tissue in which it is placed.

It may involve either the skin alone, or the cellular tissue alone; or it may involve both.

In the first class, in which the skin alone is involved, the *nævus* may readily be destroyed by means of external applications, such as caustics, nitric or sulphuric acids, potassa fusa, chloride of zinc, tartarised antimony, etc. The caustic must be applied freely, and without fear; and one application should be amply sufficient. In this *simple cutaneous* form, external applications are to be employed, and in it alone; in all other forms they are absolutely useless.

In the purely *subcutaneous* form, removal by the subcutaneous ligature is doubtless the best practice. The whole *nævus* must be freely surrounded, and completely strangulated; any surgical knot which will carry out this object answering the purpose.

In the *mixed* variety, excision of the growth, when it can be performed, is to be recommended; but if this plan be inapplicable, the application of a strong ligature, including the *nævus* and integument, is to be followed. Excision is the best practice when the *nævus* is pendulous, or when it can be previously isolated from the parts beneath; a clamp having been applied along the line of section, to prevent hæmorrhage. In several instances, I have excised the *nævus*; having previously inserted some pins beneath the growth, and cut upon them, keeping the pins as points round which a ligature might be applied, and by which the edges might be subsequently brought together. The operation of excision is doubtless one of risk, and much care must be taken that the *nævus* itself be not touched; for this purpose, the line of incision should be far from its margin. It is only in select cases, however, that excision is to be per-



formed. If the thickness of the lips be the part involved, such a practice is the best; and in two cases, one of the upper and one of the lower lip, I have carried out this practice with perfect success; the edges of the  $\nabla$  incision having been brought together after its removal by a fine suture. In the majority of cases, however, of the mixed variety, the ligature should be preferred.

It occasionally happens that in some instances none of these plans of treatment appear applicable. The nœvus may be too diffused, or too close to some important part; and, under such circumstances, some other plan of treatment is to be employed.

In the subcutaneous or in the mixed variety, the treatment by injection of the perchloride of iron is a good one, although it is by no means generally successful. When it answers, however, it succeeds well; and it is, therefore, worthy of a fair trial.

The treatment of a diffused nœvus by means of setons is another plan of treatment, and it is one to which I must confess to be very partial. It has proved of great value in my hands; and I give, therefore, a preference to it over injection. I could, if it were necessary, quote numerous instances in which success has followed the practice; but the fact of its success is all that requires to be established.

If the nœvus be large, several thick setons, passed through the centre of the growth, may be inserted; but, as a rule, one or two amply suffice. By these means sufficient inflammatory action is produced to close temporarily the capillary tissues, and, by subsequent contraction, permanently to effect a cure.

[To be continued.]

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### WEST LONDON HOSPITAL.

CASES OF DISEASE OF THE THYRO-HYOID ARTICULATION AND LIGAMENT; WITH CLINICAL REMARKS.

Under the care of G. D. GIBB, M.D.

CASE I. *Secondary Syphilitic Eruption, with Sore Throat and Inflammation of the Right Thyro-hyoid Ligament.* Caroline B., aged 31, married, no children, was admitted Sept. 4th, 1862, with a well marked papular eruption over the body, face, neck, and four extremities. There were dark purple redness and scattered ulceration of the fauces, with dysphagia and thick speech. The history of syphilitic inoculation was clearly made out; but the patient had no knowledge of what her complaint was until told. Chancrous ulcers were present on the labia. Under the use of the bromide of ammonium the eruption gradually faded away; the labial ulcers healed by the application of black wash; and the throat much improved with a gargle of bichloride of mercury.

On October 16th, a lump formed on the right side of the neck, which increased in size until it was as large as an elongated Barcelona nut; it was hard, painful, and tender to the touch; and, on examination, proved to be inflammation of the thyro-hyoid ligament. A couple of leeches were applied, and afterwards a small blister; and small doses of iodide of potassium, tincture of iodine, and bichloride of mercury, were given internally.

Dysphagia was a marked symptom for a few days, with a pricking sensation running up to the ear; but the swelling gradually subsided, and a short cord was left, about one-third of the usual length of the ligament, between the cornua of the hyoid bone and the thyroid cartilage.

By November 20th, the induration was almost quite gone, the eruption had died away, the throat was well, and she left the hospital.

CASE II. *Tuberculous Ulceration of the Larynx in a Case of Advanced Phthisis; Threatened Rupture of the Right Thyro-hyoid Ligament.* Charlotte L., aged 38, mother of a family, was admitted on July 14th, 1862, for chest-disease of eighteen months duration. Cavities were present in the upper part of the left lung, and tuberculosis of the right lung in the first and second stages. All the symptoms of the disease in its advanced form were present. Hoarseness, dysphonia, and partial aphonia had been present for seven months. These latter depended upon minute ulcers of the mucous membrane of the interior of the larynx, and on the destruction of a portion of the right vocal cord, as seen by the laryngoscope.

Under treatment, the general health improved, and the laryngeal symptoms mainly subsided—so much so that the voice was stronger and louder, and not painful. Glycerine was given twice a-day, and in her pectoral mixture half-drachm doses of tincture of sanguinaria afforded great relief.

At the latter end of October, she suddenly became worse; pain was present on the right side of the neck in swallowing, the result of inflammation of the thyro-hyoid articulation; the ligament had become shortened, so that the cartilage and bone were nearly in contact. Pain and soreness were prominent symptoms for some weeks, necessitating a second swallow to get down food.

She got better, and remained so until some weeks ago, when the pain was so severe and the dysphagia so extreme, that fears were entertained of rupture of the ligament from ulceration. But, although she was a great sufferer, her misery was not increased by this occurring before death, which finally took place.

CASE III. *Bronchocele, dislocating the Thyroid Cartilage to the Left Side; Formation of a Thyro-hyoid Joint on that Side.* Mary Q., aged 54, was admitted on August 14th, 1862. She had had bronchocele ten years, following an injury to the neck. There was now a firm and tense globular swelling occupying the right side and middle of the neck, which had pushed the thyroid cartilage to the left side. The throat was healthy; but in swallowing there was little motion of the parts, and no pain.

Soreness was complained of on the left side, at the junction of the cornua of the thyroid cartilage and hyoid bone. Here they were found to be in contact; and a distinct capsular joint had formed, with obliteration of the ligament. Dyspnoea was present at times. Her health was bad. The tumour was not increasing.

CASE IV. *Diphtheria supervening on Syphilitic Angina, with Acute Inflammation of the Left Thyro-hyoid Ligament.* Michael M., aged 20, was admitted on Sept. 15th, 1862. He had been suffering from syphilitic sore throat, with enlarged tonsils and parotid glands, when diphtheria supervened, and the pharynx was coated with a white membranous exudation. He had a dark copper-coloured papular eruption in different parts of the body. He slowly improved under treatment; but at the end of October he complained of acute pain and swelling in the left side of the neck in the situation of the thyro-hyoid ligament, where a tumour could be felt as large as a large bean. This continued sore for many weeks, but finally disappeared; yet the general health was much prostrated from the combination of the two forms of sore throat.

[To be continued.]

## Original Communications.

### **PATHOLOGICAL AND PRACTICAL RESEARCHES ON THE VARIOUS FORMS OF PARALYSIS.**

By EDWARD MERYON, M.D., F.R.C.P.

If it be permissible to write on a symptom which is common to many forms of disease, surely the disunion of the link which associates the conscious mind with the external world, or which transmits the power to execute the actions directed by the internal will, is of sufficient importance to claim an interest commensurate with these obscure and complex processes of organic life.

It is not my intention to enter into any historical account of the successive steps which have been made in the progress of the physiology and pathology of the nervous system, but it would be unseemly to forget the homage which is due to two great men who conceived the plan, and laid the foundations of those sciences.

Up to the end of the first decade of the present century, it was universally believed that every individual nerve, to whatever part of the body it might be distributed, proceeded from the brain as from a common centre, of which all parts were supposed to possess the same complex properties, and to endow the nerves with the same attributes.

To Sir Charles Bell is due the honour of having first demonstrated the fact that there are nerves of sensation distinct from nerves of motion, and that each set has a special origin in or connexion with the brain and spinal cord. He underrated, however, the important function of this latter part of the nervous centre, and regarded it simply as a main channel to convey the nervous currents to and from the brain; the conductors of sensation passing, as he thought, through the posterior and lateral columns, the conductors of volition through the anterior columns of the cord; and it was impossible, without the experiments which have since been made, that he could arrive at a correct notion on these important points. But his theory immediately suggested the obvious means of tracing back to particular parts of the brain the causes of paralysis and of many nervous diseases. It did not, however, account for those strange and mysterious sympathies by virtue of which the different parts of the body are maintained in a state of mutual dependence, and by means of which a disturbed condition of one organ produces impressions on the other, and, it may be, distant parts of the system. What, for instance, but this kind of affinity can occasion the contracted brow in severe headache, the dilated nostrils in painful affections of the chest, or the raised upper lip stretched over the gums in great suffering of the abdomen? These, and other far more important phenomena, were interpreted by the thoughtful experiments of Dr. Marshall Hall, who first taught us that they are dependent on diffusion of excitement, not by the nerve primarily affected, which acts only as a conductor of sensation to the nervous centre, but by the nervous centre itself, on which the primary impression impinges, and from which it is reflected. Thus a worm in the intestine sets up irritation, which, when transmitted to the spinal cord by the special conductors of sensation, may produce paralysis as a reflex action.

This theory, second only to that of Sir Charles Bell for its practical importance, has been followed by much philosophical research concerning the structure and function of nervous tissue; but in no respect have the labours of Dr. Marshall Hall been of greater service than in the elucidation and treatment of reflex paralysis.

We have, chiefly by the discoveries of these two men,

established on a physiological basis the separation of paralysis into a direct and a reflex form, and pathological cases have verified the principle on which the distinction is founded.

One great impediment to the investigations of pathologists has been in some degree removed by the recent researches of anatomists into the structure and relationship of the several parts of the nervous centres; and, throughout the whole domain of pathology, I know of no field which still promises a richer harvest of facts immediately applicable to practice, than that in which a knowledge of the healthy and morbid structure of the brain and spinal cord is cultivated. It is not too much to say that every new fact which has been revealed to us concerning the distribution of nervous fibres, has elucidated some previous unrevealed phenomenon observed in disease, and still there is an insufficiency of anatomical evidence for the interpretation of many morbid phenomena. I shall therefore begin with a concise account of the structure of the nervous centres; and first, of

#### **THE SPINAL CORD.**

This is divided by an anterior ( $\alpha$ ) and a posterior ( $\beta$ ) fissure into two lateral halves; each half being intersected by the posterior or sensory nerve-roots into an anterior ( $\gamma$ ) and a posterior ( $\delta$ ) column. The two posterior are regarded as the conductors of impressions of sensation to the brain; the two anterior are the conductors of the orders of the will to the motor nerves. Each lateral portion of the entire cord consists internally of grey matter, which spreads out before and behind into two horns or cornua, an anterior ( $\xi$ ) and a posterior ( $\eta$ ). These cornua vary in form in different regions of the spinal cord; but the disposition of their constituent parts is well nigh the same in all. The two halves are perfectly symmetrical, and they are connected together by two commissures ( $\epsilon, \iota$ ), between which a central canal ( $\theta$ ) extends from one extremity of the cord to the other.

In both the anterior and posterior cornua there are many multipolar ganglionic cells ( $\kappa$ ) united to one another by a network of nerve-filaments.

These nerve-cells are by far the most interesting anatomical elements in the animal body. They are the origin or the terminus of every nerve-fibre, and impart to all such fibres their peculiar endowment. Yet in structure nerve-cells are very simple, being made up of a cell-wall, with two or more caudate prolongations, a nucleus and nucleolus, and containing a few granular molecules.

The nerve-fibres consist of an external membrane, of the white nerve-marrow, and of the simple axis or cylinder. The existence of this latter character is denied by Funke, who attributes the appearance to a change which takes place after death—a contraction of the nerve-marrow; but the nerve-matter itself is composed of a material similar to, and continuous with, the contents of the nerve-cell.

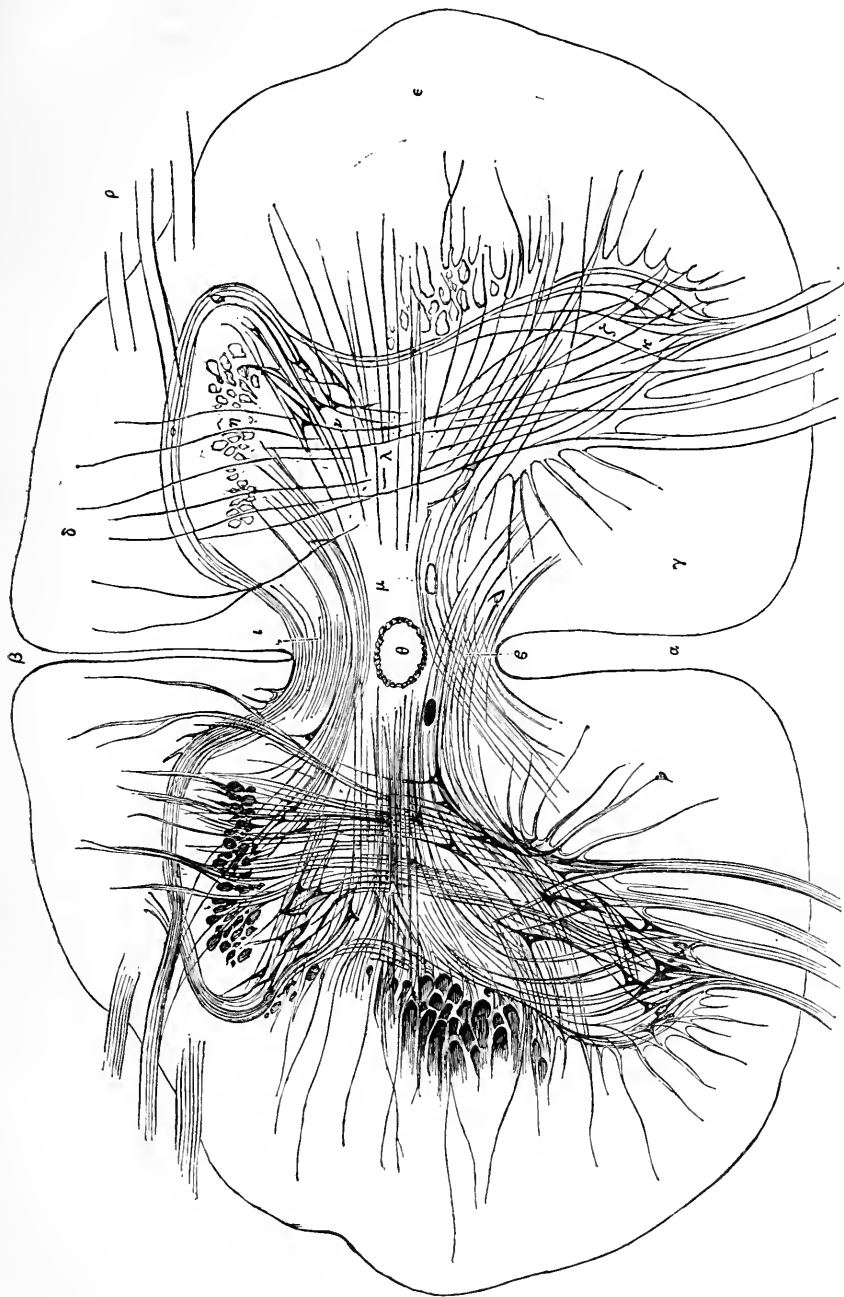
From the cells, the number of which is in direct ratio to the number and thickness of the nerves with which they are connected, fibres may be traced into the anterior and posterior roots of the spinal nerves, as we shall presently see.

There are other nerve-fibres in the grey substance, which have been described by Mr. Lockhart Clarke in transverse and longitudinal orders. (*Philosophical Transactions* for 1851, vol. cxli, pp. 607-621.)

The transverse are disposed in an antero-posterior ( $\lambda$ ) and latero-transverse ( $\mu$ ) directions. The antero-posterior, proceeding from behind forward, may be traced through the posterior white columns partly into the posterior roots of nerves on the same vertical plane, partly into other nerve-roots above and below. Others pass into the anterior cornua, where they interlace and form a network, in the meshes of which the multipolar

cells are contained. Some extend outwards to the lateral white columns, whilst many others appear to be continuous with the anterior roots of nerves. Others cross obliquely in front of the spinal canal, where they decussate with similar fibres from the opposite side, and penetrate into the anterior columns.

These antero-posterior nerve-fibres, therefore, connect together several posterior roots of sensitive nerves; the posterior with the anterior cornua; the posterior columns with the lateral and anterior; one-half of the spinal cord with the other; and, finally, the posterior nerve-roots with the anterior.



Transverse Section of the Spinal Cord. The outlines only are given on the right side of the figure, for the convenience of inserting letters of reference, which are explained in the text.

The latero-transverse fibres ( $\mu$ ) are arranged in loose bands, disposed more horizontally, and pass from one side of the grey substance to the other. Those behind the spinal canal diverge on each side into the anterior

and posterior cornua, and from them into the lateral and posterior columns. Some pass from one posterior nerve-root to its fellow on the opposite side; whilst others, in front of the spinal canal, connect the anterior

nerve-roots in a similar manner. A few may be traced from the anterior roots into the lateral columns of the opposite side.

These latero-transverse fibres, therefore, constitute the transverse commissure, and establish a communication between the opposite sides of the spinal cord on the same vertical plane.

The experiments of Dr. Brown-Séquard have proved that the decussation of the nerves of sensation takes place in the spinal cord; hence it is probable that these latero-transverse fibres are the conductors of the impressions of sensation from one side of the body to the opposite side of the spinal cord.

There are besides, in the grey substance, numerous *longitudinal fibres*, which are chiefly collected together in the so called *substantia gelatinosa* ( $\eta$ ). These longitudinal fibres are intimately connected with the posterior nerve-roots and with the latero-transverse fibres—*marginal fibres* of Van der Kolk ( $\phi$ )—which surround the posterior cornua.

The bundles of these longitudinal fibres are thicker at the lumbar and cervical dilatations of the cord; therefore, it is very probable that they are not continued individually as far as the brain; but, as Van der Kolk has suggested, that they may contain fibres which connect groups of ganglionic cells at different heights in the anterior cornua, and so perhaps serve for the coordination of muscular motion. If this be so, we have nerves of sensation becoming exciters of motion; but in losing their character as sensitive nerves, the change is dependent on their combinations with multipolar cells, from which they transfer their reflex power of innervation.

Stillinger fancied that he had made out some longitudinal fibres in the anterior cornua; and in many careful examinations which I have made during the last six years, I am satisfied that I have seen such tubular fibres.

The *white longitudinal columns* surround and inclose the grey matter; and, by the intersections of the anterior and posterior roots of nerves, each side is divided into an anterior, a lateral, and a posterior column.

The *anterior columns* consist of longitudinal tubular nerve-fibres, and of transverse fibres, by which they are penetrated. They have no proper commissure, although they are united in the centre, at the bottom of the anterior fissure, by decussating nerve-fibres, which pass from the grey substance on one side through the raphe into the anterior column of the opposite side ( $\epsilon$ ).

The *lateral columns* are contained between the anterior and posterior roots of the spinal nerves; and, in addition to the longitudinal fibres of which they are chiefly composed, they are penetrated by filaments from the transverse commissure, and by others from both anterior and posterior nerve-roots ( $\epsilon$ ).

Now, the *anterior nerve-roots* ( $\pi$ ) traverse the antero-lateral columns in distinct bundles, until they reach the grey substance, and there the ultimate filaments diverge in every direction; each one, if carefully followed, being traceable to a multipolar ganglionic cell; and these cells increase in number at every point where the roots of the nerves enter the spinal cord.

The decussating fibres of the anterior commissure, having communicated with the ganglionic cells, penetrate deeply into the anterior columns; and Van der Kolk has figured a multipolar cell, which he observed to connect the longitudinal tubular fibres with the penetrating transverse filaments. He has also observed the innermost longitudinal fibres of the anterior columns to curve towards the grey substance, and pass into ganglionic cells of the anterior cornua.

On these anatomical grounds, he inferred that each longitudinal fibre of the anterior columns is the conductor of the orders of the will to a group of reciprocally connected multipolar ganglionic cells, from which the motor nerves derive their origin; and that the in-

fluence of each fibre may be communicated directly to the cells by the fibre itself, or transmitted indirectly by the penetrating commissural filaments which communicate with both.

The *posterior columns* ( $\delta$ ), which are contained between the posterior nerve-roots, are comparatively small, and, like the anterior, possess no proper commissure of their own; for the posterior fissure ( $\beta$ ) which separates the posterior columns, reaches down to the posterior border of the transverse commissure of the grey substance. They are chiefly constituted of longitudinal tubular fibres, derived from the nerve-roots, and of transverse filaments from the posterior border of the transverse commissure.

The *posterior nerve-roots* ( $\rho$ ) do not traverse the posterior columns in distinct bundles, like the anterior roots; but, on entering the cord, they split up into three kinds of fibres, which have been minutely described by Mr. Lockhart Clarke. (*Philosophical Transactions*, 1853.) The first kind enter the cord transversely, and pursue a transverse course through the posterior columns into the grey substance, where they bend on themselves at right angles, and pass, in a longitudinal direction, some upwards, others downwards, joining corresponding fibres from other roots above and below, and thus form a continuous longitudinal band in the *substantia gelatinosa* ( $\eta$ ). From this band are derived many, if not all, of the antero-posterior nerve-fibres in the grey substance, which have been described.

A second kind of fibres traverse the posterior columns transversely, and expand themselves in the grey substance as the latero-transverse fibres, which have also been described.

The third kind of fibres enter the cord obliquely, and immediately spread out in different directions. Some fibres passing into the posterior cornua, whilst others diverge and take a longitudinal course, either downwards or upwards within the posterior white columns; but whether any of these latter are continued as far as the brain, is a question which has not yet been determined. Wagner regards them as purely sensitive fibres, which, without being connected with ganglionic cells in the spinal cord, pass directly upwards to the brain, and there excite sensation.

But experimental observations and pathological cases are not wanting to show that the anterior columns are not the exclusive conductors of the influence of the will to the anterior nerves, and that the posterior white columns are not the sole channels of communication between the posterior nerves and the brain.

With respect to the anterior columns, an explanation is afforded by the connecting links which have been described between the anterior roots and the longitudinal fibres in the anterior cornua; and a more obvious clue is given to account for the transmission of sensation—at least, as far as the spinal cord is concerned—by the course and distribution of the posterior roots, and by the longitudinal nerve-fibres contained in the grey substance.

Dr. Brown-Séquard has been led, by his experiments, to the conclusion, that the transmission of sensitive impressions to the sensorium takes place by both cells and nerve-fibres united together. (*Lectures on the Physiology and Pathology of the Central Nervous System*, delivered at the Royal College of Surgeons of England in May 1858, p. 23.) But the very objection which he admitted in opposition to Longuet, who supposed that the sensorium received sensitive impressions only from the posterior columns, exists to a greater degree in respect of the notion that cells transmit such impressions.

The objection to the views of Longuet was first propounded by Dr. R. B. Todd, who contended that the posterior columns are not, as they should be, according

to the theory, larger, the higher they are examined in the spinal cord; but Mr. Lockhart Clarke has shown that the longitudinal fibres of the lateral columns, which contain sensitive fibres, do gradually increase as they ascend in the cervical region, and that the posterior cornua gradually become narrower. (*Philosophical Transactions* for 1851.)

On these anatomical considerations, therefore, together with others which have been stated, there is reason to infer that the ganglionic cells and their intermediate filaments transmit their influence across the cord, and that the longitudinal nerve-fibres are the conductors of impressions to and from the encephalon.

In the immediate neighbourhood of the origin of the fourth pair of cervical nerves (the phrenic), Mr. Lockhart Clarke traced the commencement of the spinal accessory nerves, some filaments of which proceed from cells in a network of minute blood-vessels on the outer part of the posterior cornua. After traversing the grey substance, they unite with others which originate from caudate cells in the anterior cornua, through which they pass upwards, in company with the roots of the anterior nerves, to the medulla oblongata. (*Philosophical Transactions*, 1851.) At about the same part the central canal begins to incline backwards. (See fig. 396 of the *Cyclopædia of Anatomy and Physiology*, vol. iii, p. 708; also, Schröder van der Kolk, *On the Medulla Oblongata*, plate II, fig. 2A.)

#### MEDULLA OBLONGATA AND MESOCEPHALE.

At the junction of the spinal cord with the medulla oblongata, the relative position of the elementary parts of the cord is changed.

The anterior columns thrust themselves backwards and upwards, pushing, as it were, the lateral and posterior columns aside, and become continuous with the corpora pyramidalia.

The transverse commissural band behind the central canal, connecting the posterior cornua of the cord, disappears, and thus it is that the posterior columns divaricate, and the canal terminates in the fourth ventricle.

The anterior cornua, following the backward direction of the columns, are eventually found immediately below the floor of the fourth ventricle, where, according to Stilling, the nuclei of the hypoglossal, the sixth, seventh, fourth, and third pairs of nerves are located, close to the middle line, and from which nuclei these several nerves derive their origin.

The two lateral and posterior columns, being thus pushed aside, pursue a forward and upward direction, and become continuous with the corpora restiformia which are situated on the sides of the medulla oblongata; but, turning from the higher parts of the medulla in a forward direction, they pass into the lower part of the pons Varolii. Here they diverge again, each restiform body passing through the middle of the crus cerebelli into the hemisphere of the cerebellum of the corresponding side, from whence other fibres pass into the processus cerebelli ad testem, overlying the fibres from the restiform body, and therefore composing the superior layer of fibres of the crus cerebelli.

The inferior layer is formed by fibres which pass from each hemisphere of the cerebellum transversely across the inferior surface of the mesocephale or pons, where they occupy the same relative position with respect to the fibres of the corpora restiformia, as they do in the crura cerebelli. These transverse fibres are the commissures of the cerebellum.

Together with the corpora restiformia there are two bundles of longitudinal fibres—the posterior pyramidal columns—which descend from the cerebellum on the inner borders of the restiform bodies, and form between them the fissure of the calamus scriptorius. These fibres resolve themselves into transverse or commissural fibres in the medulla oblongata.

The *Corpora Restiformia*, in their course through the medulla oblongata and mesocephale, contain the nuclei of the nerves of sensation, namely, of the vagus, the glosso-pharyngeus, the auditory, the sensitive roots of the trigeminus, and, as Van der Kolk has said, "We might even add the optic nerve from the corpora quadrigemina, and the olfactory, both of which arise more to the side of the middle line." (Schröder van der Kolk, *op. cit.*, p. 92.)

That the nerve-current of the corpora restiformia is an ascending one in the medulla oblongata, has been proved by the experiments of Dr. Brown Séquard, who, on cutting through one-half of the medulla, found that the portion of the corpus restiforme above the incision was deprived of sensation; and that there is an opposite direction of the molecular influence above the pons varolii appears equally well established by the experiments of Szokalski, who, on removing the cerebral and cerebellar connections from the pons, found that he had not destroyed the sense of feeling. Hence it is highly probable, as Schröder van der Kolk has suggested, that the seat of sensation is in or about the medulla oblongata.

The *Corpora Olivaria* consist externally of longitudinal fibres derived from the optic thalami and corpora quadrigemina, whence they may be traced backward through the mesocephale, on a plane superior to that of the corpora pyramidalia, to the grey vesicular matter of the corpora olivaria.

From the corpora ciliaria or dentata numerous fibres pass inwards to the nuclei of the hypoglossal nerves; and from these nuclei, as well as from every portion of the grey matter, transverse fibres pass through the raphe\* to corresponding parts of each side. Thus the corpora olivaria are united in the middle between the corpora restiformia and the corpora pyramidalia.

The corpora olivaria are more highly developed in man than in any of the lower animals; and although the medulla oblongata bears some relation, as to its size, with the bulk of the entire body, yet is that size determined by the corpora restiformia and the corpora pyramidalia.

The nuclei of the hypoglossal nerves, however, and the corpora ciliaria, obtain their maximum of development in man; and Schröder van der Kolk argues that the delicate combinations of motion in the human tongue in articulation and speech, afford an explanation of the great size of the olivary bodies, and of their intimate connection with the nuclei of the hypoglossal nerves.

He has adduced some illustrative instances of atrophy of the corpora olivaria, and of structural diseases of those organs, to prove that they are subservient to the articulation of sounds. (*Op. cit.*, p. 149-160.)

*Corpora Pyramidalia.* From the corpora striata chiefly, and also from the optic thalami, numerous tubular fibres pass backward through the crura cerebri into the pons Varolii and medulla oblongata, where they constitute the corpora pyramidalia. In the pons or mesocephale these fibres immediately overlie the transverse fibres which have been described as passing from each hemisphere of the cerebellum. With the deeper seated of these latter, a curious interlacement occurs by the longitudinal fibres passing alternately above and below them; and in the meshes of this interlacement numerous patches of grey vesicular matter exist, but these latter are nowhere seen where there is no interlacement, as in the lowest and most superficial layer of fibres, which are exclusively transverse.

In their outward course, the fibres from the nuclei of the abducent and hypoglossal nerves, communicate

\* The raphe is the seat of a very complicated decussation between the posterior halves of the medulla on the one hand, and between each of these and the corpora olivaria of opposite sides on the other.

by means of ganglionic cells with the fibres of the corpora pyramidalia.\*

Towards the inferior extremity of the medulla oblongata, the fibres of the corpora pyramidalia are divisible into three distinct kinds. 1. The decussating fibres, which pass downward and backward into the antero-lateral columns of the spinal cord on the opposite side, so that the right pyramid sends fibres into the left side of the cord, and the left pyramid into the right side of the cord. These decussating bundles of fibres are doubtless the channels through which the mandates of the will are conveyed to the four extremities; and that they are so, is proved by the experiments of Dr. Brown-Séquard, who, on dividing the whole of these decussating fibres, produced entire paralysis of all the limbs. 2. A few fibres which are continued from the pyramids directly down to the anterior surface of the cord on the same side. These latter are continuous with the antero-lateral columns, and appear to serve the purpose of establishing a direct communication between each half of the medulla oblongata and the corresponding half of the spinal cord. 3. The arciform fibres, which curve round the corpora olivaria, and appear to incorporate themselves with the corpora pyramidalia in front, and with the corpora restiformia behind, and are thus the superficial connecting fibres between the anterior and posterior parts of the medulla.

In man, quadrumana, and carnivora, the corpora pyramidalia are larger in proportion to the size of the body than in hoofed animals, probably in consequence of the more varied motions of the fingers and toes.

[To be continued.]

## NOTE ON THE LARYNGOSCOPE.

By JAMES RUSSELL, M.D., Birmingham.

My principal object in this communication is to bear my testimony to the value of the suggestions made by my friend Dr. George Johnson in the *Medical Times and Gazette* for February 14th, in relation to the use of the laryngoscope. Having myself tested the utility of these suggestions, I feel assured that they are calculated materially to facilitate the employment of the instrument, and to bring it into more general use. They will, I think, attain this end by enabling any one who is interested in the matter to obtain for himself, with very little trouble, that practical acquaintance with its manipulation which is absolutely necessary in order to obtain admission for it into the throat of his patients.

The position of the frontal mirror on the forehead is, unquestionably, a great improvement over the position hitherto directed by Czermak. Not only does it avoid the difficulty created by endeavouring to look through the central aperture in the mirror, but the adjustment of the mirror itself is far more readily effected, and the direction of the light is altered, according to the requirements of the particular case, with far greater facility when no obligation exists for maintaining a particular portion of the mirror opposite to the eye. Nor are these advantages gained at the cost of illuminating power.

But the most important part of Dr. Johnson's suggestion is that which presents so ready and effective a method for performing autolaryngoscopy, as that which is attained by the aid of the ordinary toilet looking-glass. By this method, a means of conducting the operation, which is always at hand, is substituted for the more costly apparatus of Czermak; and, what is of no small importance, the process of inspecting one's own throat is closely assimilated to that which we em-

ploy in examining the throat of our patients. By following his directions, I have been able, not only to exhibit to others my own vocal apparatus, but also to introduce them readily to the use of the instrument. In more than one instance, persons who have witnessed its employment for the first time, succeeded at once in using it upon myself.

I cannot yet boast of much experience; but, from the observations I have made, it has appeared to me that the practice of autolaryngoscopy affords the most effectual means of acquiring that facility in the use of the instrument which is requisite, not only to enable the operator to view the interior of the larynx, but also to obtain tolerance of the faucial speculum. So far as I have seen, the difficulty experienced by the patient depends to a very large extent upon the delicacy of manipulation possessed by the operator, and particularly on his success in avoiding contact between the throat-mirror and the posterior wall of the pharynx. Unless I mistake, it will be found that, by mastering the greater difficulty of autolaryngoscopy, our further progress will be materially advanced.

It need not be remarked, that some perseverance will be needed before a beginner can assure himself of success on his own person; and, no doubt, the difficulty will be greater in some persons than in others, from variations in the conformation of the parts concerned in the examination, and particularly from differences in the degree to which the epiglottis naturally conceals the parts below it; but a little experience will suffice to overcome the difficulty; and I think it will then be found that, as in morals, careful self-examination will advantageously precede the examination of other persons.

Two cases of laryngeal affection, which have lately presented themselves to me in the General Hospital, afford an interesting illustration of the gain in forming diagnosis which is offered to us by the laryngoscope. The subjects of these cases entered about the same time; each presented the ordinary symptoms of sub-acute laryngitis. In one, the symptoms were of a fortnight's duration; in the other, they had been present for a month, but with a brief interval of relief. Each patient had been exposed to the ordinary exciting causes of laryngitis. The last mentioned patient, however, was affected with advanced disease of the heart, and presented the rare phenomenon of a double mitral bellows-murmur. In this man, certain symptoms suggested a suspicion that the laryngeal affection might possibly depend rather upon some defect of innervation, than upon an inflammatory affection, but the evidence was too incomplete to warrant of itself the neglect of the ordinary treatment for laryngitis.

When the interior of the larynx was illuminated in these two men, a most striking contrast appeared in the condition of their respective vocal apparatus. In the patient last mentioned, the condition of the parts closely corresponded to that exhibited in Figs. 1 and 2, taken from my own throat. The glottis was widely open (Fig. 1) during tranquil respiration, so that the upper rings of

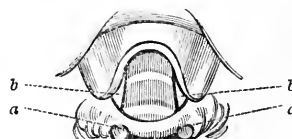


Fig. 1.—a a. Apices of Arytenoid Cartilages. b b. Vocal Cords.

the trachea were brought into view; the mucous membrane of the larynx and the vocal cords were perfectly healthy; and the cartilages of Santorini, indicating the situation of the apex of the arytenoid (a a) cartilages, were distinct. From time to time alternate movements of

\* The nucleus of the hypoglossus and the passage of the fibres through the fibres of the corpora pyramidalia, are beautifully shown by Sulling, in his illustrations of the Pons Varolii, plate III, h. u. P.



approximation (Fig. 2) and of separation were performed by the arytenoid cartilages during the respiratory process, followed by the vocal cords; and similar

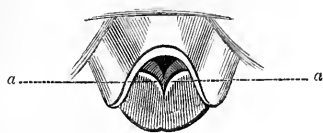


Fig. 2.

movements were excited by any trifling sensation created in the throat or larynx. In the case first mentioned, on the other hand, the interior of the larynx presented all the characters of a low form of inflammation (Fig. 3). The epiglottis was erect, and in part

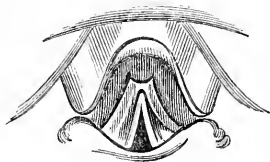


Fig. 3.

everted; strings of adhesive mucus sometimes stretched across the upper orifice of the larynx; the mucous membrane was thickened, and projected into the cavity of the larynx as prominent cushions; the interior of the organ resembled a broad funnel, at the bottom of which appeared the glottis, the lips of which were nearly approximated; and during tranquil breathing, the movements of the arytenoid cartilages, and the alternate closing and opening of the glottis, which formed so beautiful a phenomenon in the preceding case, were performed to a very limited extent; a white superficial ulcer occupied the edge of the left vocal cord.

I may just mention, that this is the second case in which I have met with functional derangement in the larynx, connected with mitral disease, carried to such an extent as to call to my mind the symptoms which accompany aneurism of the aorta, and are produced by pressure upon the vagus or its branches.

P.S.—Since the preceding remarks were written, a patient has entered the hospital, who illustrates the advantage obtained by the practice of laryngoscopy even more clearly than those whose cases have been referred to. He presented considerable aphonia, with symptoms suggesting the existence of chronic laryngitis, yet with certain peculiarities. A considerable polypus was found attached by a broad base, to the front of the larynx, and in part to the right false vocal cord.

DERBY INFIRMARY. A special meeting of the governors of this Infirmary, was held last week to consider: Firstly, whether in future there should be one physician instead of two; and secondly, whether there should be four surgeons instead of three. The result of the meeting was that the existing rules are to remain *in statu quo*. Dr. Ogle stated that it was quite impossible for one physician to do the work of the hospital; whilst, on the other hand, Mr. Gisborne incidentally mentioned that the present staff of three surgeons was amply sufficient. The Weekly Board had suggested the alterations which were proposed at the meeting in consequence of the frequent changes which had recently taken place in the office of physician; it being stated that young men had accepted the appointment, and, not meeting with the public encouragement they expected, had resigned in disgust, either to try their fortunes elsewhere, or to take to general practice.

## Reviews and Notices.

A CLINICAL MEMOIR ON CERTAIN DISEASES OF THE EYE AND EAR, CONSEQUENT ON INHERITED SYPHILIS; with an Appended Chapter of Commentaries on the Transmission of Syphilis from Parent to Offspring, and its more Remote Consequences. By JONATHAN HUTCHINSON, F.R.C.S., Senior Assistant-Surgeon and Lecturer on Surgery at the London Hospital, etc. Pp. 259. London: 1863.

It must be well known to the profession, that Mr. HUTCHINSON has for several years assiduously applied himself to the investigation of the signs of hereditary syphilis; and that on this subject he has made some valuable contributions to medical science, inasmuch as he has pointed out means by which, as he believes, we may distinguish between the appearances produced by hereditary syphilis and those arising from other constitutional disease. It must not be supposed, that he entertains and wishes to induce in others a too wide belief in the prevalence and injurious effects of the syphilitic taint. Such an accusation, he tells us, has been made against him; but he asserts it to be unjust, and says that

“The result of my inquiries, upon my own mind, has been to limit my belief in its extent” (*i. e.*, of inherited taint), “whilst there are peculiar forms of disease which I believe to be its special results, I feel confident regarding the great majority of the chronic diathetic diseases of early life, that they have nothing whatever to do with it. As with acquired syphilis, so with the hereditary, it produces only its own special and peculiar results; and to the trained observer these are, for the most part, easily distinguishable from all others.”

The first chapter contains the record of twenty-three cases of Acute Iritis dependent upon Hereditary Syphilis, partly collected from works, and partly occurring in Mr. Hutchinson's practice. This affection is one of the rarest symptoms of hereditary syphilis; it occurs most frequently in female children, about the fifth month. It affects one or both eyes in about an equal number of cases; and is generally uncomplicated. The phenomena of acute inflammation are obscure; but

“Irregularity of the pupil, the presence of white, yellow, or red lymph, tumidity, loss of lustre, and alteration of colour in the iris itself, are the symptoms upon which the diagnosis is to be based. Generally also there will be seen on minute inspection a faint pink zone in the sclerotic. There is very rarely much congestion of the conjunctiva; and the cornea is almost always clear.” (P. 24.)

The treatment mainly consists in the daily application of atropine drops to dilate the pupil; and the administration of mercury, for which purpose Mr. Hutchinson generally uses mild mercurial ointment.

In the second chapter are described the histories of one hundred and two cases of Chronic Interstitial Keratitis; this being the name given by the author to the Scrofulous Corneitis of Mackenzie. Without absolutely asserting that *typical* interstitial inflammation of the cornea is always of syphilitic origin, Mr. Hutchinson at present believes such to be the

case. His reasons for this belief are : that some of the patients he has known by observation to be subjects of inherited syphilis, while in other cases he has obtained a history pointing in the same direction ; that almost all the patients present a peculiar physiognomy, with various striking characters, among which are the notched central upper incisors, held by Mr. Hutchinson to specially denote syphilitic taint ; that, in many cases, ulcerative lupus, nodes, psoriasis of the face, otorrhœa, and other suspicious symptoms, have also been present ; that the effect of specific treatment on the disease is sometimes well marked ; that the keratitis is often accompanied or preceded by iritis ; and that it is often followed by certain changes in the choroid, frequently seen in heredito-syphilitic patients.

In the third chapter, Mr. Hutchinson describes fourteen cases of Inflammations of the Choroid and Retina ; in the fourth, he notices Cataract and Inflammation of the Vitreous Body in Connection with Inherited Syphilis ; and in the fifth, he brings forward arguments to show that a large number of the affections hitherto classed as *Aquo-capsulitis*, or slight inflammation of both iris and cornea, are due to hereditary syphilis.

In the sixth chapter, he notices Amaurosis with white Atrophy of the Optic Nerves as being possibly sometimes connected with inherited syphilitic taint.

The seventh chapter contains the author's views on Deafness ; regarding which, Mr. Hutchinson believes it to be peculiar to syphilitic subjects that the function of hearing sometimes fails without any apparent disease of the ear—the deafness being usually symmetrical and dependent probably, as in white atrophy of the optic nerves, on some disease of the nerves or of their distribution.

In the eighth chapter, he describes some Diseases of the Ocular Appendages dependent upon Hereditary Syphilis ; and in the ninth, collects several Miscellaneous Cases and Observations.

In the tenth chapter, Mr. Hutchinson makes some remarks on the Means of Recognition of the Subjects of Heredito-Syphilis during the Tertiary Stage. This, he very justly observes, is a matter "involving great and peculiar responsibility" ; and, in many cases, the surgeon is precluded by moral obligation or by motives of kindness from putting the necessary questions to the parents of the child ; that is, at periods remote from infancy, when the detection of syphilitic taint is often a matter of great difficulty, whereas in infancy and during the occurrence of secondary symptoms the diagnosis is comparatively easy.

The importance of determining, if possible, certain signs of hereditary syphilis is, then, very great, when we remember how imperative is the duty of "abstaining from needlessly exciting in the minds of our patients suspicions as to conjugal purity." Such signs and their value Mr. Hutchinson has endeavoured to investigate—not, as he confesses, without in the commencement of his inquiries having put more questions to the parents than he frequently now does. He here describes the principal of these signs, presuming that he does not wish to "stereotype his conclusions" as to their absolute or relative importance. These objective symptoms—presented to the inspection of the surgeon—are to be well observed before inquiries are made as to the history

of the case ; and they require to be well studied and accurately observed in order to avoid an unnecessary and probably painful course of questioning founded on an incorrect diagnosis.

The most reliable of these symptoms is, according to Mr. Hutchinson, the peculiar appearance presented by the permanent teeth—especially the upper incisors.

"In syphilitic patients, these teeth are usually short and narrow, with a broad vertical notch in their edges, and their corners rounded off. Horizontal notches or furrows are often seen ; but they, as a rule, have nothing to do with syphilis."

Mr. Hutchinson believes teeth of this type, when well characterised, to be pathognomonic of hereditary taint ; and he appends a plate containing eight figures representing the appearances presented by the teeth in subjects of inherited syphilis.

Other signs, inferior in value but still important, are thus described :—

"The skin is almost always thick, pasty, and opaque. It often shows little pits or scars, the relics of a former eruption ; and at the angles of the mouth are radiating linear scars running out into the cheeks. The bridge of the nose is almost always broader than usual, and low ; often it is remarkably sunk and expanded. The forehead is usually large and protuberant in the regions of the frontal eminences ; often there is a well marked broad depression a little above the eyebrows. The hair is usually dry and thin, and now and then (but only rarely) the nails are broken and splitting into layers. If the eyes have already suffered, a hazy state of the cornea, and a peculiar, leaden, lustreless condition of the irides, with or without synechie, may be expected. If, however, the eyes have not yet been attacked by syphilitic inflammation, they will present no deviation from the state of perfect health and brilliancy. The occurrence of well characterised interstitial keratitis is now considered by several high authorities as pathognomonic of inherited taint. It is almost invariably coincident with the syphilitic type of teeth ; and, when the two conditions are found together in the same individual, I should certainly feel that the diagnosis was beyond doubt." (Pp. 205-6.)

We must, Mr. Hutchinson points out, consider the various physiognomical conditions and symptoms together ; and he impresses the necessity of special caution in arriving at a conclusion, on "those who have not previously made the deformities of the teeth the subject of special study."

A series of seventy-three Aphorisms and Commentaries respecting Constitutional Syphilis and its Transmission from Parent to Offspring is next given. These appear to be founded chiefly on the author's experience, inasmuch as many of them contain opinions at variance with those commonly received. We have not space to notice them in detail, but would recommend them to the attention of our readers.

An Appendix on Inflammation of the Deeper Structures of the Eye in Connexion with Acquired Syphilis closes the book. We would advise surgeons to study Mr. Hutchinson's views in his own words, and to note carefully both his instructions and his cautions. With imperfect knowledge, they may commit grievous errors ; and it is naturally his desire, and a mere matter of justice to him, that all should avoid such, as they may lead to painful consequences, and diminish the credit which he deserves.

**THE URINE IN HEALTH AND DISEASE**; being an Exposition of the Composition of the Urine, and of the Pathology and Treatment of Urinary and Renal Disorders. By ARTHUR HILL HASSALL, M.D., Senior Physician to the Royal Free Hospital, etc. Illustrated by numerous Engravings. Second Edition. Pp. 416. London: 1863.

DR. HASSALL is quite justified in calling, in his preface, this edition of his book on urine "a distinct work" from that which he published a few years ago. The small treatise which then appeared was, he says, "necessarily imperfect". We cannot allow that all the imperfections therein manifested were a matter of necessity on the part of a professedly well informed chemist and physician; but we most willingly recognise, on perusal of the present volume, the diligence with which Dr. Hassall has since studied the several works on the urine which have recently appeared, and the general ability and judgment with which he has selected his materials and put them forth in the present form. At the same time, it must not be forgotten that he has for himself made some investigations on the urine, and that therefore he must not be regarded as a compiler *pur et simple*.

The chapters into which the book is divided are headed as follows: Function and Structure of the Kidneys—Physical Properties and Composition of the Urine—Origin of its Principal Constituents: Urea: Creatine and Creatinine: Uric Acid and the Urates: Hippuric Acid: Oxalic Acid: Diabetic Sugar and Diabetes: Various Organic Acids: Diabetes Insipidus: Sulphuric Acid: Phosphoric Acid: Chlorine: Acidity and Alkalinity of the Urine: Extracts: Colouring Matters: Xanthine and Hypoxanthine: Allantoine: Leucine and Tyrosine: Cystine: Albumen, Albuminuria, and Bright's Disease, etc.: Blood, Mucus, and Pus: Spermatorrhœa and Impotence: Medical Origin of Stone and Stricture: Analysis of the Urine.

Regarding each of the substances described, Dr. Hassall gives a concise and well arranged account of what is at present known as to their chemical and physical characters and their occurrence in the urine, and the circumstances under which their quantity is modified. He has borrowed largely from other writers on urine, especially Dr. Parkes; with whom, indeed, he appears to have been in correspondence during the production of this work—and he could scarcely have placed himself under more able guidance and advice.

There is, then, much in common between the works of Dr. Parkes and Dr. Hassall, as regards statement of facts. But the two authors differ in the manner of arranging their materials. Both shew the modifications which the constituents of the urine undergo under various conditions of health and disease; but, while Dr. Parkes describes the changes in the urine under each modifying circumstance—such as age, diet, fever, rheumatism, etc.—Dr. Hassall arranges under each constituent of the urine the circumstances, healthy or morbid, which modify its appearance. Each of these methods has its advantages, according to the requirements of those who may use the books. For the observation of special forms of disease, Dr. Parkes's plan is most convenient; while Dr. Hassall's arrangement will be

useful to those who are making researches in detail on the component parts of the urine.

At the end of the book, there is a chapter on Analysis of the Urine, in which Dr. Hassall points out the applications of the volumetrical method.

There are a few matters which, before concluding, we would point out to Dr. Hassall for correction. The chief of these is, the introduction of an elaborate chapter on so-called "Spermatorrhœa and Impotence". Whether the author has not magnified spermatorrhœa to an importance which few well informed medical men will be disposed to grant to it, we will not here discuss; but we cannot see why he should introduce a chapter of nearly ten pages about it into a work on urine. It would have been enough, as other writers on urine have found, to refer to the occasional presence of spermatozoa in that fluid—to show in a few words what they indicate, and to give the proper directions for their detection. Nor can we understand why "disease of the suprarenal capsules" should have nearly six pages devoted to it, merely because the capsules lie near the kidneys, and are called suprarenal. It would have been at least as reasonable on Dr. Hassall's part to give, when he was writing on bile in the urine, a description of various diseased states of the liver.

We would also suggest to Dr. Hassall, that he is not always accurate as to the names of persons and things. Thus, at p. 319 and elsewhere, he refers to the researches made on renal disease by one "Johnston", by whom is evidently meant Dr. G. Johnson. Again, at p. 257, he speaks of the parasites occasionally found in urine as belonging "chiefly to the Anthelminæ". We were not aware that this term had been substituted for Helminthoida or Helminthozoa. Is it proposed on the same principle as that on which the Furies of old mythology were called *Eumenides*?

These defects may be readily remedied in subsequent editions, and do not destroy the general utility of the book. Practitioners who have not leisure for the perusal of more elaborate works may consult it, with a great probability of finding an accurate expression of modern opinion on any subject *in re urinaria* regarding which they desire information.

#### PROLAPSUS, FISTULA IN ANO, AND HÆMORRHOIDAL AFFECTIONS: THEIR PATHOLOGY AND TREATMENT.

By T. J. ASHTON, formerly Surgeon to the Blenheim Dispensary, etc. Pp. 182. London: 1863.

MR. ASHTON is known as the author of a work on the *Diseases, Injuries, and Malformations of the Rectum*, which has passed through several editions. The volume before us is intended as an expression of his views on the nature and treatment of the diseases to which the lower bowel is most frequently liable. It contains evidence that the author has studied his subject both in books and on the bodies of patients. Two-thirds of the book are devoted to hæmorrhoidal affections; and we observe that Mr. Ashton gives a preference to the ligature over other methods of surgical treatment. Although all surgeons may not agree with every one of the author's doctrines, the book is well worthy of a favourable reception.

# British Medical Journal.

SATURDAY, MAY 9TH, 1863.

## MEDICAL WITNESSES FOR THE PROSECUTION.

It is much to be hoped that the case of *Bromwich v. Waters* will be long remembered in the profession as a warning to medical gentlemen who are eager to enter the witness-box, *per fas aut nefas*, in order to give evidence against those who are nominally called their medical brethren; and therefore it is that we once again recur to this melancholy instance of a too common offence.

It has been objected to us, that we have no right to assume, when a medical man is called in evidence on behalf of the prosecution in a case where a medical man is the defendant, that his evidence will be of a prosecuting nature. To this we answer, that practically we find that such evidence is of an unqualified and prosecuting nature. The counsel puts those questions only which will damage his adversary's case or strengthen his own; and, more than this, he would not put a medical witness in the box, whose *qualified* evidence would go rather to the support of the case of the defendant. We will venture to say, for example, that Dr. Ramsbotham would never have been called in the case referred to, had he discovered before he entered the box what he afterwards found out; viz., that there was in reality no difference of opinion between him and Dr. Waters respecting the treatment of the hysterical female.

Let us, however, see what actually was the character of the evidence given in this very case. We think it may be easily shown that the evidence given by Messrs. Lee, Ramsbotham, Taylor, and Gully was as much evidence for the prosecution as was Serjeant Shee's speech a speech for the prosecution—was, in its purport, just as one-sided. It is no intention of ours here to discuss the morality of the advocate's business. Serjeant Shee and his legal brethren, when they strain all their acute legal faculties in order to bring home guilt to an innocent man, must settle the affair with their own consciences. How that conscience could have been appeased if, in this case, the rhetorical trick, the *suppressio veri*, the *suggestio falsi*, and the skilled art of the advocate, had so muddled the jury's brain as to make them see guilt in Dr. Waters, it is difficult to understand. Difficult, indeed, is it to comprehend the honesty of the ethics of the bar, which admits a man, although convinced of the innocence of his opponent's client (and how could so acute a man as Serjeant Shee be otherwise than convinced?), to strain every nerve to ruin and degrade him. But

there is certainly this salvo which he may lay to his conscience: the bench comes between his eloquence and the jury; the unimpassioned mind of the judge knocks down all the trickery and flimsy scaffolding with which he has built up his side of the question. We do not doubt for a moment that in this case Serjeant Shee knew perfectly well—no man better—that the judge would fully expose to the jury the iniquitous nature of the charge which he so eloquently and strongly promoted on behalf of his lying client.

The barrister has certainly this excuse; but the medical man who plays the advocate in the witness-box has no such salve for his conscience. He goes there as a skilled witness; and what he says the judge gives to the jury as the opinion of a man of science. The judge cannot interfere with it; it can only be rebutted by opposite skilled evidence. The medical advocate, therefore, who lays down before the court an *unqualified* opinion on medical treatment, which opinion he knows is not received as correct by others in the profession as good as himself, is without excuse. His opinion goes straight to the jury; and if he be a man of position, and his opinion be delivered without hesitation, it is received by the jury as being of somewhat the same value as a positive fact. The profession can appreciate the real value of such an opinion or personal conviction; but the judge and jury cannot. The opinion may be utterly wrong, purely hypothetical, and opposed to the general sense of the profession; and yet, in fact, be accepted by the jury, simply because of the high position held by the medical witness who delivers it! What excuse is there, then, for those medical men who go into the box and swear out roundly their own private opinions as if they were generally admitted facts; and, above all, when the honour of a medical brother hangs upon their oath?

But let us see the nature of the medical evidence given in this case of *Bromwich v. Waters*. Let us see if it was candid and impartial, or purely *advocate's* evidence.

First comes Dr. Robert Lee. He examined the patient; and, when asked how he found the parts, he does not simply answer "Healthy", but he must say: "In the most healthy condition. I never yet saw any in a more healthy condition. There was no trace of any former disease having existed there. My opinion is, that no ulcer had ever existed at all, and that the speculum has been most grossly abused." Then, when he is cross-examined, Dr. Lee does not know what is inflammation of the womb, nor what is irritation of the neck of the womb; and ignores what he wrote about superficial ulceration ten years ago. He believes superficial ulceration of the *os uteri* to be a very rare disease. Is not this advocate's evidence?

Dr. Ramsbotham also indulges in unnecessarily

strong terms. "The womb and the mouth of the womb were as healthy as I ever saw the organ in my life, bearing no trace of disease about it." He is then asked about the hysteria, and says:

"If it could be traced to the use of the speculum, it should be discontinued; and I should suppose under such circumstances as I have heard detailed; at least, I should say the probability is that the speculum produced that hysteria, and therefore I should myself have discontinued it as soon as I knew of its existence."

And next proceeds to speak of cataleptic hysteria and hysterical coma.

"The more cataleptic element there was in the disease, the more insensible would the person be; and the more hysteria, the less insensible.

"And might there be a case of partial consciousness, and consciousness lasting for some time, and then being lost?—Decidedly; or a state of entire consciousness and insensibility.

"According to your experience of cases of hysterical coma or cataleptic hysteria, does the patient recollect anything of what passed, after recovery from the fit?—They are very rare. I cannot call to mind any cases from which to form an opinion."

Here the doctor speaks decidedly upon subjects about which he admits he has had no experience. But, having admitted the state of insensibility, he is then asked about the possibility of impregnation during that state.

"As a matter of medical science, is impregnation believed by eminent members of your profession to be possible while the patient is in a state of insensibility?—Decidedly so. Almost every author who has treated upon the subject, both English, French, and German, have expressed their conviction to that effect; that under even complete insensibility, even coma from epilepsy, or insensibility from spirituous liquors, impregnation might take place.

"In your practice and experience, you see no reason to differ from that opinion?—Certainly not."

Now we put it to Dr. Ramsbotham: Did he ever meet with, hear of, or read of, a single such case worthy of a moment's consideration, in the whole course of his life? If he did not, we ask him: Is it then warranted by your experience? Was it fair to let the jury and the judge draw, as they must have done, the conclusion that the thing was not only possible, but probable? What, on the other hand, would have been the impression left on the jury's mind, had Dr. Ramsbotham said: "As physiologists, we reasonably believe that impregnation may take place during insensibility; but, as practical men, we have never heard of such a case. If it took place in this instance, this is the first authenticated case ever heard of in the records of medical knowledge." In his cross-examination, indeed, he does qualify his opinion.

"You say that impregnation is possible to take place while a person is in a state of insensibility?—Yes; I believe so.

"Possible?—Yes.

"Not probable?—I do not say that."

Moreover, Dr. Ramsbotham bears witness that going up hill may produce miscarriage in an early stage of pregnancy.

"Mr. Serjeant Shee: Supposing a person was in an early stage of pregnancy, what effect would strong exercise and walking sharp up hill be likely to produce?—It is not certain that miscarriage would be produced by such exercise, but it might be; and it is one of the causes of miscarriage noted by authors. We do not allow patients to ride on horseback when in the early stage, because the rapid movement is likely to produce miscarriage."

Dr. Ramsbotham, again, does not think that persons suffering from hysteria are generally rather cunning.

Why Dr. A. S. Taylor was ever called to give evidence in the case, it is hard to understand, except upon the theory that his very presence as a famed and well known man of science and prosecution-witness strengthened the evidence for the prosecution. However, there can be no doubt that all he did say was to promote the cause of the prosecution.

"In your opinion, can impregnation take place while a woman is in a state of insensibility and unconsciousness?—Yes; and I have never entertained any doubt about that, nor do I know any authority to the contrary."

But why did not Dr. Taylor add: "But I do not know of a single authentic case on record"; and why did he not read to the jury three lines from his work on Jurisprudence:

"Many of the cases in which there are motives for pleading unconscious intercourse or pregnancy require close examination. They will frequently be found to be quite unworthy of belief."

Dr. Taylor also plays upon the same string as Dr. Ramsbotham about the cataleptic hysteria.

"How should you characterise her state?—I think it was a case decidedly of hysterical coma, and some of the symptoms of catalepsy.

"Have you heard the evidence of Dr. Ramsbotham upon that?—Yes, and I agree with him generally upon that point. The extent of coma varies extensively; by that I mean complete insensibility and unconsciousness."

The evidence of the other medical witness, Dr. Gully, was taken by commission at Pau, and is a remarkable specimen. As a display of medical knowledge, and of legitimate deductions from premises, it is, we should think, unique in its way. It requires no comment.

"JOHN MANBY GULLY: I examined the mouth and neck of the womb, and the vagina. Upon pressure, her breasts gave out a milky fluid. I placed my hand upon the belly, and kept it there for twenty minutes or more, in order to detect any movement, but I found none. I did not discover any trace of ulceration of the womb. I found the mouth of the womb much more open than is usual in pregnancy. It was also swollen, and rough on the surface. The neck of the womb was also swollen. These parts presented the appearance of having been operated upon by instruments, and as if they had been injured by instruments. I came to the conclusion she was not pregnant, partly from my own examination of her, and partly from the statement of her previous medical treatment. I came to the conclusion that she was suffering from tumour of the womb. I treated for tumour until July 26th. The effect of my treatment on pregnancy would be to accelerate the birth of a child.

The circumstances of the case induced me to examine the parts, and they presented the appearance of those of a woman with small sexual desire." On cross-examination, Dr. Gully said: "I made, altogether, three or four examinations of the belly before the 26th of June. My examination on the 26th of June lasted half an hour quite. Openness of the mouth of the womb is a sign sometimes of excessive sexual connection. By excessive, I mean a woman having connection with a man once or twice every night. Nothing less. Three times a week would not produce such. From my experience of other cases where instruments have been used, I inferred in this case that instruments had been used. The things from which I inferred she was not pregnant, but had a tumour, were her statement that Dr. Waters had, fifteen months before, said she had a tumour of the womb, and my own examination not discovering any movement in the mass, and Dr. Waters, whom I considered a skilful and able man, had treated the womb as a diseased organ. I administered to her homœopathic medicine for her sickness (vomiting). The sickness proceeded from sympathy with the womb. The appearances from which I inferred that she was a woman of small sexual desire were that the passage to the womb was narrow, the external parts contracted, whilst in a lascivious woman they would be large and open. The clitoris was very small, and there was apparently no sign of amateness in her head, which I examined as a phrenologist. In this particular case, I did not consider that the openness of the womb could be attributed to excessive sexual intercourse, because the mouth was rough as well as open. I think the clitoris would not have been so small had she been guilty of sexual intercourse. In my opinion, as a medical man, the use of instruments at all to any unmarried woman under thirty or thirty-five years of age is highly injurious."

Since the above lines were written, we find that at the last meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Simpson brought forward the case of Bromwich *v.* Waters, Dr. Ramsbotham being present at the meeting. The views taken by Dr. Simpson were precisely those which have been produced in these pages. A few additional facts were, however, mentioned by him which are worthy of note. We may add that the explanations offered by Dr. Ramsbotham on the occasion were not accepted as satisfactory. After commenting on Drs. Lee and Ramsbotham's evidence, Dr. Simpson mentioned the following fact:

"About two years ago, an old patient of his (Dr. S.'s) came to him with a woman who had what was said to be an abdominal tumour. He examined the tumour, heard the fetal heart, and stated that she was pregnant. She averred that, if it was so, she could have got into that condition only when a surgeon, well known to all of them, was operating on her for piles or some other slight disease of the rectum, and had given her chloroform. She most solemnly asseverated that she had never allowed a man to touch her. He thought it right to go to the surgeon and tell him that this accusation had been made with regard to him, that he might be on his guard. He was, Dr. S. believed, written to by some lawyers on the subject, but the details of the charge were so vile and truthless, that he was ashamed to speak of them to his friend till Dr. Waters' case came up. The surgeon then told him that the case had been dropped long ago, as far as he was concerned. But the later history of the case was instructive. The woman, who kept a large lodging-house, is making two of her lodgers pay for the child, as both of these gentlemen had been cohabiting with her,

and they could not settle between themselves which of the two was the real father of the child."

As regards Dr. Gully's evidence, he says:

"It is difficult to comment upon evidence such as that of Dr. Gully's, for perhaps in the annals of medicine and medical jurisprudence it is unequalled in its character. It is an extraordinary compound of ludicrous professional pretension, and equally ludicrous professional ignorance."

"Would any old petticoated nurse in this country have committed such an unpardonable blunder as not to recognise pregnancy in so well marked a case as the above? This hapless woman was submitted by Dr. Lee to an examination extending over two hours. Dr. Gully stated that on one occasion he examined her 'for half an hour quite,' and placed his 'hand upon the belly and kept it there for twenty minutes or more!'"

"Besides making a ludicrous diagnosis of her non-amative propensities phrenologically, Dr. Gully owns to having treated her hydropathically and homœopathically. It is only a pity for his own sake that he had not recourse to other such means as mesmerism and spirit-rapping, to escape the droll errors of diagnosis and so-called treatment into which he fell."

Dr. Ramsbotham remarked that

"Miss Bromwich was one of the most obstinate old ladies he had ever met with. She had said, as they were at lunch next day in the hotel where they were all living together, 'Is it possible that we have no redress? Is this poor girl's character to be taken away by individuals who were suborned to perjure themselves by saying she is not a chaste woman?' The counsel who was there said, 'The jury have given their decision, and we can say no more.' One of the younger counsel said to him (Dr. R.) at the trial, 'If I could keep my self-possession in the witness-box as that girl Whalley did, I would be very glad.' And it was just the same when she was examined by Dr. Lee and himself and all of them. She was, doubtless, on their supposition, an impostor; but she was not only one of the most heartless impostors, but one of the *best* impostors (if he might use the expression) that ever was known. With regard to Dr. Taylor, he might state that Miss Bromwich first wanted to make it out that the glass of wine which Whalley drank had been drugged by Dr. Waters to throw the girl into insensibility, that he might fulfil his foul desires. The matter was submitted to him (Dr. R.). He said that the thing was quite impossible. Dr. Taylor said the same thing, and it was to prove this that Dr. Taylor was brought down. He (Dr. R.) was very glad the case had terminated as it had, and he believed the solicitor for the prosecution was not displeased himself."

"Dr. Simpson remarked that, as to what Dr. Ramsbotham had said about Dr. Taylor, no such question was put during his examination in chief; but the matter was brought out on cross-examination by Dr. Waters' counsel. To pay Dr. Taylor that he might thus damage fatally her case was not probable; and Dr. Taylor would not, of course, take Miss Bromwich's fee and come to Chester with the intention of acting directly against her interests. There was one other point which he (Dr. S.) forgot to mention. The question was raised whether hysterical women were not often given to systematic falsehood and imposture. There was evidence brought from Dr. Prout's work, and from other books, to show this; and they all knew what thorough impostors hysterical women sometimes were. Dr. Ramsbotham in his evidence repudiated this opinion."

"Dr. Keiller asked permission to say a few words. He was glad that Dr. Ramsbotham was present to night, and that he had made a statement to the effect that he never intended to appear as a party against Dr. Waters. It could not but be gratifying to this Society to hear Dr. Ramsbotham express himself as he had just done; but



he (Dr. K.) could not help thinking that Dr. Ramsbotham, in appearing in the witness-box on the side of Miss Bromwich, had adopted a strange way of exhibiting his sympathy for a professional brother who had been dragged into a court of justice to meet such an obviously trumped up and most injurious accusation. If Dr. Ramsbotham appeared at Chester as if against Dr. Waters, and yet was for him, such an anomalous position was not at least discoverable during the trial, for not only in matter, but in manner, the evidence of Dr. Ramsbotham seemed altogether opposed to the interests of Dr. Waters. As for Dr. Lee's appearance at the trial, he (Dr. K.) not having personally seen Dr. Lee before, but knowing and esteeming him by reputation, at first thought that the wrong man had stepped into the witness-box, for it was difficult for some time to believe that this mistake had not really occurred; his demeanour and answers were so very extraordinary. It would be difficult to describe the ludicrous scene enacted during Dr. Lee's examination. The evidence forced from Dr. Lee was, to say the least of it, unequivocally one-sided, and, such as it was, singularly biased. He (Dr. Lee) did not in the least degree pretend to mince matters when the subject of the speculum was touched upon; and even after leaving the witness-box, he conspicuously continued to display his disapprobation of the instrument, by publicly exhibiting specula of various shapes and sizes in the body of the Court, before the Judge and Jury, and passing them round for the special inspection of the apparently much amused rows of barristers. After, however, hearing the evidence for the prosecution, the result could not for a moment be doubted. He (Dr. K.) had no hesitation in saying that a more trashy and transparent case never was before tried in a court of justice, nor one more worthy of receiving a decision which it is to be hoped will prove well calculated to teach the unscrupulous and over-credulous accusers a lesson not to be forgotten."

We must, before concluding this subject, refer to the remarkable proof of the old adage, *Qui s'excuse s'accuse*, exemplified by Dr. Ramsbotham. It now appears that Miss Bromwich's attorneys, Messrs. Kimber and Ellis, have turned round upon Dr. Ramsbotham, and repudiated the explanation which he has offered to the profession. We will without further comment give extracts from their letter to the *Medical Times and Gazette*.

"The part of his letter which we feel most bound to object to is the paragraph wherein he asserts that he had been consulted in the case some time 'before he had an idea that it was to be brought into a court of justice.' To that assertion, we are compelled to give a distinct denial. No medical gentleman has been consulted by us in this case without having been plainly told at the first interview the reason why his opinion was desired, and that an action for the seduction of the girl was about to be tried. Dr. Ramsbotham first saw the girl in the presence of another medical gentleman, whose name need not be mentioned, and knew perfectly well why they met in consultation.....

"The Doctor goes on to say, that it was 'with great pain to himself that he became implicated in this case,' and that he told us 'his evidence would be of no use to us,' and that he was 'obliged' to appear to speak to the fact that there was no mark remaining of an ulcer ever having existed.

"The profession may infer what pain the Doctor felt in appearing at the trial, from the following letter:—

"*Bromwich v. Waters.*

"Messrs. Kimber and Ellis,

"Gentlemen,—I presume by the series of questions

which you transmitted to me respecting the above case a few days ago, that you are desirous I should appear at Chester and give evidence at the trial. If so, you will oblige me much if you can inform me when my presence will be required. I understand it is expected that the trial will come off in April. Is that the case; and can you tell me what part of the month?

"I am, very faithfully yours,

"FRANCIS H. RAMSBOTHAM.

"8, Portman Square, March 16."

"In that letter, there does not appear to be any expression of great disinclination to be 'implicated' in the case; and it is only common justice to the girl to state, that Dr. Ramsbotham expressed a favourable opinion of the truth of her story after he had examined her himself, and also after he had heard her evidence given in open court, though he *now* suggests that he has been deceived.

"We must also state that since the trial the girl has not lost the confidence of her friends; and such is the opinion her mistress entertains of her, and so great is that lady's desire to prove in every possible way the innocence of Dr. Waters, that she has offered the large sum of £100 (notwithstanding the expense she has already incurred in her attempt to vindicate her servant's character), to anyone who will come forward and prove the paternity of the child in a satisfactory manner."\*

## AN ANTEDILUVIAN (?) HUMAN JAW-BONE.

THERE appears to be no incredulity, at all events, in the French Academy of Sciences, respecting the late "human" fossil jaw-bone found by M. Boucher at Abbeville. We read:—

"Our globe has just delivered up to us one of the secrets that human curiosity has so ardently sought for. Fossil man has been discovered. We now know that our ancestors were contemporaries of the great Mammifera which were swept away by the last deluge, of the elephant, of the rhinoceros, etc. This question has at last been solved by a fact, against which none of the objections offered in the case of bones found in caverns can be maintained. This great discovery is due to M. Boucher de Perthes; and M. Quatrefages has announced to the Academy the scientific event. Fossil man is represented by the right half of a lower jaw-bone, which was found at Abbeville in the same bed of diluvium in which M. Boucher has found so many flint instruments. M. Boucher long ago offered a reward to the workmen who would bring him out of the gravel beds a human bone. A short time since some human teeth were brought to him; and then it was announced that a bone had been found. Several English savans and M. Quatrefages hastened to the spot, and convinced themselves that the bone could not have been surreptitiously placed there. It lay five *mètres* below the level of the earth, at the bottom of the diluvium, in contact with the chalk. M. Quatrefages removed it with his own hands. The jaw-bone is well preserved; it does not appear to have been rubbed, for its coronoid process is intact. The angle of the jaw is very obtuse. 'Most probably,' said M. Quatrefages, 'the jaw belonged to an old person of small size. It has nothing of the ferocious or the monkey about it.' M. Quatrefages, in answer to M. Milne-Edwards, admitted that there was nothing either in the form or appearance of the bone opposed to the idea of a fraud having been committed."

\* By an oversight, we omitted to state that the extract (in inverted commas) in the last number of the JOURNAL, p. 453, was taken from the *Medical Times and Gazette*.

## MR. PROPERT AND MR. ADAMS.

OUR readers will be glad to find that, thanks to the judicious suggestion made by the JOURNAL of the British Medical Association, the painful dispute between Mr. Propert and Mr. Adams has been brought to a most happy conclusion. We have no doubt that this unfortunate affair could have been settled long ago, had it not been for the very injudicious manner in which it has been treated and fanned into flame by a portion of the medical press. When called upon in a suitable way, Mr. Propert at once acceded to the proposition, that the case should be submitted to the decision of mutual friends; and Mr. Adams as readily met the proposal. On both sides—this first step once taken—the greatest and most praiseworthy readiness to come to an understanding was manifested. As will be seen from the accompanying paper, two mutual friends, with unlimited power, met and easily and readily effected a settlement of the difference.

Mr. Propert has publicly expressed his regret at having allowed his feelings to get the better of his judgment to the hurt of Mr. Adams; and Mr. Adams has accepted his explanation. We, therefore, conclude, that however much Mr. Propert's behaviour in this affair may have been injudicious, Mr. Adams accepts his assertion that in what he did he was not prompted by any malevolent feeling towards Mr. Adams; but, being deceived, was led on by a generous though misguided impulse into a course of action which pressed injuriously upon Mr. Adams.

We are most glad to be able to add, that the understanding come to between these gentlemen is not merely verbal, but most cordial. A personal interview has taken place between them, apologies and explanations have been offered and received; and Mr. Propert has made a contribution to the Adams Committee fund.

We subjoin copies of the decision of the arbitrators, and of Mr. Propert's explanatory document.

"We, the undersigned, having been delegated with full and unrestricted authority to arbitrate in the matter in dispute between Mr. John Propert and Mr. William Adams, arising out of the late trial of 'Russell v. Adams,' are of opinion that the subjoined document, signed by Mr. John Propert, should be considered as a satisfactory and an honourable settlement of the question at issue between these gentlemen.

"FORBES WINSLOW, 23, Cavendish Square.

"FRANCIS HIRD, 17, Clifford Street.

"London, May 5th, 1863."

"I am willing to admit that I ought to have complied with the request conveyed to me in Mr. Macrell's letter dated December 30th, 1861; and have conferred with that gentleman, as Mr. Adams's legal adviser, in relation to the charge of breach of promise brought by Miss Russell against Mr. Adams, previously to my forming any opinion of my own respecting its truth. I now recognise, if I had done so, much annoyance to both Mr. Adams and myself would have been obviated.

"I also regret that anything done by me should have

led others to suppose that I advised or originated the legal proceedings taken by Miss Russell against Mr. Adams. I was no doubt misled by certain *ex parte* statements, but was influenced by no personal feelings of animosity to Mr. Adams, but solely by a desire to protect the daughter of a deceased member of the medical profession, alleged to have been cruelly treated.

"Whilst solemnly declaring that the motive governing me in these painful proceedings was strictly benevolent in its character, I nevertheless freely allow that, having been deceived by erroneous information, I unwittingly exposed myself to the imputation of acting imprudently towards Mr. Adams, whom I now conscientiously believe to be innocent of the infamous charge which Miss Russell attempted to establish against him in a court of law.

"JOHN PROPERT.

"6, New Cavendish Street, May 5th, 1863."

## THE IODINE TEST FOR DIABETIC URINE.

THE value of the iodine test for diabetic urine, lately referred to in the JOURNAL, as proposed by M. Trousseau, has been disputed. It appears, in fact, that healthy urine also decolorises iodine when added to it, only it does so less rapidly than diabetic urine. We can ourselves corroborate the correctness of this statement. It would appear, from observations made by M. Corvisart, that the decolorising of the iodine tincture depends chiefly upon the action of the uric acid and the urates in the urine; and, consequently, that the decolorising power of the urine, whether diabetic or not, is measured by the relative quantity of these salts in the urine. If it is demonstrated that this power resides preeminently in diabetic urine, it will then be necessary to learn the relative quantity of those salts which are contained in it. Dr. Farge of Angers has found that highly diabetic urine has a minimum power of decolorisation; whilst a maximum power resides in febrile—uric acid—urine. M. Coulier examined three specimens of urine—one diabetic, one highly charged with uric acid, and another perfectly healthy; and he found that the diabetic urine (containing 28 *grammes* of sugar to the *litre*) did not decolorise more of the iodine than the healthy urine. With M. Corvisart, he considers the decolorisation depends upon the action of uric acid. *Aprpos* of this subject, a writer refers to the fact that he found, after covering the whole surface of the swollen knee of a gouty patient with a solution of equal parts of iodine tincture and water, on the following morning, to his surprise, not a trace of the colour of iodine remaining; and he asks whether uric acid could have played any part in this decolorising action.

## THE WEEK.

IN the late election of foreign associate by the French Academy of Medicine, Faraday obtained 52 votes, and Matteucci 1. The other candidates were Ehrenberg, Rose, Bunsen, and Delarive.

We lately referred to the fact that a committee called the Adams Defence Committee had been formed to assist Mr. Adams in the defrayal of the enormous expenses of the trial *Russell v. Adams*. We are glad to find that the committee comprises names of gentlemen who will ensure the success of the subscription. The expenses, we understand, amount to something like £1000; and it certainly does seem a most cruel thing that an innocent man should be thus severely mulcted in purse, as well as tortured in mind and damaged in practice, through the abominable machinations of a designing wicked woman. The happy conclusion of the differences between Mr. Adams and Mr. Propert, the admissions honourably made by Mr. Propert, and the award of the arbitrators, must remove from the minds of every one all doubt and difficulty as to what course should now be pursued. Mr. Adams has most undoubtedly a strong claim upon the warm sympathy of his professional brethren. We trust that it will be warmly responded to. The following members of the profession have already placed their names on the committee; and we are sure that the settlement of the dispute between Mr. Adams and Mr. Propert will be the cause of adding many more names to the list.

Dr. J. B. Allan, Mr. Brady, M.P., Mr. C. Bader, Dr. L. S. Beale, Dr. J. R. Bennett, Mr. P. H. Bird, Mr. C. Brooke, Mr. I. B. Brown, Mr. A. Brown, Dr. G. Burrows, Mr. J. M. Burton, Mr. W. Bowman, Mr. H. H. Cannan, Dr. Lawson Cape, Mr. J. F. Clarke, Mr. E. Coleman, Mr. H. Coote, Mr. W. Coulson, Mr. W. H. Covey, Mr. G. Critchett, Mr. J. Dangerfield, Dr. Gueneau De Mussy, Dr. H. Dick, Dr. R. Drutt, Mr. J. U. Easson, Mr. J. E. Erichsen, Mr. W. Fergusson, Dr. A. L. Fisher, Mr. J. Gay, Dr. S. L. Gill, Mr. J. H. Green, Mr. W. W. Gull, Mr. E. A. Hart, Mr. J. M. Hogg, Mr. B. Holt, Mr. W. B. Hutchinson, Mr. T. C. Jackson, Dr. W. T. Kays, Mr. W. B. Kesteven, Mr. O. King, Dr. E. Lankester, Mr. H. Latter, Mr. W. L. Leaf, Dr. H. W. Lobb, Mr. E. Lund, Mr. J. S. Mansford, Mr. T. Nunneley, Mr. H. Obré, Mr. J. Paget, Dr. R. Quain, Dr. E. W. Richardson, Dr. J. Russell, Dr. W. B. Ryan, Dr. R. H. Semple, Dr. Brown-Séguard, Mr. B. Shillitoe, Dr. T. H. Tanner, Dr. E. S. Thompson, Mr. H. Thompson, Mr. J. R. Traer, Dr. H. G. Trend, Mr. H. H. Walton, Mr. G. Webster, Mr. S. Wells, Mr. E. Wilson, Dr. J. Yearsley; Dr. A. Anderson (Glasgow), Mr. A. Baker (Birmingham), Dr. T. H. Barker (Bedford), Mr. H. Blenkinsop (Warwick), Mr. P. Brendon, Mr. Cordy Burrows (Brighton), Mr. G. Bury (Whetstone), Mr. P. H. Chavasse (Birmingham), Mr. Flint (Stockport), Mr. G. Gorlick (Leeds), Mr. W. Harvey, Mr. J. P. Harris (Liverpool), Mr. H. W. Joy (Maidstone), Mr. G. Lawson, Mr. G. May (Reading); Mr. Meade (Bradford), Mr. T. Paget (Leicester), Mr. Shute (Greenwich), Mr. S. Smith (Leeds), Mr. T. P. Teale (Leeds), Mr. J. Tomes, Mr. T. Turner (Manchester), Dr. F. Winslow. Mr. J. B. Walker, 17, Clifton Gardens, Maida Hill, is the Honorary Secretary and Treasurer.

It will probably be in the recollection of our readers that in 1860, Major-General Slade, Lieutenant-Governor of Guernsey, and a certain professed homœopath, became rather notorious; the one by granting a commission of staff-surgeon in the Guernsey Royal Militia, the other by accepting it. The staff, regi-

mental, and assistant-surgeons, attached to this force, unwilling to hold professional intercourse with an irregular practitioner, respectfully sought for further information through the chief of the medical staff. The curt answer returned by the militia Adjutant-General was that, "His excellency had no instructions to give!" Thereupon the whole medical body of the militia, on principle and in self-defence, were compelled to tender the resignation of their respective commissions. After a suspense of several months, the resignations of the staff-surgeons were accepted, and the regimental and assistant-surgeons were ordered to continue their duties. They have done so under protest. The following general militia order informs the world that the insular force is at length relieved from the important infinitesimal services of the homœopath:

"Militia Office, April 24, 1863.

"It having been intimated to the Lieut.-Governor that his term of service in this command will shortly expire, the necessity for retaining Surgeon John Ozanne upon the personal Staff of the Commander-in-Chief will no longer exist. His Excellency therefore accepts the resignation which that officer has tendered, of the appointment held by him, and has directed that his name be placed upon the unattached list of the Royal Guernsey Militia.

"By order,

"E. J. WHITE, Colonel, Adjutant-General."

No one will feel inclined to question Major-General Slade's prerogative to patronise homœopathy, or any other species of charlatanism to which his fancy may incline. All we maintain is that in thus obtruding a homœopath into the company of medical men, his excellency committed an act both unjustifiable and despotic; and that in now placing his *protégé's* name as surgeon on the unattached list of the Royal Guernsey Militia, General Slade leaves the grievance complained of unredressed.

The following copy of a resolution passed at a meeting of the Executive Committee of the Medical Council, held on the 1st inst., has been forwarded to us for publication.

"Certificates having been produced to the Committee of the conviction of Evan Thomas, at Liverpool, for perjury, and of the conviction of Robert Wrixon, at Reading, for forgery, the Registrar was directed to erase the names of those persons from the *Medical Register*."

In an action lately brought before a law-court in New York for damages in a case of alleged malpraxis, Judge Hare very clearly laid down the principles which should guide the jury in arriving at conclusions. He said:

"We know nothing of the effects of the agents of this description, except from experience; and the records of that experience are to be found in scientific works, and the evidence of men who have made the subject their study. The jury are, however, to decide in the last resort; but even if they doubt the safety of the agent employed, there is still a consideration of the highest

reason which they ought not to disregard. All science is the result of a voyage of exploration, and the science of medicine can hardly be said yet to have reached the shore. Men must be guided, therefore, by what is probably true, and are not responsible for their ignorance of the absolute truth which is not known. If a medical practitioner resorts to the acknowledged proper sources of information, if he sits at the feet of masters of high reputation, and does as they have taught him, he has done his duty, and should not be answerable for the evils which may result from errors in the instruction which he has received. Medical opinion varies from time to time. What is taught at one period may be discovered to be erroneous at another; but he who acts according to the best known authority is a skilful practitioner, although that authority should lead him, in some respects, wrong. He will then have done all that he can, all that is given to man to do, and may leave the result, without self-reproach, in the hands of a higher power."

THE following are the addresses which were lately presented to the Queen and to the Prince of Wales by the College of Physicians:—

*"To the Queen's Most Excellent Majesty.*

"MOST GRACIOUS SOVEREIGN,—We, your Majesty's most loyal and dutiful subjects, the President and Fellows of the Royal College of Physicians of London, crave permission to lay before your Majesty our humble but fervent congratulations on the marriage of their Royal Highnesses the Prince and Princess of Wales.

"We hail their auspicious union, which has filled the land with rejoicing, as promising a renewal of the inestimable blessing which this nation has long enjoyed in the bright example of your Majesty's domestic life.

"We further rejoice in it through the hope and belief that to your Majesty it has already brought much joy and consolation, and will remain a source of felicity.

"With thankfulness, therefore, and with trust, we pray that divine goodness may support your Majesty under your heavy trials, may guard your Majesty's health, and largely increase the happiness of your Majesty and all your royal family."

*"To His Royal Highness the Prince of Wales.*

"MAY IT PLEASE YOUR ROYAL HIGHNESS,—The President and Fellows of the Royal College of Physicians of London humbly but ardently desire to congratulate your Royal Highness on your most auspicious marriage.

"We firmly believe that at no former period of English history has the heart of the whole nation been so warily attached to its sovereign as it now is to our Most Gracious Queen and to all her Royal Family.

"Hence the universal joy, the irrepressible ardour, with which the nation welcomed the arrival of the Princess, whom fame had truly reported to be in every way worthy of your Royal Highness's choice.

"Therefore, in common with all her Majesty's subjects, we rejoice in a union which promises all that could be desired for your Royal Highness and the Princess of Wales, as well as for the best interests and future prospects of the realm; and we pray that divine Providence may shower down its choicest blessings on both your Royal Highnesses, and grant you uninterrupted health and happiness through a long life, cheered by the devoted affection of a loyal and contented people."

Italy has lately lost two of her *savants*; viz., the astronomer Amici, a senator of the kingdom, who died suddenly of apoplexy, at the age of 78; and Dr. Betti, professor at the School of Medicine of Florence.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

### LANCASHIRE AND CHESHIRE BRANCH.

*Sympathy with Dr. Waters.* At a meeting of the Council of the above Branch, held April 28th, 1863, at the Royal Institution, Manchester; G. SOUTHAM, Esq., in the chair—it was unanimously resolved:—

"1. That the Council of the Lancashire and Cheshire Branch of the British Medical Association desires to express its deep sympathy with Dr. Edward Waters of Chester, in reference to a late trial; and to congratulate him on having, on that occasion, so successfully vindicated his moral and professional character.

"2. That this Council feels called upon to record its protest against the assumption, by medical witnesses in courts of law, of the function of advocates, and to deprecate the substitution of personal opinions in the place of facts, especially when, as in the above-mentioned cause, the honour of a professional brother is involved.

"3. That it be a recommendation from the Council to the members of the Branch, and to the medical men generally in the district, to contribute to the subscription which has been opened at Chester for the purpose of indemnifying Dr. Waters for the expenses incurred in the above trial."

### METROPOLITAN COUNTIES BRANCH: SPECIAL GENERAL MEETING.

A SPECIAL general meeting of this Branch was held at 37, Soho Square, on Tuesday, May 5th, at 4 P.M.; R. DUNN, Esq., President, in the Chair.

*Medical Evidence in Courts of Law.* The PRESIDENT observed that it was scarcely necessary to remind the meeting how greatly the dignity and well-being of the profession depended on the moral bearing of its members. The Council of the Branch had, in consideration of this and of certain events which had taken place during the past year, thought it a duty to call the members of the Branch together with the object of laying down certain principles by which the conduct of medical men in the witness-box should be guided. He trusted that in the discussion on the resolutions to be brought forward all personal matters would be avoided, but that the question would be dealt with on general grounds.

A series of resolutions was then read.

After some discussion, it was resolved, on account of the importance of the subject,

"That the resolutions now read be referred to the Council of the Branch, and printed, with such amendments as they may judge necessary; that they be circulated for consideration among the members of the Branch; and that the discussion of them be adjourned till a general meeting, to be called by the Council at an early date."

The meeting then adjourned.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 5th:—

Armstrong, Joseph Foster, South Shields  
Atherton, Ebenezer, Bingley, Yorkshire  
Beeby, Walter Thomas, M.D.S.T. And., Kilburn  
Chiffers, Edward, Enfield, near Acerington  
Clifton, George Herbert, Burwell, Cambridgeshire  
Colman, Walter, Wymondham, Norfolk  
Cope, Walter Henry, L.S.A., Buckingham Street, Strand  
Davey, Francis Albert, Bath  
Fawcett, Francis Molinieux, Yarm, Yorkshire  
Foster, John Bunyan, Huntingdon  
Grimbly, Owen, M.D.S.T. And. & L.S.A., Banbury  
Mallam, Henry Parr, L.S.A., Oxford  
Mudge, Belling Harvey, Bodmin, Cornwall  
Parker, Benjamin Whitehead, L.S.A., Farington, Lancashire  
Parson, Thomas Cooke, Bristol  
Pearce, Francis Drake, L.S.A., Kingsbridge, Devon  
Pigott, Paynton, Great Wilbraham, Cambridgeshire  
Shillitoe, Richard, Hitchin, Herts  
Sinclair, Duncan Francis, Halstead, Essex  
Williams, John Babington, Sydney Street, Brompton

**THE FELLOWSHIP.** At a meeting of the Council of the College, on March 4th,

Crosse, John Burton St. Croix, of the 11th Hussars, was admitted a Fellow, having been elected at a previous meeting of the Council: diploma of membership dated August 11, 1837  
Travers, William, of the Charing Cross Hospital, has just passed the preliminary examination for the Fellowship; having been admitted a member on April 17, 1860

**UNIVERSITY OF ST. ANDREW'S.** The following gentlemen, having passed the necessary examinations, were admitted to the Degree of Doctor of Medicine, on April 28th, 1863:—

Butler, Alfred, London	Hutchinson, Christopher Francis, Bridlington
Campbell, Hugh, London	Lennox, Walter W., Hamilton
Chavasse, Chas. A., Smethwick	Macintosh, Chas. H., Torquay
Davey, James George, Northwoods, near Bristol	Robinson, John W., London
Hood, Peter, London	Taylor, George, Derby

The following gentlemen also passed the necessary examinations, and will receive the Degree next year.

Smith, Josiah Sidney, Tiverton      Walsh, James, R.N.

**APOTHECARIES' HALL.** On April 30th, the following Licentiate were admitted:—

Brown, Frederick Gordon, Finsbury Circus  
Frankish, John David, Christchurch, New Zealand  
Mason, Thomas Edward, Deal, Kent  
Langford, Charles Phineas, Hingham, Norfolk  
Morton, John, Holbeach, Lincolnshire  
Reddrop, John, Tiverton, Devon  
Stubbs, Henry, Brierley Hill  
Sutton, Frederick, Marton Vicarage, Gainsborough  
Taylor, John William, New Malton, Yorkshire  
Weaving, Albert, Oxford

At the same Court, the following passed the first examination:—

Sanders, Thomas, University College

### APPOINTMENTS.

Booth, Lionel, M.D., appointed additional Resident Medical Officer to the York Dispensary.  
Clouston, Thomas S., M.D., appointed Medical Superintendent of the Cumberland and Westmoreland Lunatic Asylum.  
Hall, John, M.D., appointed Assistant House-Surgeon to the General Hospital, Nottingham.  
Murray, William F., Esq., appointed Resident Surgeon to the Birmingham and Midland Counties Lying-in Hospital.  
Ringer, Sydney, M.B., appointed Assistant-Physician to University College Hospital.  
Sturges, Octavius, M.B., appointed Physician to the Chelsea, Brompton, and Belgrave Dispensary.

### POOR-LAW MEDICAL SERVICE.

DONOVAN, Dionysius, M.B., to District No. 6 of the Basford Union, Nottinghamshire.  
HAWKISS, James S., Esq., to the Workhouses of the Stepney Union at Bromley and Limehouse.

HITCHINS, Charles V., Esq., to District No. 3 (the parish of Weston-super-Mare) of the Axbridge Union.  
LAKIN, James Henry, M.B., to the Sutton Coldfield District of the Aston Union, Warwickshire.  
PALEY, James, Esq., to the Seventh District of the Sevenoaks Union.  
SHAW, Jonathan, Esq., to the Bishopwearmouth West District of the Sunderland Union.  
SHEPHERD, Thomas, Esq., to the Rainford District of the Prescot Union, Lancashire.  
TURNER, Edward W., Esq., to the Fritwell District of the Bicester Union, Oxfordshire.  
WYER, Otto F., Esq., to the Nuneaton District of the Nuneaton Union.

### ARMY.

BEATSON, Deputy Inspector-General G. S., M.D., to be Inspector-General of Hospitals, *vice* W. Linton, M.D., C.B., retiring on half-pay.  
CHAMBERS, Surgeon-Major J. W., M.D., 35th Foot, to be Deputy Inspector-General of Hospitals, *vice* J. S. Prendergast, M.D.  
DEMPSTER, Staff-Surgeon-Major J. C., M.D., to be Surgeon 35th Foot, *vice* J. W. Chambers, M.D.  
FRASER, Assistant-Surgeon D. A. C., M.D., 76th Foot, to be Staff-Surgeon, *vice* R. K. Prendergast.  
INGLIS, Surgeon-Major J. G., M.D., C.B., 64th Foot, to be Deputy Inspector-General of Hospitals, *vice* G. S. Beatson, M.D.  
MACKIE, Staff-Assistant-Surgeon D., M.D., to be Assistant-Surgeon 7th Foot, *vice* M. Quinlan.  
MOORE, Staff-Assistant-Surgeon F. W., to be Staff-Surgeon, *vice* J. C. Dempster, M.D.  
ORRION, Staff-Assistant-Surgeon R. J. W., to be Assistant-Surgeon 76th Foot, *vice* D. A. C. Fraser, M.D.  
POWER, Staff-Assistant-Surgeon J. L., to be Assistant-Surgeon 97th Foot, *vice* T. Sharkey.  
PRENDERGAST, Deputy Inspector-General J. S., M.D., retiring on half-pay, to have the hon. rank of Inspector-Gen. of Hospitals.  
ROSS, Staff-Assistant-Surgeon W. G., M.D., to be Assistant-Surgeon 8th Foot, *vice* W. Jay.  
SCOTT, Staff-Assistant-Surgeon F. B., M.D., to be Assistant-Surgeon 18th Hussars, *vice* W. R. Wall.  
WHITE, Staff-Assistant-Surgeon W. A., M.D., to be Staff-Surgeon, *vice* W. Dick, M.D.  
WILLIAMSON, Staff-Surgeon-Major G., M.D., to be Surgeon 64th Foot, *vice* J. G. Inglis, M.D., C.B.

### To be Staff-Assistant-Surgeons:—

CAREBY, Assistant-Surgeon A. T., 14th Foot.  
JAY, Assistant-Surgeon W., 8th Foot.  
KEARNEY, Assistant-Surgeon P. B., 1st West India Regiment.  
QUINLAN, Assistant-Surgeon M., 7th Foot.  
SHARKEY, Assistant-Surgeon T., 97th Foot.  
THOMPSON, Assistant-Surgeon J., 4th West India Regiment.

### MILITIA.

PALEY, T. C., Esq., to be Surgeon 3rd West York Militia.

### BIRTH.

FELCE. At Launceston, on May 3rd, the wife of \*Stamford Felce, L.R.C.P.Ed., of a daughter.

### MARRIAGE.

FOSTER, Michael, jun., M.D., of Huntingdon, to Georgina Gregory, second daughter of Cyrus R. Edmunds, Esq., at Bloomsbury Chapel, on April 30th.

### DEATHS.

BRETT. On May 3rd, at Watford, Herts, the infant son of \*A. T. Brett, M.D.  
DUNN. On May 1st, at Feckenham, near Bromsgrove, aged 35, Catherine Jane, wife of \*George P. Dunn, Esq.  
SILLFANT. On April 26th, at Thornhill Square, Barnsbury, aged 35, Betsy H., wife of Horatio Sillfiant, M.D.  
VANDENBERGH. On April 30th, at 30, Bethnal Green Road, Mary Anne, wife of A. S. Vandenberg, Esq., Surgeon.

DR. B. W. RICHARDSON has been elected a member of the American Philosophical Society, Philadelphia.

NAVAL MEDICAL SUPPLEMENTAL FUND SOCIETY WINDING UP ACT (1861) AMENDMENT BILL. This bill was read a second time on Monday last.

BEQUESTS. By will, George Lake, Esq., of Frinsbury, Kent, bequeaths to the Kent and Canterbury Hospital, and the Maidstone and Kent Ophthalmic Hospital, each £100.

ROYAL NAVY COMPASSIONATE FUND. In the Navy Estimates for 1863-64 there is a vote of £14,000 for allowances to the children of naval and medical *officers* who may be placed on the Compassionate List.

**OPEN COMPETITION.** Of the 171 candidates who competed for 80 appointments in the civil service of India in 1862, 37 were the sons of clergymen, 3 of Dissenting ministers, 3 of missionaries, 3 of physicians, 6 of surgeons, 3 of schoolmasters, 6 of officers in the Indian army, 3 of Indian army surgeons.

**UNIVERSITY OF EDINBURGH.** Dr. Douglas MacLagan, the new Professor of Medical Jurisprudence in the University, delivered his introductory lecture to the students on May 4, at the opening of the summer session. There was a considerable attendance of students; and Dr. MacLagan, on entering the class-room, accompanied by Professors Christison, Blackie, and Muirhead, was received by them with prolonged applause.

**WESTMINSTER HOSPITAL SCHOOL OF MEDICINE.** On the 14th inst., the prizes connected with the Westminster Hospital School of Medicine were distributed in the board room by the Dean of Westminster. Mr. Bouverie, M.P., and the medical officers of the hospital, supported the very rev. chairman. The principal prizemen were Mr. Charles Hawkins, Mr. G. E. Pearce, Mr. W. Gandy, Mr. A. L. Peacocke, Mr. G. Mowatt, Mr. W. H. Kempster, Mr. F. P. Edis, Mr. R. Burnham, Mr. Bates, and Mr. B. N. Hyatt.

**IMPORTATION OF PERUVIAN BARK.** The average importation of Peruvian bark for five years ending 1840 was 280,000 lbs. In 1845, 5,978 cwt. was received, of which 4,100 cwt. was re-exported. In 1850 the imports had increased to 10,536 cwt., and from that period they gradually advanced to 27,598 cwt. in 1856, the largest quantity ever received. Since that time there has been a steady retrogression to 21,000 cwt. in 1857, 18,000 cwt. in 1858, and 9,000 cwt. in 1860. In 1861 there was a partial recovery to 12,477 cwt., of the estimated value of £185,672.

**THE LATE MR. ARMSTRONG, OF CARLISLE.** An appeal is made on behalf of the family of the late Mr. Armstrong, surgeon, of Carlisle. He has left a widow and seven young children, badly provided for; and some of his brother professionals, along with a few other gentlemen, have set on foot a subscription to assist those who are thus bereaved and distressed by the death of one who was an active public servant and a most estimable gentleman. Subscriptions to "The Armstrong Fund" will be received by Mr. W. B. Page; or by Dr. Elliot, Carlisle; or by any of the Carlisle Banks.

**THE RECENT ACCIDENTS IN THE CITY.** A parliamentary return just issued gives the number of persons injured during the Royal procession and illuminations of the 7th and 10th of March last. It appears that on the 7th there were reported to the City police accidents resulting in death, 2; broken limbs, 1; and otherwise injured, 1. On the 10th there were seven accidents reported resulting in death, three resulting in broken limbs, and five in other injuries. Of the returns made to the Metropolitan police, there was one only on the 7th, a Mrs. Langley, who was slightly bruised. On the 10th there were three cases, two of broken limbs, and one slight injury. The total of accidents reported is twenty-three.

**ROYAL COLLEGE OF VETERINARY SURGEONS.** The annual meeting of this body was held on the 14th inst., at the College, Red Lion Square, Professor Simonds in the chair. The number of members of the college practising in the kingdom was 1,018, while the number of those who improperly assumed the title of veterinary surgeon was 1,244, and those practising as farriers 1,189. It was strongly urged by the speakers that legislative interference should be sought to protect the legitimate members of the profession from the false representations of unqualified practitioners, and also to secure immunities and exemptions for the members in reference to serving as jurors.

**TYPHUS IN THE AMERICAN ARMY.** The prevalence of typhus and typhoid fevers in the army, in military, and in many civil hospitals, is worthy of notice. In many instances the fever seems to be purely typhus, and very contagious. We hear almost daily notices of the sickness, and, too frequently, of the death of medical attendants. In another column we record the deaths of two members of the resident staff of Bellevue Hospital during the same week. It is to be feared that typhus may yet be prevalent in the military hospitals. To guard against this should be the study and effort of every surgeon in charge. (*American Medical Times.*)

**DANGEROUS LUNATICS.** In the House of Commons, on Thursday week, Mr. McEvoy asked the Chief Secretary for Ireland whether the Government would this Session introduce a Bill to extend to Ireland such provisions of the Act 16th and 17th Victoria, cap. 97, as would enable magistrates to commit dangerous lunatics direct to asylums instead of to the county gaol, as was now necessary. Sir R. Peel had no doubt considerable inconvenience existed in Ireland, particularly in the counties of Donegal and Wexford, in the matter alluded to by the hon. gentleman. When the new lunatic asylums were completed an alteration in the law would be effected.

**MILITARY HOSPITALS.** The Army Sanitary Commissioners on the occasion of their visit to the hospitals, barracks, and other government buildings at Chatham, a few days since, approved of the proposal for the conversion of the buildings at Fort Pitt into a hospital for the whole of the troops of the garrison, including the Royal Artillery, the Royal Engineers, and the three depôts battalions of infantry. The invalids from the Royal Marines will continue to occupy Melville Hospital, as at present. Fort Pitt Hospital will accommodate about three hundred patients, which is probably in excess of the number who will occupy it at one time.

**MEDICAL BENEVOLENT COLLEGE.** There are at the present time resident at the college at Epsom twenty pensioners, being aged medical men or their widows, each of whom is provided with three comfortably-furnished rooms, an allowance of three tons and a half of coals, and a pension of £21 a year. There are also resident in the college 180 boys, the sons of medical men. The income for the last year amounted to £9,340, made up as follows: Annual subscriptions, £3,114; donations, £1,006; dividends, £168; school payments, £5,052. The expenditure for the year had been £8,658.

**ACTION FOR SLANDER. BARNES v. HORNE AND WIFE.** This was an action tried by a Common Jury. The plaintiff was a young surgeon, who sought to recover damages for a very serious slander alleged to have been uttered by the female defendant, who had accused him of having treated her unskilfully during her confinement. The defendants pleaded that what had been stated was true. Mr. Serjeant Ballantine, among other topics, urged upon the jury the hardship of making a poor man (an assistant at the British Museum at £65 a year) pay heavy damages because he had believed his wife and stood up for her; but Mr. Powell, in his reply, called their attention to the fact that the defendants had neither withdrawn the previous imputations cast upon the plaintiff's character, nor uttered one word of apology. The learned counsel added that he wanted only to clear the plaintiff from the charges made against him, and that very moderate damages would content him. The jury found for the plaintiff—Damages, £5.

**ACTION FOR RECOVERY OF FEES. TURNER AND ANOTHER v. RAYNELL.** This was an action brought a few days ago, on a surgeon's bill to recover £46, in which a verdict was found for the plaintiff. A rule having been obtained to set aside this verdict and enter it for the defendant, on the ground that one of the plaintiffs was not registered as a surgeon when the action was commenced, and that



therefore, being partners, neither of them could sue for the partnership account. The Chief Justice, in giving judgment, said this was an action for medical attendance and medicines supplied, and there could be no doubt that the defendant had had the consideration for the bill, and he now claimed to defeat the action under the 22nd section of the Medical Act, which provided that no medical man should recover for his services unless he proved at the trial that he was registered under the statute. But the plaintiffs had complied with the words of the statute; they were registered at the trial. There was a direct judgment of the Court of Exchequer in Ireland that this was sufficient, and he entirely concurred with that authority. If one of the partners only was registered he still thought they were entitled to recover. A medical man might employ an assistant or other person not qualified. Here one of the partners was qualified from the beginning as a surgeon and an apothecary, and the defendant had the fullest security in employing a firm the head of which was qualified and registered. How could it matter to the patient when a medical man sent his assistant, who was not qualified, whether that person called himself a partner or assistant; or whether he was entitled to be paid for his services by a salary or by a proportion out of a partnership? So far as the patient was concerned, it seemed to him to be precisely the same thing. Here both partners were thoroughly qualified; but the head of the firm thoroughly well qualified and registered gave the valuable services for which the defendant was taking what he (the learned judge) might call a stamp objection to prevent his recovering, which he thought not tenable. The other learned judges concurred. Rule discharged.

**THE WAKLEY TESTIMONIAL.** At a meeting of the Board of the Briton Medical and General (and New Equitable) Life Association, held at the offices, No. 429, Strand, on Thursday, April 23rd, 1863, Dr. Barlow in the chair, it was duly proposed, seconded, and unanimously resolved: "That the sum of fifty guineas be voted to the 'Wakley Testimonial Fund,' and that the same be forwarded to the Committee through Mr. T. H. Wakley, one of the Examining Surgeons of the Association. That the Board of Directors, being most anxious to place on record the esteem in which they hold the name of the late Thomas Wakley, Esq., the Founder of the New Equitable Life Assurance Society, gladly avail themselves of the present opportunity of recording their appreciation of the many excellent qualities and great abilities which secured him the deserved popularity he enjoyed with the medical profession and the public generally at the time of his comparatively early death; and thus especially, though inadequately, to recognise the valuable services rendered by him to the New Equitable Society." JOHN MESSENT, *Secretary*.

**MORTALITY IN ENGLAND.** In the ten years 1851-60 the annual mortality in the districts comprising the chief towns was 24.57 per 1,000 living; in the districts comprising small towns and country parishes, 19.77; in all England, 22.24. The deaths of males averaged 23.18 per 1,000 living; of females only 21.24. Out of equal numbers living there were 109 deaths of males to 100 deaths of females. Of the persons who lived to be 100 years old there were two women to one man. Two of the 623 districts into which England is divided—namely, Farnborough in Surrey, and Bellingham in Northumberland, with a population respectively of 14,318 and 7,080, took the lead in healthiness, and had in the ten years an average annual of mortality of only 14 in 1,000; and two other districts in Northumberland, Glendale, with a population of 13,211, and Rothbury, with 7,147, had an average annual mortality of only 15 in 1,000. In no other entire district was the annual mortality so low as 15; but it was only 16 in 10 districts—namely, Epsom, Bromley, Steyning, Easthampstead (Berks), Dulverton

(Somersetshire), Billesdon (Leicestershire), Hemsworth (Yorkshire), Belford (Northumberland), Bootle, (Cumberland), and Knighton (Radnorshire). In the entire district of St. George's Hanover Square, the average annual mortality was only 18 per 1,000, and the same in Lewisham, and in the Hampstead district only 17; taking the whole country through, not above one district in five had so low a mortality as 18. During the ten years 1851-61, from Census to Census, London increased its numbers 121 a day, 72 by excess of births over deaths, and 49 by immigration; but this continual accumulation of human beings within its limits did not bring an increased mortality. In the ten years 1840-49, the average annual rate of mortality in London was 25.1 per 1,000; in the subsequent decennium, 1850-59, it fell to 23.6 per 1,000. This may seem a small thing in a single thousand, but London has nearly three thousand thousands.

**SMALL-POX IN LONDON.** At a special general meeting of the Metropolitan Association of Officers of Health, held on the 25th ult., at 8, Richmond Terrace, it was resolved unanimously to adopt the following circular, prepared by the General Purposes Committee, relating to the recent alarming progress of small-pox in the metropolis, and to the necessity of a combined effort to arrest the further diffusion of the disease:—"The Association having taken into their consideration the present prevalence of small-pox in London, deem it to be their duty to call the attention of the guardians of the poor and other local authorities of the metropolis to the subject. They regret to find that the epidemic is still on the increase. In some of the metropolitan districts, the mortality has already attained alarming proportions. It can scarcely be hoped that others equally populous will remain exempt, unless energetic measures are taken to arrest the further progress of the outbreak. While there can be no doubt that the prevalence of the disease is mainly attributable to the neglect of vaccination, and to the defective and unsatisfactory manner in which the operation is too frequently performed, and that if good vaccination were universal small-pox would be almost unknown, it is not the less apparent that the prolonged residence of infected persons in rooms occupied by others, the exposure of such persons in the streets, in public conveyances, or in the waiting-rooms in hospitals, and the absence of adequate means of isolation, have been the immediate agents in bringing about the recent rapid diffusion of small-pox. During the present epidemic, these causes are in operation to a far greater extent than they were in that of 1859-60. In consequence of the insufficient size of the Small-pox Hospital, and the absence of any other provision for the reception of cases, persons having small-pox are daily applying in numbers for admission into the general hospitals. Every such application is necessarily refused; the sufferer is sent back to his home, there to become, against his will, a source of infection to his neighbours. The Association are of opinion that, whenever a case of small-pox occurs in a populous locality, the patient ought, in the interests of public health, to be removed as soon as possible; and that, in order to facilitate such removal to the utmost, it is not only necessary to provide for the gratuitous conveyance of small-pox cases, but for their reception and treatment. For this purpose, it appears to them indispensable that, during the continuance of the present epidemic, temporary buildings or wards should be opened in such situations as may be best suited for the purpose, on the double ground of distance from inhabited houses and facility of approach. As regards vaccination, it is desirable that every facility should be offered for the gratuitous vaccination of all who are willing to apply for it, whether they have been previously vaccinated or not; and that the times and places appointed by the guardians for vaccination should be notified by bills posted in prominent places. It is fur-

ther necessary that, in all those districts in which small-pox is prevailing, and in which there is reason to believe that vaccination has been neglected, personal inquiries as to the cause of this neglect should be made by inspectors temporarily appointed for the purpose, who should be empowered by the guardians to take proceedings under the Vaccination Acts Amendments Act, 1861, in all cases of wilful refusal to comply with the requirements of the law. (Signed on behalf of the Association.) R. D. THOMSON, *President*; THOMAS HILLIER, GEORGE BUCHANAN, *Secretaries*.

**ACTION FOR RECOVERY OF PHYSICIAN'S FEES: GIBBON v. BUDD.** This was an action to recover £21, for fees, tried before Baron Bramwell, at Guildhall, when a verdict was found for the plaintiff for that amount. Mr. Lush, Q.C., moved for and obtained a rule for a new trial, or to set aside the verdict and enter a nonsuit, on the ground that a physician could not recover fees without a special contract. The jury had found that the plaintiff had attended the patient in the character and capacity of a physician; and the question raised for the opinion of the Court was whether a physician could, under the Medical Practitioners' Act 21 and 22d Vict., cap. 90, recover his professional fees. The principal authority upon the point previous to the passing of that act was "*Veitch v. Rus-ell*," in which the Court of Queen's Bench held, in 1842, that a physician had in general no legal right of action for his fees, but he might have it by a special contract. The College of Physicians have made a bye-law preventing any Fellow of the College from suing under this section, but there is no restriction placed upon members simply. In the Court of Exchequer, on Thursday, April 30, Mr. Serjeant Parry and Mr. H. T. Cole showed cause against the rule. They contended that the Medical Act required that all persons practising the medical profession should be registered according to their qualifications. The plaintiff was duly registered; and as a member of the College of Physicians he had a right to the remedy specially provided by the 31st section of the Act. Mr. Lush, Q.C., and Mr. Dowdeswell, in support of the rule, contended that the statute was not an enabling statute intended to confer upon a physician a right to sue; but, on the contrary, imposed upon him a liability to register before he could sue at all; but he was still obliged to make a special contract before he could maintain an action. The law with regard to a physician's right to recover his fees was in precisely the same state now as it was before the passing of the Medical Act, except that he must be registered. The Act did not compel medical men to register, but invited them to do so, pointing out that if they did not they should not recover their fees in courts of law. Unless the Act of Parliament created a liability which without the Act would not exist, then physicians had no right to recover. Their rights are not enlarged by the 31st section. They have a right to sue according to their registered qualification. A physician always could recover fees if he made a contract, and that was his position now. There still must be an actual promise to pay. The Lord Chief Baron said that all the members of the Court were of opinion that the rule should be discharged. The proviso in clause 31 put an end in his mind to all doubt about the true construction of the clause itself, because it said that all persons registered under the act should be entitled, according to their qualifications, to practise medicine or surgery, and to demand and recover in any court of law reasonable charges for professional aid, advice, and visits, and the cost of medicines. Then, with respect to physicians, it said that it should be lawful for the College of Physicians to pass a bye-law to the effect that no one of their fellows or members should be entitled to sue in the manner aforesaid in a court of law, and that such bye-law might be pleaded as a bar to his action. That seemed to mean that whereas heretofore

there was a doubt about the right of a physician to recover his fees, it should now be the law that he might recover them; but, nevertheless, the College of Physicians, if they desired to preserve that sort of dignity which was secured by not practising, except for some supposed honorarium, might pass a bye-law for the purpose. Formerly the presumption was that the services of a physician were honorary and gratuitous, at least so far that he could not make a legal claim for payment; but now it was the other way, and a physician practising without making a distinct arrangement that he was not to be paid, was entitled to be paid and recover his claim unless he were restrained by a bye-law of the College of Physicians. He, therefore, thought the plaintiff was entitled to recover. Mr. Baron Martin and Mr. Baron Bramwell having expressed a similar opinion, the rule was discharged.

**TRIAL FOR MANSLAUGHTER.** An inquest was held at Woughton-on-the-Green, Buckinghamshire, Sept. 6th, 1862, by Mr. Worley, on the body of a woman who had died as follows. Deceased was taken in labour on Sept. 3rd, and attended by Mr. Miles of Fenny Stratford. When Mr. Miles arrived, finding there was a good deal of bloody discharge, he ordered the woman to bed, and tried to deliver her with his hands. He had no instruments. After about five or six hours, Mr. Miles left the woman, saying that he would be back in three quarters of an hour, or an hour at the latest, but did not return at all. Before Mr. Miles left, the bed was covered with blood in all directions. The woman was in good health before labour; she had strong labour-pains, and appeared very well at the commencement of labour. Some hours later, finding that Mr. Miles did not return, the husband (a farm-labourer) procured an order from the overseer for Mr. Deyns, the medical officer of the district, to attend. Mr. Deyns found the woman in a very exhausted state, and that labour pains had ceased. Stimulants were given; and Mr. Deyns sent for his instruments. On examination *per vaginam*, the head was found presenting, but was arrested in the superior strait of the pelvis. He cautiously introduced the forceps, and after a brief interval, removed, without any difficulty, a full-grown child, which had been dead apparently for some hours. The patient never rallied from the time Mr. Deyns first saw her till she died on the following day at 6 p.m. This was the sixth child deceased had borne, four being now alive. She was a stout, strong looking woman. At the inquest, Mr. Miles stated, that from the first he thought it a difficult case, and advised the patient repeatedly to have some other advice; but that she was averse, until the symptoms were so urgent that she consented for Mr. Miles going for Mr. Bryant of Stewkley (a distance of eight or nine miles), who, he said, was in the habit of meeting him in any difficult cases. Mr. Miles said that it was a cross birth; and that on examination *per vaginam*, the head of the child was towards the back of the mother, and the back part of the neck was all that he could feel with his hand; but "that after some trouble he managed to improve the position by getting the head down partly into the vagina." The jury returned a verdict of manslaughter against Mr. Miles. At the request of Mr. Miles, an order was obtained from the Secretary of State, Sir George Grey, to have the body exhumed; and on September 25th, a *post mortem* examination was made by Mr. Coombs of Bedford, on behalf of Mr. Miles, in the presence of Messrs. F. Deyns, J. Hochee, and H. Hailey, surgeons, and Mr. Miles. Mr. Coombs having made an incision down the centre of the abdomen, and exposed the uterus, placed his hand into the cavity, immediately discovering a wound in the uterus just behind the symphysis pubis, to which he directed attention; adding that, "this is a serious finding." Mr. Coombs had his finger in the wound, which was afterwards examined in a similar

manner by Mr. Hailey. The uterus was then removed from the body; and a round wound was observed of about the size of a sixpence in its anterior part, about an inch and a half above the mouth of the womb, which would just admit the introduction of the finger. The parts surrounding this wound for about two inches and a half were much decomposed, and readily yielded to the pressure of the finger; a similar opening was thus easily produced. The trial of Miles took place at Aylesbury on March 18th. The medical witnesses examined on behalf of the Crown were Messrs. Deyns, Hochee, and Hailey; Mr. James Coombs of Bedford (who like the prisoner had for many years carried on the business of chemist and druggist) was called as a witness on behalf of the defence. The judge, in his opening address to the grand jury, dilated upon the case, and told those gentlemen he did not think they would find it necessary to bring in a true bill. The grand jury, however, found a true bill against the prisoner. At the trial, the medical testimony on the part of the prosecution was directed to the facts that the death of the patient was caused by prostration and hæmorrhage, the result of the lesion in the uterus; and also that the hole in the antero-inferior portion of the uterus, from its peculiar shape and size, could not have been produced by the forceps. The medical testimony for the prisoner was intended, if possible, to contradict the evidence already produced, and to prove that the instrument would produce such a lesion, and to assert that the attempt to produce a similar opening on the uterine surface with the finger had failed. The judge summed up in favour of the prisoner, eulogising him for his extensive experience in midwifery, and the jury returned a verdict of not guilty.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal Geographical.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Newton Heale, "On the Physiological Anatomy of the Lungs"; Dr. Dickinson, "On a Fetus without Heart or Brain."—Zoological.

WEDNESDAY. Society of Arts.—Microscopical.—North London.

THURSDAY. Antiquarian.

FRIDAY. Royal Institution.—Western Medical and Surgical.

SATURDAY. Association Medical Officers of Health.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—MAY 2, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1002 Girls.. 973 }	1975 1374
Average of corresponding weeks 1853-62 .....		19.1 12.7

Barometer:  
Highest (Sun. & Fri.) 30.082; lowest (Tu.) 29.652; mean, 29.909.

Thermometer:  
Highest in sun—extremes (Mon.) 104.5 degs.; (Th.) 79.3 degs.  
In shade—highest (Mon.) 68 degs.; lowest (Fri.) 51.4 degs.  
Mean—47.8 degrees; difference from mean of 43 yrs.—1.3 degs.  
Range—during week, 36.6 degrees; mean daily, 22.6 degrees.  
Mean humidity of air (saturation=100), 72.  
Mean direction of wind, N.W. & N.E.—Rain in inches, 0.18.

#### TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. W. A. SMITH'S WORK ON ENTOMOZOA.—SIR: As the accompanying extract from a letter which I have recently (April 29th) received from my friend M. Davaine, author of the *Traité des Entozoaires*, will serve to show why my obligations to him were not acknowledged upon the title-page of *Human Entozoa* (in addition to the expression of thanks in the Preface, and the repeated mention of his name throughout the book), I should be greatly obliged by your giving an insertion to it.

May 1863. I am, etc., WM. ABBOTTS SMITH.

Extract from M. Davaine's letter.

"Je vous autorise à dire que c'est avec mon consentement que votre ouvrage ne porte point le titre de traduction. Cet ouvrage, ne reproduisant pas le mien intégralement, ne pouvait en être considéré comme la traduction."

PRACTICAL OBSERVATIONS ON THE PURULENT OPHTHALMIA OF INFANTS.—SIR: I am surprised that Mr. Wordsworth, in his "Practical Observations on the Purulent Ophthalmia of Infants", should have omitted to mention that which, I am thoroughly convinced, is the most important remedy in the treatment of the disease, as well as the true prophylactic. I allude to the "obscuration of light". Four years ago, I invited the attention of the profession to this fact; and my subsequent experience has strengthened my former conviction of its truth. As Mr. Wordsworth is evidently disposed to sympathise with the sufferings of helpless infants, I entreat his consideration of my observations on this subject, which were published in the medical journals, and in more detail in my little work on *The Diseases of Infants and Mothers*. I have entirely banished the disease from my own practice.

I am, etc., THOMAS BALLARD, M.D.  
Southwick Place, May 2nd, 1863.

THE CASE OF GATTIE v. HALFORD.—SIR: A writer in your last number repeats an insinuation against me, which he had previously brought forward in the *Medical Times and Gazette*, and which had been already amply reported in that journal.

This writer avoids stating in precise terms what evidence it is that he would fain hold up to professional animadversion; but "he believes" that Dr. Barnes affirmed that the conformation of the pelvis was perfectly normal, in order the more completely to exclude the possibility of unavoidable injury to the nerve during the passage of the head.

A writer who professes to quote from "an accurate account", might be expected to state his charge in definite terms. It must be left to the members of the Hunterian Society, or others who know the writer, to decide what amount of confidence is to be placed in what "he believes", when framing injurious insinuations against a brother practitioner. For those who may not know him, I beg to state that so far is the evidence, expressed or inferred, imputed to me, from being correct, that I spontaneously said in open court, that the accident which had happened to the defendant in the case—namely, injury of the sciatic nerve by the forceps—had also happened to myself.

The learned judge expressly commended the moderation and fairness of my evidence. In the reports of the trial, the names of the witnesses were all thrown together, as if they had all concurred in the same evidence. I deny generally the accuracy of the reports as applicable to myself.

In conclusion, I beg to say that I must decline to notice any further attacks emanating from this person.

I am, etc., ROBERT BARNES.

46, Finsbury Square, May 6th, 1863.

THE URETHROSCOPE.—SIR: In your publication of April 18th, there is an article, taken from the *London Medical Review*, on the use of the Urethroscope, on which I wish to make some observations. I have for the last ten years made use of M. Desormeaux's instrument, with some alteration effected by myself, and the use of the instrument I mentioned in my book on Gleet (1857). The urethral extremities of the tubes should be very blunt and nicely rounded. Some, which I got from Paris, were so sharp, that my patients could not bear their introduction. The patient should be placed on a long high table, and the instrument should have a separate stand for itself, capable of being elevated or lowered by a screw.

I am, etc., HENRY DICK.

Wimpole Street, W., April 22nd, 1863.

WOUND OF THE VERTEBRAL ARTERY.—SIR: In the event of the recurrence of so rare an accident as that recorded by Mr. Augustin Prichard in the JOURNAL of April 18th, where, as Mr. Prichard remarks, we cannot avail ourselves of ligature either of the artery itself or of any anastomosing branches to arrest the hæmorrhage, I think we should pay great attention to insure the perfect rest of the severed tissues; and for this end should prevent any gliding of the occipital bone on the atlas, or rotatory movement of the atlas

on the axis. The patient might be placed in a half-sitting posture, with his back supported by a bed-rest, so constructed as to reach rather above the occiput, having pieces on either side of the head opposite the temples, to which a screw with pad is attached, so that the patient's head may be fixed, as in a vice, and all movement of the divided parts prevented. By this means, the arterial tube would be in the most favourable condition for reunion or retraction and perfect occlusion. Perhaps the inclination of the head a little towards the wounded side would have the effect of preventing the gaping of the artery, should its tube not be quite cut through. This position should be maintained for at least ten days or a fortnight; for the hemorrhage in Mr. Pritchard's case began seven days after the accident. The application of ice at intervals would also tend to quiet the circulation in the wounded tissues, and perhaps by these means would be accomplished the "little all" that human art can do to remedy so serious an injury.

I am, etc.,

ASHLEY G. OSBORN.

24, York Parade, Northampton, April 21st, 1863.

**GRATUITOUS MEDICAL SERVICES.**—SIR: The important and difficult question of gratuitous medical services is under discussion, permit me to suggest a plan whereby all hospitals and infirmaries that are in want of funds may largely increase their incomes, provide ways and means for duly remunerating their medical officers, and largely extend their sphere of usefulness.

Let them exact a fee of ten shillings from every person applying for instant admission as an in-door patient, whose case was such as to permit of admission at all; and a fee of five shillings from each person applying for immediate out-door relief. The number of in-door admissions to be dependent upon the number of beds vacant, at the discretion of the resident competent authority; the number of out-door patients may be obviously unlimited. These fees should be exacted in every instance, where application for admission is made, without the usual recommendation from a governor, or where a governor has exceeded his privilege.

The poorest person, when so afflicted as to require the medical aid and other advantages that a public hospital affords, would, without a moment's hesitation, either from his own resources, or with the assistance of friends, cheerfully pay such small fees to secure an immediate entrance in the one case, and immediate attention in the other; for no money could be more advantageously applied, saving valuable time, and avoiding the trouble and inconvenience of hunting for a governor who may or may not have the power of acceding a letter of admission.

To the public, the boon would be invaluable. For instance, a servant, suddenly taken ill in a small house where bed-room accommodation is scarcely enough for the family, may, with perfect independence and propriety, be sent where he or she would be far better cared for, on the payment of a small entrance fee; relief being thus afforded in its widest sense to all parties. There may be many little matters of detail necessary to render this suggestion generally applicable to particular institutions; but I fully believe that the principle will be found very acceptable to the public, and the proceeds of material service to hospitals and infirmaries now languishing for want of funds.

I am, etc.,

JAMES BIRD.

Seymour Street West, Connaught Square, April 1863.

[We quite agree with our correspondent as to the general principle involved in his proposition. We are fully satisfied that payment by hospital patients is a necessary part of the doing away with gratuitous medical services; but the practical working of the plan is full of difficulties. We sincerely wish our correspondent would turn his attention to the dealing with the "little matters of detail" to which he refers. EDITOR.]

**COMMUNICATIONS** have been received from:—Dr. JAMES RUSSELL; Dr. DAY; Mr. PRICE; Mr. M. FOSTER; Dr. GEORGE BIRD; Dr. MERYON; Mr. G. P. DUNN; Mr. STONE; Dr. HYDE SALTER; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. BARNES; Dr. KIDD; Dr. FORBES WINSLOW; Mr. J. C. ROOPER; Dr. S. MAEYNS; Mr. REDFERN DAVIES; Dr. J. THORNBURN; Dr. MURCHISON; Dr. BALLARD; Dr. FOWLER; Dr. W. A. SMITH; Dr. BRITT; Dr. GIBB; Mr. FURNEAUX JORDAN; and Dr. J. B. SANDERSON.

### BOOKS RECEIVED.

1. Report of the Richmond Lunatic Asylum, Dublin. By the Medical Superintendent.
2. The Seventh Annual Report of the Lunatic Asylum, Nottinghamshire. By W. P. Still, M.D.
3. Catalogue of the Museum of Guy's Hospital. London: 1863.
4. Transactions of the Obstetrical Society of London. Vol. iv. London: 1863.
5. Syphilitic Diseases of the Eye and Ear, consequent on Inherited Syphilis. By Jonathan Hutchinson. London: 1863.
6. Jaundice: its Pathology and Treatment. By G. Harley, M.D. London: 1863.
7. On Malaria and Miasmata. By T. H. Barker, M.D., F.R.S. Edin. London: 1863.
8. The Pharmacopoeias of Thirteen of the London Hospitals. By Peter Spire, F.L.S. London: 1863.
9. The Cure of Club-Foot without cutting Ten for s. By R. Barwell, F.R.C.S. London: 1863.

### ADVERTISEMENTS.

**Medical Psychology;** comprising a Brief Exposition of the Leading Phenomena of the Mental States, and of the Nervous Apparatus through which they are Manifested, with a View to the better Understanding and Elucidation of the Mental Phenomena or Symptoms of Disease. By ROBERT DUNN, F.R.C.S. Eng., Author of an Essay on Physiological Psychology, etc. Price 3s. 1863.

JOHN CHURCHILL and SONS, New Burlington Street.

Now ready, in 8vo, with Wood Engravings, price 8s.

**On Human Entozoa:** comprising the Description, Pathology, and Treatment of the INTES-TINAL, HYDATID, and other Species of WORMS found in MAN. Partly translated, by permission, from M. DAVINE's "Traité des Entozoaires." By W. ABBOTT SMITH, M.D., M.R.C.P. Lond., Senior Assistant-Physician Metropolitan Free Hospital, late Senior Physician City Dispensary, etc.

By the same Author, Second Edition, cloth, post-free, 1s. 6d.

**On ENURESIS (Incontinence of Urine)** in CHILDREN and in ADULTS: its Nature, Causes, and Treatment. "We can recommend this little book to our readers."—*Med. Circular*. London: H. K. LEWIS, 15, Gower Street, North, W.C.

Now ready, Seventh Edition (being the tenth thousand), price 2s. 6d.; by post for 32 stamps.

**Diseases of the Skin; a Guide** to their Treatment and Prevention: for the Use of the Student and General Practitioner. By THOMAS HUNT, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin. London: T. RICHARDS, 37, Great Queen Street.

Now ready, price 6d., by post 7d.

**The Addresses delivered at the THIRTIETH ANNUAL MEETING of the BRITISH MEDICAL ASSOCIATION**, held in the Royal College of Physicians in London, on August 5th, 6th, 7th, and 8th.

London: THOMAS RICHARDS, 37, Great Queen Street, W.C.

**Society for Relief of Widows and ORPHANS of MEDICAL MEN** in London and its Vicinity. Instituted 1788. THE SEVENTY-FIFTH ANNIVERSARY DINNER of this Society will take place on WEDNESDAY, MAY 20th at the Albion Tavern, Aldersgate Street.

THOMAS ARTHUR STONE, Esq., President, in the Chair.

Tickets, One Guinea each, to be obtained from the Stewards, from the Secretary, or at the Tavern. Dinner to be on table at half-past Six o'clock precisely. Any registered member of the Medical Profession residing in the County of Middlesex, or within the limits of the London District Post, is eligible as a Member of the Society, at a Subscription of Two Guineas a-year. Widows and Orphans of Members of not less than two years standing are eligible for relief, and to such applicants relief was granted last year to the amount of £2,023: 10: 0. S. W. J. MERRIMAN, M.D., 53, Berners Street, W. Secretary.

**Hospital for Insane Patients of the UPPER and MIDDLE CLASSES.**

Patients are admitted into the Lincoln Lunatic Hospital at £1 per Week and upwards. The Weekly Board has power, under special circumstances, to reduce the rate of payment. This Hospital, which was established in 1819 as an Asylum for the County, and since 1853 has been furnished and adapted for Patients of the Upper and Middle Classes, stands on an eminence in its own grounds of over seven acres, and commands most extensive views of the surrounding country.—Applications to be made to the Resident Medical Superintendent. By order of the Board of Governors, Board Room, April 1863. RICHARD HALL, Secretary.

**Hospital for Sick Children,** 49, GREAT ORMOND STREET.

A Series of CLINICAL LECTURES will be delivered by the Medical Officers of the Hospital, every WEDNESDAY, at Four o'clock. The FIRST LECTURE will be given by Mr. T. HOLMES, on WEDNESDAY, May 13th, at Four o'clock precisely. Subject—"Congenital Extroversion of the Bladder and on the Surgical Means to be adopted for its relief by Plastic Operation."

The Lectures are free to Practitioners on presenting their card, and to Students after their first year, by Tickets obtainable on application by letter to the Secretary, at the Hospital. April 1863. SAMUEL WHITFORD, Secretary.

# Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON  
PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS  
HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-  
PHYSICIAN TO THE HOSPITAL.

## LECTURE VI.—ON CAPILLARY BRONCHITIS.

*Comparative Rarity.—History of Case.—Peculiar Sputum.—Post-Mortem Appearances.—Points of Diagnosis from Ordinary Bronchitis.—Rapidity of Respiration.—Pulse-Respiration Ratio.—Relation of Moist Sounds to Sputum.—Resemblance of the Condition to the State of Animals Drowned.—Treatment: the Question of Alcohol and of Bleeding.*

I wish to call your attention today to a case of bronchitis that has been recently under our observation. And perhaps you may wonder at my making a single case of so common a disease the subject of a clinical lecture. But this case was altogether of a different type and kind from the ordinary cases of bronchitis with which we are so familiar. This variety has been named *capillary bronchitis* from its extending to the smallest ramifications of the bronchial tubes, and was known to the last generation of doctors as *peripneumonia notha*. Bronchitis as it generally shows itself is a long way the commonest affection we have to treat. I do not think I am overestimating it when I say that, in the winter months, one-half of the cases that come under our observation are cases of bronchitis; sometimes the out-patient room presents us with little else. But although I have given clinical lectures here for seven years, this is the first case of this particular form of the disease that I have had an opportunity of bringing before you.

In one unfortunate respect the case is strikingly exceptional—its speedy and fatal termination. *Ordinary acute bronchitis does not kill*; of the hundreds of cases I have seen, I have never seen a patient die of it, except at the extremes of life; infants die of it, very old people die of it, and at all ages the chronic affection, which it often leaves behind it, proves largely fatal. This chronic bronchitis decimates the poor; it is a veritable scourge. But the acute affection, as I have said, does not kill, except at the extremes of life. Its tendency is to do one of two things:—either to terminate in perfect recovery, leaving perhaps only a greater tendency to the affection than existed before; or else to run on into the chronic form, of which the patient may, at some remote period, ultimately die. Whereas, we see in the case before us a healthy man, as is shown by his nutrition, in the prime of life, coming into the hospital within two days of the supervention of his first symptoms, and in four days he is dead.

But besides its rapidly fatal issue, we shall see, as we proceed, that the case is peculiar and distinctive in many other respects—in its clinical history, its physical signs, and its *post mortem* appearances.

The history of the case is as follows:—

Francisco Rondi, aged 24, presented himself among the out-patients at the hospital on December 22, 1862. His face was pallid, his expression anxious and exhausted, and he was obliged to be supported into the room. His aspect indicated such depression that at the first moment of seeing him I suggested he might be going to have fever. His tongue, however, had not at all the fever character, and inquiry immediately showed that his symptoms were thoracic. His breathing was very much accelerated, and he had a constant short cough, which, without bringing anything up, gave him no pause or rest. This constant coughing somewhat embarrassed our auscultation. However, the signs were so plain and so pronounced that there was no misreading them: they were simply these. Breathing hurried and laborious; respiratory murmur clear but exaggerated at the apices, but from that situation downwards, everywhere, front and back, supplanted by an abundant, moist, crunching crackle, like squeezing a sponge half saturated with water, especially loud at inspiration, but also audible at expiration. At the upper boundary of this sound the respiratory murmur was heard through the crepitus, but as you descended it became less and less audible and the crepitation louder, which, in the lower half of the chest, drowned everything. It was clearly produced by the bursting of multitudinous bubbles, and resembled pneumonic crepitation in its character—in the idea that it gave—and in being mainly an inspiration-sound; but it differed from it in not being fine enough—it was decidedly coarser. It was manifestly produced by drawing air through innumerable capillary tubes occupied with fluid. There could be no doubt, then, that the man was suffering from intense and almost universal capillary bronchitis. I at once ordered him into the hospital. His pulse was rather above 120, not small. The respirations I did not count. Although the morbid sound was of so moist a nature, there was no expectoration—the short, incessant, hacking cough did not bring up a particle of sputum. No sternal pain. Percussion-sound normal. I should mention that the part of the lung that seemed the most free was the upper part of the left lung in front, where, from the clavicle to the fourth rib, the respiratory sound was almost natural except that it was strongly compensatory.

I ordered *aetheris chlorici* ℞; *ammoniae carb.* gr. v; *tincturæ scillæ* ℞xx; *decocti senegæ* ℥j; to be taken every four hours.

Turpentine fomentations to be applied to the chest, front and back.

This man being an Italian, I could get but little history out of him; but I ascertained that his illness was but of two days standing, previous to his application at the hospital, that it seemed to be the result of cold, and was ushered in by shivering and headache. Our patient is one of the unfortunate race of organ-grinders, and no doubt owes his attack to the mingled wet and cold which has prevailed lately, and to which his occupation has necessarily exposed him.

On going into the wards the next day, I found the patient evidently very much worse. He was manifestly in a state of impending suffocation; dyspnoea extreme—laborious and making sixty-eight respirations a minute; face dusky, or rather, deeply cyanosed; the conjunctiva even pervaded with the same leaden hue, turgid and suffused; lips purple. But he was lying quite flat on his back. I immediately ordered him a bed-chair and a shawl-blanket, and had him propped up in bed. This seemed to give him some slight comfort. On examining his chest I found precisely the same signs as on the day before, only still more pronounced, and the area of uninvaded lung still smaller—confined to a small part of the left apex in front. The same fine churning crepitation, mainly inspiratory, everywhere else—above and below, front and back. There was audible, however, now, in addition to the fine sound which alone existed

yesterday, a larger moist sound about the middle zone of the lung; indicating either that the larger tubes were implicated, or that the exudation thrown out in the smaller tubes was passing along the larger in its progress towards discharge. The action of the extraordinary muscles of respiration was very strong, the inter-sternomastoid and the inter-scalenal pits deeply sucked in at each inspiration. The same sucking in was seen at the lower part of the chest—scrobiculus and cartilages of the false ribs—in fact, along the entire attachment of the diaphragm. The expectoration had just, and but just, appeared: I was shewn a single pellet of stiff mucopus, attached to the bottom of the spittoon, as the only portion that had been spat up. The respiration, as I have mentioned, was 68, the pulse 136; the pulse-respiration ratio, therefore, was exactly 2. The pulse of good volume and strong. Urine scanty, intensely dark, but clear.

I ordered the mixture to be given *every alternate hour*, and the turpentine fomentation to be frequently applied, front and back.

Dec. 25th. Much worse; cyanosis still deeper; surface damp with perspiration; aspect heavier and more exhausted, at the same time more anxious; the dyspnoea was so intense that the patient could only get a word out now and then. The constant "hack" has ceased, and instead there is a frequent cough in short paroxysms, attended, on each occasion, with the discharge of expectoration. This free discharge has come on since my visit yesterday; I was shewn a spittoon containing half a pint of it, and the material is so peculiar as to deserve a particular description.

On taking up the spittoon I not only observed the frothiness of the sputum, but was struck with the lightness of the spittoon, considering how full it was. On pouring the material from one spittoon to another this was at once explained;—the whole consisted of nothing but a sort of foam, and was as spongy and full of air at the very bottom as at the top; it was like whipped syllabub, or that beaten white of egg and cream which they pour over trifles, only more rosy; but equally spongy, and aerated throughout. I have never seen any sputum exactly like it; generally, however frothy, the froth is confined to the top, and the lower strata are free from it: but this was not so. On pouring it from one vessel into another it "flopped" out in an elongated mass, leaving the bottom of the empty vessel as clean as if it had had nothing in it. There was not the slightest trace of rusty tinge about it. I regret to say I did not examine it microscopically.

Pulse 128, respiration 60; pulse-respiration ratio, therefore, 2:13. The pulse was voluminous, but flabby and compressible. In consequence of the man's increased weakness I ordered him, in addition the diligent maintenance of the previous treatment and great external warmth, an ounce of wine every alternate hour.

Dec. 26th. The man is dying. He sits supported in bed with his head thrown back, in a state of unconsciousness, and with a loud rattling respiration; eyes half-closed, pupils contracted; face darkly cyanotic, and sweating profusely, as is his whole body. All efforts at rousing him produce hardly any effect. The temperature has fallen, being at the groins 92° Fahr. He ceased to be able to swallow, to expectorate, to cough, or to articulate, early this morning, about eight hours ago; since that time he has been gradually sinking into a state of deeper unconsciousness. Pulse 120, respiration 44; pulse-respiration ratio 2:7:2.

Death took place at six o'clock P.M., four hours after the last visit.

*Post-mortem* examination, nineteen hours after death. On opening the chest, the first thing that struck me was that the lungs did not collapse; they maintained their full size in the living thorax; the part of the heart left uncovered did not exceed the natural region of precor-

dial dulness. The upper part of the anterior surface of both lungs presented an appearance of a slight general emphysematous enlargement of the air-cells, and the surface here was pale; lower down this distended condition of the parenchyma did not exist, and the surface was red and vascular—in some parts bright red. The pleural surface of the lungs was uneven, some of the lobules standing out in relief from the others, or rather, I should say, some of them not coming up to the pleural level; but there were none of them anything like "carnified"—all crepitated, and were full of air. On pressing the lung with the finger the impression remained, giving it a doughy, pitting character. On being withdrawn from the body the bulkiness of the lungs, and their refusal to collapse, were very conspicuous. Their posterior parts were seen to be of a chocolate colour, passing into a brighter red both forwards and upwards.

On cutting into the lung the whole structure was seen to be of a deep dull red, everywhere spongy, unusually so, and tolerably dry. Very little material escaped from the cut ends of the air-tubes, but on squeezing the lungs, a viscid frothy muco-purulent matter shewed itself at innumerable points. I apprehend that the reason why it did not flow from the tubes without pressure was from its great viscosity. On cutting open the larger bronchial tubes, they were seen to be of an even deep rose red, and this colour extended up into the windpipe, where, on a section, the redness of the mucous membrane, in its entire thickness, presented a strong contrast to the whiteness of the cartilaginous rings. The same deep redness extended down to the finest bronchial tubes that could be cut open. Nowhere was there anything like ulceration, or even abrasion of the surface.



On examining the white opaque froth that everywhere filled the bronchial tubes, large and small, it was found to consist of two materials only—pus-cells and columnar epithelium—suspended, of course, in a clear fluid (see fig.); but so numerous were these bodies that they covered the field with hardly any interspaces. The material was perfectly free from blood-cells.

Such is a picture, from beginning to end, as well as I can give it, of this fatal affection. There are many points of interest about it: let us see what they are.

In the first place, I would indicate to you the points of contrast between such a case as this and one of ordinary bronchitis—what would be called now a-days, by a pleonasm, their points of differential diagnosis. These are of three kinds;—as seen in the clinical phenomena, in the physical signs, and in the *post mortem* appearances. The great distinctive clinical phenomenon was the intensity of the dyspnoea. The respiratory changes were suspended to a degree never seen in ordinary bronchitis: the man was blue from the day of his admission; death



by suffocation was manifestly impending over him from the time he came in till he finally succumbed. The clinical fact, too, of this rapid succumbing was of itself, as I have stated before, a distinctive clinical feature. Again, the sputum we must reckon distinctive; ordinary bronchitis would never yield such a material. The peculiarity of the physical sign (for there was but one) was; first, its character—that it was a capillary crepitation, non-pneumonic, as distinctive and as individual, in my opinion, as the true crepitation of pneumonia; secondly, its distribution—that it was not patchy or partial, but universal; and thirdly, its singleness—that it was this one sign alone, not, as one gets in common bronchitis, mixed moist and dry sounds of various sizes. The distinctive *post mortem* appearances were, universal non-collapse of lung, universal florid redness of the respiratory mucous membrane, and universal blockage with a viscid froth.

I think, too, that the point where the inflammation commenced and the course that it travelled were peculiar. We know that ordinary bronchitis travels downwards. The bronchitis of catarrh, of whooping-cough, of measles, always travels in this direction. A man catches cold to-day; to-morrow he has a sore throat; the next day he is hoarse; the next, he has sternal soreness, indicating an affection of the lower windpipe and large bronchi; the next, dry or moist sounds, showing that the affection has reached bronchiæ of smallish size. Now, if we may judge by the physical signs, the inflammation in this case would appear to have started in the capillary bronchules, for the first-heard sounds were seated in them; as the case advanced, the sounds became larger; and, on examination after death, we found that the inflammatory action had involved the whole of the respiratory mucous membrane, even into the windpipe. I do not mean to assert positively that the different parts of the respiratory mucous tract may not have been affected simultaneously; and the reason why the crepitus appeared in the smallest tubes first may have been merely because they were the smallest, and therefore the earliest infarcted with a sufficient amount of mucus to produce a moist sound; the larger tubes, from their wider calibre, requiring a more abundant exudation before they could be the seat of similar sounds. But the fact admits of another interpretation; viz., that the inflammation extended from below upwards, and that the moist sound registered its progress. At any rate, there was none of that "creeping down" which seems to be the law of ordinary bronchitic progress.

Another circumstance to which I would call your attention is the extreme *rapidity* of the respiration. On the 24th, it was 68 in a minute—a most unusual rapidity in an adult, and a circumstance that of itself would constitute a most unfavourable prognostic sign. I do not know the law of the rapidity of respiration in the different forms of dyspnoea, nor do I know that it has ever been worked out; but it seems to me to be, approximatively,—that the nearer the mischief is to the parenchyma of the lungs, the more is the breathing hurried. Thus pneumonia appears to present us with the most rapid of all forms of dyspnoea; capillary bronchitis, as in this case, gives us a high degree of acceleration; in ordinary bronchitis, the breathing is generally by no means much quickened; in asthma, I have often noticed it not at

all so; while in chronic laryngitis, I have seen the respiratory interval actually lengthened. In this respect, rapidity of respiration appears to be in inverse proportion to respiratory distress and violence of respiratory efforts, both of which I have noticed to be more intense and agonising the nearer the seat of the difficulty has been to the orifice.

Closely connected with this is the ratio existing between the rate of respiration and the pulse,—what has been called the pulse-respiration ratio. We know that in health we have four beats of the pulse, or four and a half, to each complete respiration; whereas, in this case, a complete respiration, consisting of an inspiration and expiration, was performed for every two beats of the pulse, although the heart was acting at the rate of 136 pulsations in a minute; or, if we reckon each respiration as a double act (an expiration and an inspiration being each a respiratory act), there was a respiratory act to every heart's beat, or 136 in a minute. In this case, then, the pulse-respiration ratio was on the 24th exactly 2, instead of 4.5. I am unable to offer you any facts as to the law of the variation of this ratio—why it should be very much disturbed in some pulmonary affections, and not at all in others. Nothing but close and prolonged clinical observation, directed to this particular object, will furnish the clue to such a law, supposing it to exist. I would only commend to your memories the clinical fact illustrated by this case, and mentioned by Dr. Walshe, that in capillary bronchitis the ratio of the respiration to the pulse is very high.

Let me also call to your attention, in connexion with this subject, the curious fact, that on three days, the 24th, 25th, and 26th, while the man was going from bad to worse, and the condition of the lungs daily aggravating, the rate of the respiration, and consequently the pulse-respiration ratio, was constantly approaching a more natural standard. Thus the respirations per minute, on these three days, were 68, 60, and 44; and the pulse-respiration ratio 2, 2.13, and 2.72 respectively. This falling of the ratio of respiration as the condition becomes more aggravated, and death approaches, has also been referred to by Dr. Walshe.\* What can be the explanation of it? Why, as the state of the lungs gets worse and worse, the respiratory changes more and more in arrears, and the demand for air increasingly urgent, should the respiratory efforts become less frequent? I believe the reason to be, that the increasing carbonic narcosis accompanying the deepening asphyxia renders the patient less and less sensitive of the respiratory arrears, and therefore tends to diminish those respiratory efforts of which the sense of arrears, or, in other words, the respiratory distress, is the immediate stimulus. Whether the poisoning of the blood with carbonic acid could have any similar lowering effect on the heart's action, and thus account for the diminished rate of the pulse, I am not prepared to say. I have never directed my attention specially to the effect of cyanosis on the cardiac pulsations.

[To be continued.]

\* Pulse-respiration ratios of 3.0, 2.5, or 2.35 to 1, are not uncommon; but sometimes, even as much as forty-eight hours before death, the frequency of the respiration falls, while that of the pulse continues to rise; under these circumstances, I have known a ratio of 4.5 to 1 (that of health) coincide with a pulse beating 144 per minute.

# Lettsonian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

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### LECTURE II. (*Continued.*)

#### DIFFERENCES BETWEEN THE SURGICAL AFFECTIONS OF THE DIGESTIVE SYSTEM IN THE CHILD AND IN THE ADULT.

In the digestive system there are no special surgical affections which belong to early life, excluding the congenital deformity of hare-lip, which has already received attention; but I possess the notes of some few interesting cases which appear worthy of record.

*Salivary Fistula* is a rare affection both in early and in adult life; and it is somewhat difficult to understand how it can be produced, unless an injury should have been the cause.

CASE. In 1858, a boy, aged 7, came under my care with a fistula in his left cheek, which had been discharging a clear fluid for one month. A swelling had previously existed at the spot for one year, and this had gradually increased until it had acquired the size of half a walnut. The mouth was dry upon that side; and the boy stated that, when eating, the discharge from the cheek was very profuse. This fact was readily tested, and proved to be correct; and several drachms of saliva were quickly obtained. Upon exploring the cyst with a fine probe, no opening into the mouth could be detected. I therefore passed a seton through the cheek, and left it in for two weeks. By that time the saliva had found its way through the artificial opening; and, as a consequence, the seton was removed. The external wound rapidly closed, and convalescence was secured.

*Ranula*, or rather *sublingual cyst*, is not a more common affection in early than it is in adult life; but when it appears in children, its increase is certainly more rapid. But this is only consistent with the fact that all secretion is more active at that early period of life. *Ranula* is now well known by recent pathologists to be simply an obstruction to the ducts of the mucous glands, and is not in any way connected with the salivary. In children, the secretion of mucus is always active and profuse; and on that account cases of *ranula* are generally rapid in their appearance. The most effectual treatment is to be obtained by the passage of a seton through the tumour, a double thick silk being the best. It is seldom necessary to leave it in more than one week, sufficient inflammation having been excited during that period to cause a destruction of the secreting wall and a cure of the disease.

I have before me the records of cases which have fallen under my own care, in which this *ranula* was very large. One was in a female child, aged only 5 years. The tumour was of the size of a large egg, and was only of three weeks' growth. The child was

unable to articulate, and could not eat; the tongue being pushed quite out of its place against the roof of the mouth. A seton was put in, and the secretion let out; two ounces of thick albuminous fluid escaping. After one week, the seton was removed, and recovery followed.

In a second case, of a boy aged 8, the *ranula* was so large, that it appeared as a fluctuating tumour beneath the jaw. The tongue was also much displaced, rendering articulation difficult and indistinct. By the introduction of a seton, a complete cure was readily secured.

It is scarcely necessary to dwell longer upon this subject; the special point of interest in these cases being their rapidity of growth, and the readiness with which a cure can be obtained by the passage of a seton.

*Warty Growth upon the Tongue.* To illustrate this subject, I propose to quote a case of warty growth upon the tongue, which came under my care in 1857. It was in a female infant, aged 1 year; and the mother had observed the growth for five months. It occupied a greater part of half the tongue; the extreme tip was, however, free. The warts were raised and pedunculated. The child's health was otherwise good. A free application of nitrate of silver proved sufficient to destroy these growths, and recovery followed.

In contrast to this simple affection, I must quote a second case of warty growth upon the tongue; which was, however, due to a different cause, evidently constitutional. It was in a female child, aged 1 year, who had, one month after birth, shown every symptom of congenital syphilis. It had had the snuffles and a general cutaneous eruption, which had been cured at St. Thomas's Hospital. The child remained apparently well for five months, when a warty growth was observed upon the tongue, which gradually increased. When I saw the child, this growth was of about the size of a sixpence, and was precisely analogous to the condylomata which are found in the female genitals. A like growth also existed upon the lips and anus. Grey powder in one-grain doses, combined with seven grains of dried soda, was given twice a day; and in one month the child was well.

These two cases form an interesting contrast—one of simple warty growth, the second of syphilitic.

I will now proceed to quote a third case of warty growth of the tongue, of a totally different nature from either of the former cases. In its nature it is so distinct, that it is hardly possible for any one to fail to recognise it when once aware of the class of cases to which it belongs. I allude to a degenerating *naevus*. It was in a child 10 years of age, who had had a swelling in the tongue from an early date; but it was only during the last twelve months that it had put on the appearances which it presented when the child was brought to me. The posterior part of the tongue was covered with the peculiar vesicular and warty growth which is so characteristic of a degenerating *naevus*; and, without the history, the true nature of the case could be made out. But the mother had observed that the tongue in previous years was at times much swollen, particularly when the child cried; this fact being very visible, as the child used constantly to protrude the organ involuntarily when screaming hard. This temporary enlargement would rapidly subside, and the tongue

again appear natural as to size. The above history clearly pointed to a vascular tumour or nævus.

With these three cases, the diseases of the tongue may be passed over; and I have been tempted to bring them before you mainly for their own interest.

I must, however, add one word respecting

*Wounds of the Tongue*, and more particularly relating to their treatment; being anxious to show the necessity of treating all such cases by means of sutures, if the substance of the organ be much involved; for such wounds have a great tendency to gape, and much serious inconvenience may subsequently arise from a neglect of this measure. If they be treated, however, by sutures, good union will generally take place; repair here going on very rapidly. In a case which came under my care eight years ago, the evils of a neglect of this practice were well shown. It was in a girl aged 9 years, who had received an extensive wound of the tongue from a fall six months previously. The case had been neglected, and no surgical treatment had been employed. As a consequence, the right half of the tongue was nearly separated about the centre, and it was with difficulty that the child could speak or masticate. I pared the edges of the wound, and applied sutures; a good recovery taking place.

The *Tonsils* and their diseases hardly require any special observations. Their chronic enlargement may be found in children as well as in adults, although perhaps such cases are more common in early life. It is a disease essentially of debility, and is to be met by iodine and tonics; quinine and the iodide of iron being undoubtedly the best. If they become very large, indurated, and pale, so as to affect the powers of deglutition and respiration, excision should be performed; the guillotine being the safest instrument to employ. In one case which came under my notice, these glands were so large as to prevent the patient's deglutition of solid food. The child was  $3\frac{1}{2}$  years old, and had lived for six months upon liquids only.

I have never seen any good result from the local application of nitrate of silver, iodine, etc., in these cases; and have sometimes thought that they do harm. I never use them. Internal remedies prove generally successful.

*Surgical Affections of the Anus and Rectum.* We will now pass downwards towards the terminal end of the digestive canal, and consider if there be any surgical diseases of the anus or rectum which are either special to childhood, or are more frequently found then than during adult life; and the first to which I will draw your attention is *Polypus Recti*. This disease is by no means an uncommon one in children, but in adults it is without question comparatively rare. It has been only of late years that much attention has been paid to this subject.

In 1859 I had the pleasure of bringing before your notice a short paper, in which I wished to prove that in children hæmorrhage from the bowel is a very certain indication of the existence of a polypus; and I brought forward at the time, to demonstrate the fact, many cases as well as preparations of the polypi which I had removed. Since that date, many similar cases have fallen under my care; and I must confess that it is a rare thing for me to meet with any instance of hæmorrhage from

the bowel in children, which is not to be explained by the presence of such a growth.

These growths are generally found in children under ten years of age. In some cases, the discharge of blood from the bowel is constant, and the patient will be brought with its clothes stained, and its buttocks smeared with a bloody mucus. In these instances, the polypus will generally be found to be within, if not protruding from, the sphincter. In other examples, occasional discharges of blood will be observed, although not to a great extent, and will generally accompany and follow the act of defæcation. In others, again, the hæmorrhage will take place independently of any such process. In a patient exhibiting any of these symptoms, a careful local examination should be made. Much care is required in the examination, as the growth is readily passed by and overlooked. The best plan is to sweep the finger, passed well into the rectum, completely round the walls of the bowel. The polypus will thus be dragged from its attachment, and its pedicle will be made tense; thus arresting the attention of the examiner. By a careless examination, it is almost sure to be overlooked, unless very large.

When it is once detected, the cure is not difficult. The removal of the growth is the only correct treatment; and this may, in a large proportion of cases, be readily done by simply hooking the finger over the pedicle, and breaking it off. I have never known any evil result from this practice, not even hæmorrhage; the process of lacerating the pedicle preventing this occurrence.

In other instances, the polypus may be brought externally, and ligatured. If the pedicle be thick, and the polypus high up, it should be dragged down by means of forceps, or by a wire noose, and then ligatured. The removal by the finger is the readiest and best practice, and it is the one which I have almost always followed.

After the removal of the growth, a cure may confidently be predicted; some care being always taken by the surgeon to satisfy himself that a second growth does not exist.

The following are brief notes of some of the more recent cases which I have treated.

CASE I. J. P., aged  $4\frac{1}{2}$ , was brought to me after he had been losing blood at stool constantly for seven months, and at times even when walking. Nothing, however, protruded from the anus; and he was free from pain. Upon examination, a polypus was found, which was brought down by means of forceps, and ligatured; the growth being cut off below the ligature. Recovery followed.

CASE II. A boy, aged 10, was brought to me for bleeding from the bowel of twelve months' duration; and for three months it had been profuse and constant. When seen, the child was blanched and powerless. A polypus of the rectum was at once detected, and torn away, convalescence rapidly following.

CASE III. A boy, aged 7, for two years had been the subject of hæmorrhage from the bowel when at stool, and for one year had lost blood even when walking. Powerful straining had also been observed when at stool. On examination, a large polypus was found, with a pedicle which allowed the growth to pass downwards within the sphincter; this fact explained the straining and the occurrence of the hæmorrhage which took place independently of defæca-

tion. A ligature was applied to the pedicle, and the growth excised. Recovery followed.

*Prolapsus Recti* is another surgical affection which is common to both children and adults, and not it possesses some peculiarities when found in young life which demand our notice. It is by no means a rare affection; but, in the majority of cases, it is only a symptom of some other disease—a result, and not a cause. It is constantly found in children who are the subjects of gravel or of calculus in the bladder, or of any disease causing irritability of the urinary organs, such as phimosis and inflammatory affections of the mucous membrane covering the glans penis, with adherent prepuce; it accompanies also constipation of the bowels, and the presence of worms. In whooping-cough, and in cases of great debility, it is also not infrequent.

A correct interpretation of its cause is, therefore, plainly an important point to be acquired before any hope of its successful treatment can be entertained. It must be observed, however, that in the majority of cases of so-called prolapsus recti, there can be no doubt that the projection is only of the mucous membrane; but, in some rare and extreme instances, the whole bowel appears to be forced downwards, giving rise to a form of intussusception.

It is needless to quote examples illustrating all the various causes of prolapsus recti, for the experience of most surgeons will readily suggest many; but, in every case which comes before our notice, it is as well to examine carefully the condition of the urinary organs; to see that no stone exists in the bladder, and more particularly that there are no adhesions of the prepuce to the glans penis, or retained secretion from Tyson's glands; these concretions, without doubt, being amply sufficient, as well as the most frequent causes of all the symptoms.

If habitual constipation be the cause, it must be treated. I have seen a girl aged 16, who for five years had been the subject of prolapsus recti whenever any action of the bowels took place, this action seldom being under five, six, or seven days; and, in passing, I may remark upon the great benefit which patients suffering from this disease experience from the habit of relieving the bowels at night; that is, of assuming the recumbent position after the act. In these cases, the benefit is most marked; but the habit is a good one in all cases of rectal disease.

As a symptom of ascariæ, prolapsus is very common; for this, a good calomel purge is often amply sufficient to obtain a cure; but, otherwise, enemata of some bitter infusion, such as quassia, will answer the same purpose.

In some cases, however, this disease is due to a weakness of the parts and a general want of constitutional power. In such instances, the general health must be attended to, and the bowel reduced after each prolapse. In many examples, this treatment answers every purpose; but in some, more energetic local treatment seems called for; and in these I have found much benefit and no evil result from the local application of the nitrate of silver to the whole surface; this must be done, however, rapidly and regularly, and the whole prolapsed membrane should be well covered, dried, and returned. It is seldom that more than one application is called for; and I have never seen any evil result from the practice.

*Hæmorrhoids* in childhood are a remarkably rare

affection. I have seen many cases so called, but very few which were genuine cases of this disease; the majority of such being undoubtedly examples of rectal polypi. In looking down my notes of cases of polypi, I find the observation "treated for piles" to nearly all.

*Anal Abscess and Fistula in Ano* in early life are very rare diseases; that is, when compared with their frequency in adults. I have had one case under care in a boy aged 5 years; but this is the youngest subject in which I have seen this affection. They call upon me for no remark.

[To be continued.]

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

WEST LONDON HOSPITAL.

CASES OF DISEASE OF THE THYROID ARTICULATION AND LIGAMENT; WITH CLINICAL REMARKS.

Under the care of G. D. GIBB, M.D.

[Concluded from page 473.]

CASE V. *Cynanche Tonsillaræ; Inflammation of the Left Thyro-hyoid Ligament.* A young married woman, aged 20, was admitted on April 27th, 1863, with sore throat of six weeks duration. She got better; and four days ago a lump formed in the left side of the neck, involving the thyro-hyoid ligament, which was sore and tender. It is disappearing under treatment.

CASE VI. *Subacute Laryngitis and Follicular Disease of Throat; Inflammation of Left Thyro-hyoid Ligament.* The subject of this case is at present under treatment, and was admitted on April 27th, 1863, with subacute inflammation of the larynx and fauces of seven weeks duration, attended with aphonia at first. The left thyro-hyoid ligament was inflamed, and swollen to the size of a small and oval Barcelona nut; it was very tender to the touch; there was no dysphagia. The throat was so very irritable that laryngoscopic inspection was obstructed. He is already better from treatment.

CASE VII. *Acute Sycosis Mentagra of Three Weeks; Inflammation of both Thyro-hyoid Ligaments.* Mary Ann L., aged 32, was admitted on February 2nd, 1863, with acute sycosis mentagra, that had been developing three weeks. There was an absence of tubercles; but bright yellow pustules formed in patches, burst, and formed crusts. They reformed several times. Dysphagia was present; and two painful and tender lumps, of the size of small nuts, were felt in the neck, corresponding to the right and left thyro-hyoid ligaments. Poultices were used for the face, and Donovan's solution was given internally in eight-minim doses thrice a day.

By the end of March, the cutaneous affection was cured, and the lumps in the neck had wholly disappeared; but some tenderness remained, with retraction of both cords to the extent of one-half of their natural length.

COMMENTARY. The small and delicate cord which holds together the cornua of the hyoid bone and upper part of the thyroid cartilage is frequently inflamed; and if not attended to early, ends, in many cases, in obliteration, so that the cornua either come into contact, or nearly so, in a capsule that surrounds them, in which is one or more small sesamoid bones. When the capsule is formed, there is a tendency to dislocation of the joint, and a peculiar pricking sensation is felt in

the neck, which is very uncomfortable. In the cases above detailed, in one only had the joint formed, and it was the result more probably of a compensatory effort for the elongation of its fellow on the opposite side from the bronchocele, than from inflammation. Usually, however, as far as my experience permits me to determine, inflammation and effusion of fibrine precede obliteration of the ligament, when the capsule which primarily is its sheath becomes thickened, contracted, and then surrounds the terminal ends of the cornua. This has been determined by dissection and examination of cases of true dislocation in the living. The thyro-hyoid articulation, therefore, is one of interest and importance, and should always be remembered when inspecting throat disease. In some cases there is a tendency to recurrence of disease until the ligament has become obliterated. It also sometimes happens that the thyro-hyoid joint becomes affected with dropsy; instances of which, with other allied affections are related in my essay on the *Diseases of the Hyoid Bone*. The symptoms of thyro-hyoid disease, as above described, are not unfrequently wholly misinterpreted, and erroneously supposed to depend upon intrathyroid or laryngeal disease.

## Original Communications.

### ON NIGHTMARE, THE ACTION OF ANÆSTHETICS, ETC.

By THOMAS HODGKIN, M.D.

HAVING for some years been occasionally subject to that disagreeable affection called nightmare, I could not help paying some attention to the physiology of the symptoms which attend it. I shall not attempt a review of the opinions which have been advanced on the subject, having paid very little attention to them; but I have not been able to adopt the commonly received opinion, that it depends on some disturbance of the circulation.

It is unnecessary that I should describe the variety of pictures presented to the half-sleeping imagination of the sufferer from nightmare, some of which have furnished ludicrous subjects for the painter. The essential symptom, which may take place either with or without these apparitions, seems to consist in the distressing consciousness of inability to move. As this state mostly ceases on waking, and as the attention of others is not likely to be called to the symptoms while they exist, it is not surprising that they have been imperfectly studied.

Of later years, I have observed that waking has not so completely done away with the conditions on which the nightmare depends, but that the mind, when recalled to perfect consciousness, has had sufficient opportunity to analyse them; and a wakeful companion, interested in averting or arresting the attack, has, by recognising the premonitory symptoms, been able to prevent or cut short the paroxysm.

By examining the state of the pulse and heart as soon as consciousness reminded me that the inquiry was to be made, I became satisfied that no material derangement could have taken place in that quarter. At a later period, I noticed some partial condition of the limbs somewhat resembling that which is felt when a part is said to be asleep, but to a minor degree, and without the peculiar sensation called pins and needles. As the duration of the waking symptoms has increased, I became struck with the fact that the involuntary movements of respiration seemed to be suspended, whilst the chest seemed to be passively collapsing from elasticity and other causes. I was naturally desirous to

have the paroxysm terminated by being awakened as soon as abortive efforts at articulation called attention to my distress; but I noticed that this kind attempt at first rather increased than mitigated the suffering, if it tended in any degree to favour the collapse of the chest, as in the case of the hand being placed upon it. On the contrary, the most prompt and effectual relief has been obtained by so moving the arms that the pectoral muscles might elevate the ribs; and it is now some years since I have begged that one arm might be worked like the handle of a pump, which completely agrees with the theory and practice which have of late been ably advocated by Dr. Silvester in relation to the treatment of suspended animation from asphyxia. Reflecting on these symptoms, I recollected the views of the late Sir Charles Bell regarding the involuntary movements of respiration, and the doubts which I had entertained as to a particular part of the spinal cord, with the nerves emanating from it, being specially devoted to this part of the respiratory function; and I felt almost compelled to subscribe to his doctrine, the strongest argument in favour of which seemed to be supplied by the fact that when, in the state which I have described to exist, on waking in the paroxysm, I have made forced voluntary efforts at inspiration by raising the ribs to expand the chest, the diaphragm, instead of simultaneously descending, was, on the contrary, elevated by the pressure of the atmosphere on the abdomen—a result which would hardly have taken place had the normal provision for the cooperation of these parts been in working order. I felt persuaded that, if the state which I have described were not relieved by the early waking of the patient or by the efforts of assistance opportunely at hand, death must be the consequence. It is probable that persons who have been found dead in their beds may have so perished; and verdicts of death from affection of the heart may have been recorded in consequence of the distended condition of the right cavities.

Another reflection is perhaps of some importance in connexion with the investigation now going forward: I mean that in relation to the causes of death under the use of chloroform.

Is it not highly probable that, under the influence of chloroform and other anæsthetics, there may be, simultaneously with the loss of feeling and consciousness, the suspension of the involuntary movements of respiration; the one suppressing the symptoms of distress which the other would induce, if the sensation were not more abolished than in sleep? That interruption of the involuntary movements of respiration is not necessarily commensurate with the degree to which sensation and consciousness are lost, is evident from the effectual persistence of these movements, though accompanied with stertor, in cases of apoplexy and drunkenness, as well as in the majority of cases in which chloroform is used. The prompt employment of the most effectual means of maintaining artificial respiration would, therefore, seem to be the first step to be taken when danger is threatened after the employment of chloroform or ether. On the other hand, placing the patient on his back, and rubbing the chest and other parts of the trunk to remove supposed syncope, would be injurious rather than beneficial: and, could he be conscious of what was going on, the dreams of nightmare would to him be realised.

It seems to afford some confirmation of the view which I am offering, that both the production of nightmare and the occurrence of danger under the use of chloroform are connected with the state of the stomach. Nightmare is frequently attributed to taking a full supper shortly before going to bed. In my own case, it is most certainly induced by a draught of cold water or soda-water on retiring to rest; but I have also known it after continued absolute fasting, both in the sitting and in the reclining posture, though very seldom in the

former position. So, in the administration of chloroform, experience has taught that neither a perfectly empty nor a very full stomach is desirable. My friend Steggall of Queen Square has informed me that, having occasion to give chloroform to a child previously to the performance of an operation, he was surprised at the appearance of very alarming symptoms when but a moderate dose of the anæsthetic had been given. From these the child was happily and quickly relieved by rejecting from the stomach a large quantity of rich plum-cake which the child had, without the knowledge of the operator, eaten but a short time before. Facts like these direct the attention to the eighth pair of nerves; and I remember that, so long ago as in 1821 or 1822, I wrote a juvenile essay, the subject of which was the section of these nerves, in which I expressed the opinion that death, not being the immediate consequence of the simultaneous division of both nerves, was to be attributed to the maintenance of voluntary respiration for some hours after involuntary respiration had ceased.

Having commenced but not completed committing these reflections to paper before starting for a journey on the continent, I have had an opportunity of conversing upon the subject with my friend Dr. Foville, whose attention is well known to have been long turned to the anatomy, physiology, and pathology of the brain and nervous system, and whose abandoning of the completion of his work is a grievous loss to our profession. The doctor, after patiently hearing my statement, was so far from rejecting my ideas, that he related a case tending to confirm them. A patient of his, labouring under some form of paralysis which ultimately occasioned his death, complained of being distressed with nightmare on falling asleep. The doctor, having an opportunity of watching the approaches of the paroxysms, observed that his respiration became interrupted, and then suspended, which resulted in his waking up in agitation and fright. Attention to position in his sleeping state to some degree, but imperfectly, prevented the paroxysms. Dr. Foville further told me, in reference to what I had said regarding the eighth pair of nerves, that Professor Blainville had made some experiments on the section of them, in the course of which he observed that the death of the animal was accelerated if it were placed on its back, but retarded by the chest being downwards, as when it is in the standing position; which seems to coincide with the need to facilitate and maintain the voluntary efforts at respiration.

In close relation to the points upon which I have here touched, I would take leave to add a few words of a practical tendency, though I fear they may be regarded by some as crotchety. It is well known that ether and chloroform have very conspicuously the power of averting or greatly mitigating the paroxysms of spasmodic asthma, which they probably do by blunting the exaggerated perceptions, the normal and healthy action of which call for and determine the involuntary movements of respiration. If, on the other hand, their influence be superadded to a state approaching to morbid, and in which these perceptions are too feeble, we may expect the symptoms which occur when the influence of chloroform is alarming or even fatal. I have repeatedly noticed that medicines which contain ether or chloroform, although at first very agreeable, as is especially the case with the latter, have a decided influence in disturbing the stomach and producing indications of indigestion; whilst an influence diametrically the reverse of this is produced by brandy and other nearly pure alcoholic spirits. Hence their frequent employment to correct the stomach, and the abuse thereby induced. This conviction as to the effect of ether, etc., has made me for a long time averse to the use of ethereal medicines, though so commonly resorted to as antispasmodics. Here also we may suspect that the influence is exerted through the eighth pair of nerves.

Though I have not and at present cannot consult medical authorities, I must observe that, a short time before leaving home, I read part of a paper relating to the agency of chloroform in the *BRITISH MEDICAL JOURNAL*. It went far in support of the views which I have long held, and have here endeavoured to sketch. I think it was by Dr. Kidd, and bore chiefly on the employment of chloroform in obstetrics. The condition very suitably designated as *apnoea* seems to be exactly that to which I have here referred. I am sorry that I omitted to look to the other portions of the same essay, given in different numbers of the periodical.

Marseilles, 30 Imo., 1863.

## PATHOLOGICAL AND PRACTICAL RESEARCHES ON THE VARIOUS FORMS OF PARALYSIS.

By EDWARD MERYON, M.D., F.R.C.P.

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THE anatomical connection between the sensitive posterior columns of the spinal cord in their entirety and the cerebellum, the extension of nerve-fibres from the cerebellum to the corpora quadrigemina, and from these bodies to the optic thalami, are facts which indicate the existence of close physiological relationship between these parts. And I venture to assume that it is through these channels that objective sensations are conveyed to the cerebrum, the centre of volition; that from the ganglionic cells contained in the corpora striata and optic thalami, the mandates of the will are extended through the vesicular matter of the crura cerebri, of the pons, and of the medulla oblongata, to the anterior horns of grey matter contained in the spinal cord by means of the corpora pyramidalia and the anterior columns of the cord, the fibres of which communicate directly or indirectly with the ganglionic cells of the anterior cornua, which become the excitors of muscular motion; and that the transverse fibres in the mesocephale and medulla oblongata, which are almost, if not quite as numerous as the longitudinal, serve as conductors of the orders of the will to the nuclei of motor nerves, for the consentaneous action of corresponding muscles in the movements of the face and tongue for expression and speech, in the contraction of the gullet for deglutition, and in the movements of the ribs for respiration.

But how are these several acts performed? In other words, what is the nature of that mysterious nerve-force which, beginning its physical career in the organs of sense, passes to the sensorium, where it becomes an object of consciousness, and, operating on the cerebrum, engenders actual ideas or volitions which are transmitted to the spinal cord, and there excite muscular motion?

Is it simply electricity, in the development of which every minute molecule of nervous matter, by virtue of a dipolar attribute, adds its quota to the evolution of an electric current? Or is it some other power which may be represented by a given quantity, say of heat, which would be required to raise the temperature of a given quantity of water so many degrees as to produce a certain amount of mechanical energy or motion?

Many physiologists have embraced the latter opinion, chiefly in consequence of the different behaviour of a muscle when under the influence of a nerve in a physiological active state, and when artificially placed in an electrotonic state by the transmission of a constant galvanic current through it. In the first case, the muscle is kept in a constant state of contraction; in the electrotonic condition, contraction occurs only on closing and opening the circuit. In the interval, the muscle is in a state of relaxation, and remains so.



This objection to the electric theory of nerve-force has been met by the proposition, that animal electricity may exist in a static form; but Pflüger's investigations, to which I shall immediately have to refer, have resulted in the establishment of a theory of nerve-excitation, strictly in accordance with the laws of muscular contraction.

Electricity is developed in some animal tissues in direct proportion to the size of the nerves; and M. Armand Moreau has recorded many experiments to prove the identity of the agent discharged from the electric organ of the torpedo, with that discharged from a Leyden battery. (*Experiences sur la Torpille Electrique. Annales des Sciences Naturelles*, 4e serie, t. 18. 1862.)

Furthermore, it is well known that the galvanic current can be made not only to imitate the natural nerve force, but that it may also replace it in producing many of the phenomena of life; and that these latter can only be explained by supposing that the development of nerve action is associated, if not identical with the assumption of a polar condition by the molecules of nerves.

In my history of medicine, it will be my duty to refer to many Italian physicians who have established these facts, but to no one more than to Professor Matteucci, of Pisa, who has shown that a galvanic current affects both sensitive and motor nerves to a greater degree when the current is made to pass through either in the direct or natural course of the nerve force (centripetal in sensitive nerves, centrifugal in motor nerves) than when it is transmitted in the inverse or opposed course; that the excitability of motor nerve-fibres is modified by their juxtaposition with sensitive nerve-fibres (most nervous trunks being composed of both); and that electricity is developed during muscular contraction.

All these facts have been investigated by M. Du Bois Reymond, whose great work on *Animal Electricity* forms a second era in that science. All his experiments have been conducted with a galvanoscope, by means of which he has established the fact that every molecule of fresh excitable nerve is the source of electro-motive power; and that every part of a nerve acts in obedience to the same law as that which governs the function of the entire nerve.

He supposes that every nerve consists of a number of dipolar molecules arranged in couplets, and that in a state of rest the similar poles of each pair of molecules are turned towards each other, so as to represent the condition of a closed current, the negative poles being turned towards the extremities of the nerve.

In the active or electrotonic state he supposes that an electrolytic process takes place, and that the molecules arrange themselves so that the opposite poles are turned towards each other; the negative pole (—) being turned towards the point at which the current enters, the positive pole (+) towards the point at which the current leaves the nerve.

Du Bois Reymond has also suggested that, in a state of rest, each nerve molecule may have its external surface in a positive, and its internal part in a negative state of electricity; and that excitement or irritation may induce an opposite state of polarity, namely, a negative condition of the external and a positive state of the internal part of each molecule—an active or electrotonic state.

Now, if the sciatic nerve of a living frog be dissected out from the muscles of the thigh and the thigh removed, so as to leave the nerve in connection with the spinal cord above, and with the leg below, when the nerve is placed on the cushions of a galvanoscope, it produces a deflection of the needle.

If through the same nerve a constant galvanic current be passed in the same direction as the nerve-current, an immediate increase of the deflection of the needle takes place; but if the current be passed in the opposite direc-

tion to the nerve-current, an immediate decrease of the deflection is observed.

The reason assigned by M. Du Bois Reymond is obvious. In the first case, the superinduced current is just so much added to the original nerve force, in the second, it is just so much subtracted or neutralised by the opposed current.

On further investigation, by placing a transverse section of a nerve in contact with one cushion of the galvanoscope, whilst the longitudinal surface rested on the other, a strong deflection of the needle indicated the course of an electro-motive current passing from the external surface to the transverse. Hence, the external surface is shown to be positive (+) in its electric relations with the transverse which is negative (—).

From this and other corresponding observations, M. Du Bois Reymond inferred that the power in question acts according to a definite law which may be stated as the law of antagonism of the longitudinal and transverse sections, the former being positive, the latter negative.

All this, however, did not diminish the objection which has been stated to the electric theory of nerve-force; therefore, M. Du Bois Reymond instituted other experiments, and discovered that if, instead of a continuous galvanic current, a series of instantaneous currents of high tension electricity (Faradaic currents) be made to pass along a nerve connected with a muscle, the contractions follow each other so rapidly that the muscle has no time to regain its state of relaxation, and a condition of continued contraction, like that of tetanus, is the result.

When examined by the galvanoscope, this interrupted current occasions the positive and negative deflections of the needle, but the positive variation is less than the negative (in the constant current the positive variation is greater); hence it would appear that in the tetanised nerve the characteristic phenomenon is expressed by a negative deflection.

The question remains, is the tetanised nerve identical in character with the physiological active nerve? If it be, then a negative deflection of the needle is the expression of the natural nerve-current.

At this point Pflüger began his researches, by examining the effects of a constant galvanic current varying in strength; and he discovered that, by the weakest current he could establish, a continuous contraction of muscle may be produced; that by a stronger current, but still so weak as barely to deflect the needle, tetanus may be produced; and that a very powerful current produces no contraction at all, except at the moment of closing and opening the circuit, the opening being followed by weak contraction only. Hence, he infers that the most important consideration in conducting these physiological experiments is the strength of the current employed; that an extremely weak current is the function of an active healthy nerve; and that a very powerful current suspends the action, and perhaps even causes the death of the nerve-molecules. (*Untersuchungen über die Physiologie des Electrotonus*. Von Eduard Pflüger. Berlin, 1859.)

He has furthermore shown that the phenomena of action, so far as the sensitive nerves are concerned, are the same as those in motor nerves, the direction of the current being of course reversed. A very weak centripetal constant current produces pain; a very powerful current produces no pain. There is, therefore, every reason to suppose that the law of excitation in the sensitive nerve is analogous to that of the motor nerve.

In further illustration of this, Matteucci's experiments may be here mentioned. He has shown that by exposing a mixed nerve, say the sciatic, and by applying the positive pole of a weak galvanic current towards the spinal end, and the negative pole on the peripheral end of the exposed portion of nerve, muscular contraction occurs, but no pain. If, however, the poles be reversed

so that the positive is brought into contact with the peripheral end, and the negative with the spinal end of the exposed nerve, then pain is produced, but no muscular contraction.

The peripheral termination of motor nerves, as connected with the ultimate muscular fibre, is a most interesting subject of inquiry. Kühne supposes that the neurolemma always joins the sarcolemma, and that the nerve-molecules pass beneath the sarcolemma so as to come into intimate contact with the contractile substance. To these nerve-molecules he has given the name of peripheric nervous nodules.

Dr. Lionel Beale contends that the nerve-fibre is far more extensive than is supposed by Kühne; that it extends into the interstices of the ultimate muscular fibres in the form of a most elaborate network; that the nerves never lose themselves in other tissues, or become continuous with them; that they are brought into close relation with muscular fibre by their nuclei, but never lose their distinctness as special nerve-tissue. And I think he is right.

If, then, we admit the existence of a current of nerve-force, we must also admit that every act of muscular contraction and every perception of sensation involve a given expenditure of nerve-force; a disturbance of electric equilibrium along the whole course of the nerve, and a corresponding movement to restore the equilibrium, an inverse sequence of phenomena being understood; namely, a centrifugal disturbance in the case of muscular motion, a centripetal disturbance in the case of sensation, and in each case an inverse reaction to establish the equilibrium.

Pflüger's experiments have led him to conclude that one and the same irritant applied to a nerve acts more powerfully the further it is applied from a muscle, in the case of a motor nerve, or from the spinal cord in the case of a sensitive nerve. His idea is, that a progressive molecular movement is developed at all points of a nerve; so that the sum of force is greater at the extremity of a nerve, along which an irritation has travelled, than at the point where the irritation was applied.

Whatever the peculiar nature of the nerve-force may be, we know that muscles cannot act singly, but that the cooperation of a group is necessary to perform every movement of the body, whether it be made for locomotion, respiration, deglutition, or any other special motion for which the muscles are intended; and there is great reason to suppose that such consentaneous action results from the functional activity of separate groups of ganglionic cells in the spinal cord (each group being strung together by nerve-fibres like the jars of a Leyden battery) which transmit their influence through the motor nerves. Each group is probably excited to action by a longitudinal nerve-fibre which conducts the mandates of the will to the organ of coordination; and thus the telegraphic nerve-fibres in the anterior columns are relatively few to the number of motor nerves which proceed from the spinal marrow.

#### SYMPATHETIC NERVES.

The physiological researches of Professor Bernard and others, have led to the conclusion that the sympathetic nerves are motor nerves of blood-vessels—vaso-motor nerves—and that they form a complementary organism, placed by the side of the cerebro-spinal axis, communicating with it, endowed with similar attributes, obedient to the same laws, but exerting their action on different tissues.

In 1851, Professor Bernard showed that a section of the cervical portion of the sympathetic nerve is always followed by a dilatation of the blood-vessels, and an increased afflux of blood in those parts of the head to which the sympathetic nerve is distributed. In 1853, Dr. Brown-Séquard demonstrated the converse; namely, that either direct or reflex excitation of the sympathetic

nerve by galvanism is followed by a contraction of the blood-vessels and a diminished afflux of blood. Again, in 1857, he showed the resemblance between the effects of a section of the sympathetic nerve in the neck and a transverse section of a lateral half of the spinal cord. In both cases a paralysis of the vascular nerves, and therefore a paralysis of the blood-vessels, is induced; there is a greater afflux of blood in those vessels to which the divided nerves are distributed; nutrition is increased, and the vital properties of nerves, muscles, and blood-vessels are augmented. Many points of resemblance are also found, on comparing the side of the face where the sympathetic nerve has not been divided with the posterior limb of the uninjured side of the spinal cord. Both receive less blood than usual; in both the temperature is diminished, and the vital properties of both are decreased.

By the doctrine that the blood-vessels and secretory organs are dependent on the influence of the sympathetic nerves, almost all physiological and pathological phenomena which have hitherto been obscure, admit of an explanation. Moreover, some experiments which Professor Wagner has lately made upon the head of an executed criminal, tend to prove that the contraction and dilatation of the pupils are due to the influence of the sympathetic nerves. The head was cut off by the guillotine, the blade of which passed through the sixth cervical vertebra; and, eighteen minutes afterwards, the experiments were commenced. An electro-magnetic current was applied to the divided end of the great sympathetic trunk, first on one side of the neck, and then on the other. The eyelids of the corresponding eye were observed to separate, and the pupil to dilate, until the breadth of the iris did not exceed four-fifths of a line. The experiment was repeated six times in twenty-five minutes, and always with the same result. After the nervous trunks had become insensible, the superior cervical ganglion was laid bare, and similar results were obtained on applying the magneto-electric current to it. (*Zeitschrift für Rationelle Medicin*, 3e serie, bd. 5, Nos. 2 and 3.)

[To be continued.]

#### ON DIPHTHERIA.

By J. WEST WALKER, M.B.Lond., etc., Spilsby.

THE study of diphtheria is a subject of the greatest possible interest and importance. It is interesting on account of the comparative novelty of the disease, and of the as yet unsatisfactory state of our knowledge bearing upon its pathology and treatment; and, when we reflect on the terrible mortality with which it is so frequently attended, its importance, I think, can scarcely be overrated. Happily of late this mortality, which occurred more especially during the climax of the epidemic, has considerably diminished; the disease, however, still continues to prevail extensively, keeping the public mind in a state of anxiety and alarm, and justifying, I trust, any one who shall endeavour to contribute, however slightly, towards a better understanding of its true nature.

As might be expected, a visitation so serious has greatly aroused the observant faculty of the profession; and thus facts have been abundantly accumulated and recorded, and speculations the most opposite and conflicting, freely and confidently promulgated. To attempt to generalise somewhat these facts, and reconcile these opinions, is what I propose to myself in the present paper.

By some, by far the greater number of my professional brethren, diphtheria is looked upon as a distinct acute specific disease, having general and local symptoms; and this is the view which justifies our great nosologist Dr. Farr, in giving to it its present name and place in his classification of diseases. By others, again, it is believed to be but a modification of some one of the previously recognised diseases—of common epidemic sore-throat, of

scarlet fever, of croup, etc.; and undoubtedly a considerable amount of evidence can be adduced to show a close relationship, in particular cases, between diphtheria and each one of these several disorders; thus tending to prove that, whatever the true nature of the affection may be, it must have a relation to them all generally, rather than to any one particularly.

The principal characteristic of diphtheria, that from which the disease takes its name, undoubtedly is the peculiar, leather-like pseudomembranous formation\*; and this it is which I propose to consider first. I shall next examine into the general symptoms with which this pathognomonic sign is observed to coexist. Lastly, I shall endeavour to find out what relation or connection, if any, the general and local symptoms have to one another. I shall then, I hope, be able to build up a theory of the disease under consideration.

In speaking of the *physical properties* of the diphtheritic formation, it will be sufficient to consider it as when fully matured; for, owing to the rapidity of its construction and to other circumstances, it is often very difficult to trace it through its stages of development and growth. It will be found to vary greatly in colour, tenacity, consistence, etc., according to site, stage of development, and other modifying influences. In some cases, it presents the appearance of curd or cream; in others, that of white kid or wash-leather; and between these extremes may be observed every gradation of consistence. The *soft* or curdy variety is always greatly infiltrated with various secretions, the subjacent part being in a state of much exudative inflammation. Under the microscope, according to Dr. Jenner, it consists of "pus-corpuscles, other larger and smaller corpuscles, epithelium, and oleoprotein." The *tough* variety may be seen either in isolated distinct patches, or as an uniform layer, forming a complete mould of the subnatant parts; and, when well developed, it has the tenacity of leather. At the centre, its thickest part, it has been known to measure as much as the eighth of an inch, gradually becoming thinner towards the edges. The colour varies from white to yellowish white; or owing to the admixture of blood, to brown or black. When it is about to be thrown off, a process of decomposition takes place, beginning at the edges; and then it is that factor is perceived. The microscope, beyond the fibrous characters, reveals chiefly negative properties; it seldom or never discloses vegetable or other growths, such as the *oidium albicans*, which Dr. Laycock supposed to be the specific cause of the complaint, but which other observers have failed to discover in the true diphtheritic product, though often in discharges of other more harmless diseases affecting chiefly the cavity of the mouth. It is soluble in alkalis; shrivels in acids; out of the body it gradually softens and decomposes. It is never organisable.

Such is a slight sketch of some of the facts which have been observed, bearing chiefly upon the physical properties of this pathognomonic sign. There are, however, other features, of perhaps more importance, which require enumeration. Thus, with regard to its site; it is a singular and important fact that it manifests itself on such parts of the body only as are exposed to the action of the air; hence it follows that it is to be met with any where on the skin, and on a limited portion of the mucous membrane, as the lips, gums, cheek, fauces, tonsils, palate, uvula, pharynx, and possibly, though rarely, the uppermost part of the œsophagus; on the interior of the nose, lacrymal canal, larynx, trachea, and bronchial tubes; on the conjunctival membrane of the eye, and

lining membrane of the vagina and os uteri. On the subject of this selection of site, Empis, in a valuable essay translated by Dr. Semple for the New Sydenham Society, remarks: "One fact which is rather remarkable in relation to the seat of *diphtherite*, is this: namely, that all the parts which are completely removed from the contact of the air are preserved from the invasion of the disease. Thus we very frequently see the membranous affection occupying the lower part of the throat, and the posterior wall of the pharynx, and spreading gradually to the larynx and the deeper parts of the air-tube; but I have never seen true *diphtherite* propagating itself by continuity into the œsophagus and the parts of the digestive canal, which are withdrawn from the influence of the air;" and he naïvely asks, "May the presence of air, then, exert in these circumstances some influence which escapes our notice?" (*Memoirs on Diphtheria*. New Sydenham Society: p. 311.) That the diphtheritic formation, whether occurring on either of these sites—the tegumentary or the mucous surface—is essentially a like morbid product, is, I believe, generally admitted. The fact, however, is fully established by Trousseau and Daviot, in their respective essays, by reference to numerous cases. The latter author in another of Dr. Semple's translations, says: "There is also a point upon which I ought to insist, in order to prove, if necessary, the perfect identity existing between pillicular inflammation of the mucous membrane and cutaneous *diphtherite*. It is the fact that, during our epidemic, under the influence of the same cause and a similar predisposition, I have seen *diphtherite* raging simultaneously on several members of the same family, attacking in one, the pharyngeal mucous membrane; in another, the cutaneous tissue; in another, the respiratory passages, and lastly, in another, all those organs at once or successively and presenting no other modifications than the symptomatic differences peculiar to each region." (*Memoirs on Diphtheria*. New Sydenham Society: p. 379.)

Another peculiarity of this diphtheritic formation, about which most observers are agreed, notwithstanding the remark of Daviot to the contrary, is, that in order for its appearance on the *skin*, the epidermis must at least be removed. It may then be seen complicating and interfering with the proper healing of slight abrasions, ecchymoses, leech-bites, blistered surfaces, herpetic and other eruptions, cuts, wounds, burns, etc. So also, in order for its appearance on the *mucous membrane*, I think it will always be found that the site chosen is a part, which at the time is congested, ecchymosed, inflamed, ulcerated, or undergoing some pathological process.

It is, however, from its great proneness to spread especially in a downward direction, either by extension of an individual patch, or by coalescence of patches having distinct centres of origin, and thus, as in the larynx, affording mechanical obstruction to the performance of a vital function, that probably the greatest importance is to be attached to the presence of this singular morbid product.

Let us now glance at the constitutional symptoms with which this leather-like pathognomonic sign is associated. The first thing which strikes us is their great variety in kind, and their still greater diversity in severity and importance. In some cases, especially in the many instances of *cutaneous* diphtheria, constitutional symptoms may be considered as almost or altogether wanting; the general health may, I grant, perhaps be somewhat deranged; but we are quite unable to trace the slightest connection between such derangement and the purely accidental formation of the diphtheritic product. The same, too, holds good when the formation presents itself in the cavity of the *mouth*, on the lips, gums, lining membrane of the cheek, etc. It may then almost always be observed that, whenever general symptoms are present, they denote such a derangement of the system as occurs in

\* I employ the word *formation* here and in other parts of this paper, not because I particularly like it, or think it conveys a very correct idea of the thing signified, but because I consider it less objectionable than *exudation*. I use the term somewhat after the geologic sense, as expressing merely a something formed, without implying anything as to the how or whence formed. Exudation, I believe, expresses but one of the factors necessary for the construction of this singular morbid product.

cancer, stomatitis, and other allied affections. The patient may show signs of disordered nutrition, vitiated secretion, unhealthy digestion, general debility, etc.; but nothing which can in any way be considered as having any specific relation to the diphtheritic formation. It is, however, in the *throat* that the characteristic pseudo-membrane is most frequently to be seen; so much so, that by those who advocate the doctrine of diphtheria being a distinct specific disease, this region of the body is considered to be the especial site of the local symptom. When, however, we look to facts, we find the diphtheritic formation, even here, to be associated with the greatest possible variety of general symptoms. The throat with regard to its pathology is a peculiar region; being, as it were, an inner portal between the external world and the interior of the economy; it has to receive the impression of all atmospheric changes or impurities. In this climate of ours, many habitually suffer from throat ailments, enlarged tonsils, ulceration, or that form of chronic inflammation termed relaxed throat; and with such ailments the diphtheritic formation frequently coexists, general symptoms being almost or altogether absent. We find, too, that a more or less sore throat, in other words, a pathological change going on in the mucous membrane of the throat, is the constant concomitant of all the acute specific diseases. Not unfrequently the diphtheritic formation makes its appearance in the latter stage of phthisis and other chronic disorders. These exhausting general diseases are numerous, and differ greatly in specific characters; and yet diphtheria, in ordinary language, is said to be connected with them all, thus making it self-evident that it can have no especial relation to any one. In such cases, we are compelled to admit either that diphtheria is a constitutional disease which can co-exist in the same body, and at the same time, not only with one but with a great variety of general diseases; or that the particular manifestation is but a local complication, which at certain seasons affects and fixes upon parts of the body undergoing disease.

Owing to the possession of certain positive characteristics, several diseases of the fever class now admit of accurate and close definition, thus rendering their recognition comparatively easy and sure. Between these well-defined diseases and the condition of uninterrupted health, there exists, I believe, an important series of general diseases belonging probably to the same class, but which, owing to the possession of only negative properties, are not capable of such accurate definition or classification. All we know is, that the balance of the economy is disturbed; that general fever exists; and when, as is not unfrequently the case, local complications coexist, we give names and direct attention to such local complications rather than to the specific blood-disease with which they may happen to be associated. When epidemic, as such diseases almost always are, we speak of them as the "reigning illness," epidemic catarrh, influenza; or, as when accompanied with sore-throat, epidemic sore-throat, etc. Now and then, herpetic eruptions appear in the course of such complaints, always producing improvement in the general symptoms; and thus manifesting a close relationship to the exanthemata. Not unfrequently, pneumonia or other inflammation attends these deranged states of system, when the coexisting inflammation becomes all important, and its origin in a disease of the general system is generally overlooked and misinterpreted; and (to digress a moment) in this fact may, as I believe, be found the reconciliation between the various opinions existing as to the right mode of treating this terrible disease. When it is idiopathic, occurring as a very rare affection in otherwise healthy subjects, possibly the heroic remedies so much extolled by practitioners of the last generation may answer best; while for the blood-disease, running as it does its appointed course, it is marvellous to what extent the local inflammation may be neglected, and the somewhat expectant

plan of Dr. Hughes Bennett, or the more decidedly stimulating plan of the late Dr. Todd, be resorted to. These several blood-diseases may either one and all be the effect of a single cause, manifesting itself in a diversity of ways owing to modifying influences; or of a variety of causes closely related or possibly correlated to one another. Be this as it may, should such diseases at any time appear with well-marked epidemic prevalence, virulently typhoid characteristics, malignant consequences, and having throat-ailments as the particular local complication, we have all the circumstances which obtain with regard to general symptoms in the most well-marked cases of diphtheria. Again, should such general symptoms be found to occur only in connection with the diphtheritic formation, or, on the other hand, it only with them, we might be justified in looking upon them as component parts of one specific disease. Unfortunately, however, both these premises are found to be faulty, the latter especially so; for, even when in the throat, we find this remarkable formation coexisting with the general symptoms, not only of all the acute specific diseases—scarlet fever, measles, small-pox, erysipelas, ague, etc.,—but with every possible derangement of the general health.

If the *faucial* region is the most common site for the diphtheritic formation, the *laryngeal* is by far the most dangerous and important; and here it is that we observe such general symptoms as attend cases of croup; which may be primary and uncomplicated when the disease commences in the respiratory tube, or secondary and complicated when it is simply an extension of mischief from above, the croupal symptoms being then mixed up with those of the primary disease under which the patient at the time laboured. Diphtheritic measles is particularly liable to be attended with croupal symptoms.

Now comes the question: What connection is there between the local pathognomonic sign and the general symptoms? We have seen the latter to be most varied in every particular, the former to be *sui generis* with regard to physical properties, and possessed of certain pathological peculiarities. But, more than this, we are quite unable to establish any concordance between the amount of the local complication (except in croupal cases) and the severity of the case; frequently the danger is but slight, and the *formation* very abundant; and, on the other hand, the *formation* may be very scanty, and the danger most imminent. This latter state of things particularly prevailed in the Brighton epidemic; so much so, that Dr. Ormerod, who contributed an account of it to the *Lancet*, somewhat complains that the name diphtheria inadequately conveys a correct idea of the nature of the complaint. Again, there is no order of time or sequence as to the appearance of the local symptom as is the case with the exanthemata. Often, the characteristic formation is abundant before the development of general symptoms; and often again it appears at the climax or during the latter stages of some general complaint. When, then, we consider these facts, coupled with the pathological peculiarities of the pathognomonic formation before enumerated—its presence on parts only which are exposed to the action of the air, and requiring such parts to be undergoing morbid changes; its frequent appearance in the same subject, not only with like but often with vastly different general symptoms—we have an accumulation of evidence pointing to the conclusion that there is no especial relationship between the characteristic local symptom and any one particular state of the general system, but that the diphtheritic formation is merely a local and external complication which, as it were, engrafts itself on many diseases generally.

If these suppositions be correct, the true *nature* of diphtheria must be very different from that hitherto received. We can no longer consider it to be an acute specific disease, having uniform general and local symp-

toms. The leather-like formation, hitherto held to be the diagnostic sign, at once loses its significance, if it have to be viewed only in the light of a complication of nearly every ill that flesh is heir to; manifesting itself, it is true, only at certain seasons, such seasons being noted for the extensive prevalence of zymotic diseases generally. To show that the season of the present diphtheritic epidemic is so noted, I quote the following from Mr. J. N. Radcliffe's paper in the *Lancet*: He says, "If we examine the mortality returns for the thirteen years 1847 to 1859, we find that *scarlet fever* underwent a prodigious increase in 1858, and prevailed in that year to a greater extent than in any previous year of the thirteen; annual average deaths 17,411, in 1858 30,117. The mortality from *croup* advanced year by year from 1854; the disease being epidemic in 1857-58-59; the epidemic culminating in 1858. The mortality from this disease was also prodigiously above the average of preceding years, increasing from 3,660 in 1853, to 6,320 in 1858. The mortality from *thrush* was also greatly increased in 1858-59. The mortality from *quinsey* was increased in 1857-58; in the latter year attaining a higher point than in any previous year. The mortality from *noma* underwent a remarkable change in 1855-56-57-58-59; the acme being in 57. Finally, the mortality from *laryngitis* underwent a steady development from 762 in 1847 to 1439 in 1858. In fact, it is not too much to say," he goes on, "that all the affections allied to diphtheria prevailed epidemically, coterminously with the epidemic of diphtheria." In other words, all and every state or condition of the general system with which the diphtheritic formation is known to be associated, prevailed epidemically, coterminously with the present epidemic of diphtheria. Let me not be misunderstood. I dare not and do not deny that, during a diphtheritic epidemic, a distinct, and, to a certain extent, new zymotic disease may possibly exist, to which the name diphtheria may, though rather inaptly, be applied; all I maintain is, that if such a disease do exist, we have no positive symptom by which to recognise it; and that, as far as its general symptoms go, they only represent a condition of blood-poison analogous to, though possibly increased in severity over, diseases already known—presenting differences of degree more than of kind; and that the so-called local pathognomonic formation associated, as it is found to be, with an endless variety of general symptoms, can no longer be employed as a diagnostic sign.

But, it may be asked, are not swollen glands, albuminous urine, and the numberless varieties of nerve-derangement, symptoms sufficient to show diphtheria to be altogether distinct and different from other general diseases? In Dr. Jenner's book (p. 7), there is a footnote which, in my humble opinion, sets glandular enlargements as a symptom of diphtheria in a proper light. He says: "Trousseau attaches much diagnostic value to the enlargement of the lymphatic glands of the neck in diphtheria. I cannot agree with him on this point. The enlargement of the glands has been, in the cases of diphtheria which I have seen, in proportion to the severity and depth of the local, nasal, pharyngeal, laryngeal, and tracheal disease. I have never seen it greater in proportion to the local primary mischief than in other forms of cynanche pharyngea. In children, generally, the swelling of the glands, other things being equal, is greater than it is in adults; and in strumous children the enlargement is always greater, other things being equal, than it is in rickety or healthy children." Albuminuria occurring in diphtheritic cases is certainly a symptom of grave import; and great credit is due to Dr. Willoughby Wade, of Birmingham, for being the first to direct attention to it. Its presence may perhaps assist us in forming our prognosis; but for diagnostic purposes it avails absolutely nought. In well-marked cases of acknowledged diphtheria, it is as often absent as present; it is

absent often in cases the most severe, and present in cases comparatively mild. In short, it can only be looked upon, as Dr. Headlam Greenhow has it, as an occasional concomitant of the complaint. Of all the symptoms indicative of diphtheria being a distinct general disease, the various manifestations of nerve-derangement undoubtedly claim the first place. Analogous conditions have from time to time been observed in connection with other general diseases; though, I must confess, with scarcely the same regularity and frequency. Unfortunately these symptoms, when present, appear too late to be of any diagnostic value. They occur mostly as sequelæ; and, although they may perhaps indicate the previous disease to be somewhat new in its nature, for practical purposes they become comparatively useless. But if, for the sake of argument, we allow the three symptoms just mentioned to be sufficient to indicate a specific general disease, we ought at least to find them to be constantly associated in the same individual case, a condition of things by no means corroborated by clinical experience; otherwise, these three several symptoms might just as well be held forth as indicative of three several states of system, and thus be made to support the theory of diphtheria being made up of a variety of diseases.

If, then, a variety of general diseases, alike only in having the common diphtheritic complication are any longer to be considered as one distinct disease to be called diphtheria, the sooner for all practical purposes the name is done away with the better, for it cannot but mislead. It conveys not the slightest notion of the true nature of the affection (or affections); and it renders utterly nugatory all attempts to reduce either diagnosis, prognosis, the question of contagion, or the method of treatment, to a scientific basis. Far better would it be to employ the word to all and every case generally, no matter what the general symptoms may be, wherein the pathognomonic sign presents itself, only reducing it to the rank of a qualifying adjective. We should then speak of cases as diphtheritic, whatever the general symptoms showed the patient to be at the time labouring under. We should be induced to study more closely such coexisting malady, and, not being led away by a name, be more likely to form a correct idea of any particular case.

The *theory* of the nature of diphtheria to be induced from the foregoing facts and observations may be briefly stated in the following conclusions, viz.:—

1. The characteristic formation is but an external complication, and has no specific relation to any particular state of system.

2. The general symptoms with which this formation is found to be associated are most various; ranging from the most trifling *malaise* to the most virulent septicæmia, and extending through the whole class of acute specific diseases.

3. Possibly, during the prevalence of a diphtheritic epidemic, there may be a distinct general disease, altogether different from other known diseases; but we have no positive evidence on the subject.

4. Diphtheria, in the sense in which the word has hitherto been employed, is to be looked upon not as one disease, but rather as many diseases alike only in being associated with the common characteristic formation.

Believing as I do, the theory of the nature of the disease under consideration embodied in the above conclusions to be essentially correct, I purpose in a further communication to point out how many of the discrepancies which have hitherto prevailed on the subject are, by it, readily removed and explained away. In short, I hope to establish its truth somewhat deductively; and to show—

That the difficulties which have beset bibliographers in collecting the ancient history of the disease are in a very great degree removed;

That the various questions arising on the subjects of diagnosis, prognosis, etiology, and contagion, admit of more satisfactory solution; and

That treatment having more reliable indications becomes less empirical, more rational, and more successful.

### SOME ACCOUNT OF THE OPERATIONS PRACTISED IN THE NINETEENTH CENTURY FOR THE RELIEF OF TENSION OF THE EYEBALL, GLAUCOMA, ETC.

By J. VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital.

[Read before the Midland Medical Society, February 3rd, 1863.]

[Continued from page 452.]

The statistics of iridectomy operations are sufficiently favourable as to results on vision in acute *primary* attacks of glaucoma, but in the other class (subacute and chronic) are most unsatisfactory and discouraging. None have been published in England since Dr. Bader's valuable and very candid report appeared in the *Ophthalmic Hospital Reports*.

If, however, the profession should agree to consider, with Bowman, *all* excess of tension as glaucomatous tension, and apply for its relief iridectomy, the statistics will then bear the light of day, and criticisms from hostile schools of ophthalmology. Such a recourse to Von Gräfe's operation, I consider, would be most unjustifiable, because there are other surgical measures unattended by danger, and which do not entail a permanent deformity, that are fully competent to insure all the advantages which arise from the restoration of the intraocular tension to its healthy standard.

It has been asserted by Dr. von Gräfe and some of his followers in this country, that the removal of the glaucomatous state by iridectomy from one eye has no effect (practically) on its fellow. As a general rule, this is correct; but I have occasionally met with instances wherein the relief of the disease in the more seriously compromised organ has been followed by a spontaneous subsidence of the tension in the opposite eye.

An iridectomy sometimes gives rise to confusion of vision from the rays of light which pass through the zonula and margin of the lens, causing "circles of dissipation" on the retina. I propose to remedy this very serious optical inconvenience, when occurring among the labouring poor, by covering the coloboma with an artificial pterygium derived from the sclerotic conjunctiva; this proceeding has a great advantage over a perforated black diaphragm set in a spectacle-frame (a contrivance which one of my iridectomy patients has worn seven years), because it permits of lateral vision. Where the conjunctiva is much atrophied, my plan is inadmissible, and hence has not been applied in the case to which I have referred.

When estimating the value of other methods of treatment, the English section of the Berlin school appear to have forgotten that Von Gräfe has modestly said of his great discovery, "The theory is as yet infinitely darker than the empirical facts". (*Memoirs*, New Sydenham Society's edition, page 357.) They have also failed to remember that, in urging upon the profession the adoption of iridectomy, their appeal has been solely to "empirical facts", and in no wise to any physiological principle which has been made out with distinctness and certainty in the course of the inquiry. They have also overlooked the fact that, with the exception of a few cases of acute glaucoma, the profession have not been placed in possession of full details of the large majority of cases of glaucoma which have been treated by iridectomy. I submit they are not, therefore, in a position to demand of the inno-

vators of iridectomy that which they themselves have hitherto withheld.

Few if any operations on the iris are more easy of performance, or less dangerous, than iridectomy, where the dimensions of the anterior chamber, the texture of the iris, the attachment of the zonula to the lens, and the tissue of the choroid, are normal. Unhappily, acute glaucoma not unfrequently attacks eyes which have been for years undergoing a slow disorganising process. In such instances, grievous accidents commonly attend on iridectomy, let the operator be ever so skilful and experienced.

The operation, in the hands of able surgeons, has been followed by one or more of the following accidents: opacity of the lens; loss of vitreous humour; hemorrhage from the ciliary processes; escape of the lens some days after the operation; closure of the pupil; ophthalmitis; and even by sloughing of the cornea.

Whatever may be the ultimate position assigned to iridectomy as a curative agent in glaucoma, there can be no doubt that the publication of von Gräfe's *Memoirs on Iridectomy* by the New Sydenham Society has produced a most beneficial influence on the English school of ophthalmology, by causing greater exactness to be observed in the investigation of diseased processes and the effects of surgical treatment.

Several theories have been suggested to explain the relief of glaucoma by iridectomy. In Dr. von Gräfe's *Memoirs*, we find relaxation of the ciliary muscle, diminution of the secretory surface of the iris, a more perfect exosmosis through the cornea, put forth as in some measure explaining the diminished tension. I shall be forgiven if I remind the Society that, so far back as the spring of 1860, I orally enunciated my belief that the division of the ciliary nerves, at the point where they pass from the ciliary muscle into the iris, formed an important element in the operation; that thereby a more healthy action was induced in the ciliary ganglion, which, as proved by the experiments of Dr. Radcliffe Hall, presides over the organic function of the eye. Through the kindness of Mr. Square of Plymouth, my theory was embodied in the valuable practical address in Ophthalmic Surgery, delivered by him before the meeting of the British Medical Association at Torquay, in August 1860, and which was published in the *JOURNAL* of the same year. Since that time I have been gratified by observing that the tendency of opinion among scientific surgeons has been in the direction which I was the first to indicate; viz., that the nerves of the ciliary vessels play an important part in the rôle of symptoms which constitute glaucoma, as described by the new school of ophthalmology.

I have been led to attribute considerable importance to section of the ciliary nerves at the point where they pass from the muscle of the lens into the iris—

1. From having observed the subsidence of non-inflammatory glaucoma after an intraocular myotomy\* which was attended with so little discharge of aqueous humour as to occasion a doubt whether any had escaped. There was no loss of vitreous in these cases.

2. From the superior results obtained in glaucoma cases treated by iridectomy where the iris has been cut close to its origin, as compared with those in which such precaution was not taken; also from the superior results of intraocular myotomy, as compared with division of the ciliary structures at a right angle with the cornea, and with paracentesis of the cornea.

3. The phenomena of some forms of glaucoma are only explicable on the supposition that they are due to a non-inflammatory irritation of the vessels; *e.g.*, the transitory nature of the obscurations, the sudden and

\* Intraocular myotomy is performed by making an incision, with a cataract-knife, on a line parallel with one of the equators of the eye, through the corneo-sclerotic union, pillars of the iris, and ciliary muscle.



complete recovery of distinct vision, and the increased secretion of vitreous, without the prior occurrence of inflammation or congestion.

4. Because the principal nervous endowments of the vessels of the inner eye are derived from the ciliary ganglion; also because the fifth pair has an intimate relation to the same nervous centre. (The function of the ganglion-cells discovered in the choroid by Schweiger, and which Mr. Hulke informs me he has seen in Schweiger's preparation, is not yet, I believe, determined.)

5. From a consideration of the reflex action of which the ciliary ganglion must be the centre.

6. From a consideration of the manifestly improved nutrition which takes place after a neurotomy in limbs the subject of neuralgia; and in amblyopic eyes after section of the frontal branch of the fifth nerve, performed for the relief of traumatic irritation of the nerve.

7. From the frequent occurrence of glaucoma among persons who have passed the meridian of life, and whose nervous power was at the time much depressed.

8. From having obtained an enlargement of atrophied and flaccid eyeballs after intraocular myotomy.

9. From having observed long sustained excessive tension of an eyeball from which the *whole* of the iris had been detached by a blow, so that the two chambers were thrown into one; and in which, consequently, there could be no impediment to exosmosis through the cornea. In this case, paracentesis of the cornea failed to afford relief.

10. From observing that a healthy tension is maintained in eyes affected with congenital coloboma iridis.

The observations 8, 9, and 10 appear to me to weaken very much the importance of a coloboma iridis in the production of a reduced tension as a consequence of an improved exosmosis by the cornea, and to support the theory that section of the ciliary nerves at the place I divide them by my operation constitutes an important step in the direction of cure of glaucoma. This theory is not in any way hostile to the opinion that an iridectomy becomes an imperative necessity where certain chronic pathological changes have taken place which impede or stop the physiological relationship of the vitreous to the anterior segment of the eyeball.

*Division of the Ciliary Muscle.* Those who have followed me, thus far will not fail to have been convinced that section of the ciliary structures is not by any means a modern operation for the relief of tension of the eyeball. The danger, real or imaginary, which has been attributed to operation on these parts, I have shown, were set at naught by Whyte and Desmarres, and, I might have added, in numerous instances by needle-operators for cataract, and the early operators for artificial pupil after a cataract extraction.

A series of ingenious and popularly written papers have appeared in the *Lancet* for 1860 and two following years, from the pen of Mr. Henry Hancock, on "Division of the Ciliary Muscle in Acute Glaucoma", which it now becomes my duty to examine.

In his first lecture, published on February 11th, 1860, he revives the old and exploded doctrine that "glaucoma depends upon an arthritic condition of the blood"; adding that, "sooner or later, the blood-vessels (of the eye) become structurally diseased in the same way as the vessels and valves of the heart become affected in arthritic disease. Consequent upon these changes, the humours of the eye are affected. As the disease progresses, effusion takes place within the eyeball, rendering it tense and hard by the resulting intraocular pressure, which, acting upon the ciliary nerves and retina, causes intense pain, and ultimately total blindness."

The notion that glaucoma is related to an arthritic condition of the blood is not only opposed by such observers as the late Mr. Guthrie senior, Von Gräfe, and

Donders, but by the whole of Mr. Hancock's clinical references. Of the large number of cases published by him in illustration of his views, during the last three years, one only (Case III) had suffered from rheumatism, and one from "occasional attacks apparently of an arthritic nature"; this patient (Case XXV) "habitually enjoyed good health". (*Lancet*, Sept. 23rd, 1862.)

The next statement in the lecture which demands notice is, that the ophthalmoscopic signs of glaucoma (cupping of the optic nerve, congestion of the retinal veins?) and "puckering of the retina" (*sic*) "are greatly enhanced, if not in some instances entirely due to the obstruction of the circulation exerted upon them by the spasmodic or extreme contraction of the ciliary muscle, analogous to the spasm so often observed in the muscular fibres of the urethra, as well as in the sphincter ani muscle, in certain affections of those parts."

Mr. Hancock asserts that he arrived at this view by a study of the anatomy of the ciliary muscle and the vessels which pass through it, etc.; but, although he has often repeated this statement, he has not informed his readers in what consist the *anatomical peculiarities* which bring about derangement of the whole internal circulation of the eye, with cupping of the optic nerve, and "puckering of the retina", in glaucoma; nor has he adduced any physiological proof, than which nothing could be more easy, did it exist; and, what is still more provoking, his disciples are not permitted even to have clinical evidence of the alleged constriction or spasm. Not a single case is recorded where the spasm was overcome by paralyzing the muscle with atropine, and the cupping of the optic nerve and puckering of the retina were *seen* to gradually subside. It is true, he claims to have discovered a sign of *acute* glaucoma which had been "hitherto unnoticed", and which is considered by him to prove the presence of a condition of ciliary spasm similar to what is observed in the sphincter ani, etc. The sign on which he relies consists in a conical condition of the cornea, and the presence of a groove or neck in that part of the sclerótica under which the ciliary muscle is situated. We naturally turn to the cases which illustrate his paper for the clinical proof of this statement; but here the only instance of glaucoma in which the cornea is reported as conical is that of a woman whose eye had been diseased *ten* years, and the vision of it seriously impaired for *six* years. (Case III). We will not stay to discuss whether the case was an example of glaucoma or not. It is enough that it was essentially a chronic disease of the eye, and therefore in no degree supportive of the alleged discovery. Mr. Hancock may be interested by the following short extract from an article on *chronic* glaucoma by Dr. Desmarres: "J'ai vu la cornée, après avoir pris une forme légèrement conique." (*Traité des Maladies des Yeux*, p. 762; Paris, 1847.)

[To be continued.]

UNIVERSITY OF LONDON. On Wednesday, a meeting of the members of the University of London and their friends was held in the convocation room of the University, Burlington House, Piccadilly, for the admission of candidates for degrees. Earl Granville, K.G., the Chancellor of the University, presided. The following gentlemen were then presented for degrees, among others: *M.D.*—Charles Hilton Fagge, Guy's Hospital; John Henry Galton, Guy's Hospital; Morell Mackenzie, London Hospital; Walter Bassett Ramsbotham, University College; Joseph Rutter, University College; Robert Bowie Walcott, St. Thomas's Hospital. *M.B.*—Richard Dawson and Edward Thos. Tibbits, University College; Frederic Marsdin, King's College; Henry Colley March, St. Thomas's Hospital; H. Jeaffreson, St. Bartholomew's Hospital; J. Bayldon, Surgeons' Hall, Edinburgh; W. Dale, Leeds School of Medicine and Middlesex Hospital; F. Stockwell, St. George's and Bath United Hospitals.

## Progress of Medical Science.

**OPERATIVE SURGERY IN CHILDREN.** M. Guersant of Paris has published the conclusions at which he has arrived, after an experience of twenty years as surgeon to the Children's Hospital of that city. He treats of the preparation of the patients; the performance of the operations; and the consecutive treatment.

1. *Preparation of Patients.* Certain malformations, especially imperforation of natural openings, must be operated on at birth without preparation. The treatment of others, which do not interfere with the performance of the vital functions and the child's growth, may be deferred to a later period; such as club-foot, phimosis, webbed and supernumerary fingers, complicated hare-lip, cleft palate, etc. In general, operations, even those which it is thought advisable to perform at an early date, are more likely to succeed if delayed a fortnight, three weeks, or a month, when there has been time for ascertaining whether the child thrives well, than if performed two or three days after birth. In the meantime, if there be danger of small-pox, the child may be vaccinated before being operated on.

If the necessity for operation be not urgent, it is a principle of good surgery to choose for its performance, both in hospital and in private practice, a period of the year when the smallest amount of disease prevails, and especially when there is no epidemic. There will rarely be opportunity for operating in the spring, as has been hitherto advised; in general, the months of June, July, August, September, and even October, are to be preferred, as ordinarily presenting a more regular and less variable temperature than prevails at other seasons of the year. In these cases, the little patients should be vaccinated if this have not been already done; and even those who are fifteen or sixteen years old should be re-vaccinated as a precautionary measure. If this be not done, children who are in a fair way of recovery after operation may take small-pox and die. M. Guersant performed disarticulation of the thigh, for osteosarcoma of the femur, on a child five years old; the wound was almost cicatrised and recovery seemed certain, when the patient, who had not been vaccinated, was seized with small-pox, and died thirty days after the operation.

It is of the greatest importance, before determining on an operation, that the surgeon should examine the patient with the most scrupulous attention, in order to ascertain that there is no internal disease or peculiar condition which may endanger the success of the operation and the life of the patient. Thus, it is extremely useful to know whether the child be liable to convulsions or of the hæmorrhagic diathesis. M. Guersant has several times met with evidence of this diathesis in children. In one case of the kind, he was obliged to defer excision of the tonsils in a little patient who had purpura hæmorrhagica; and it was not until a course of astringents and iron had been persevered in for two months that he decided to operate; and even then the excision was attended by alarming hæmorrhage. He advises that children subject to hæmorrhage should be prepared for operation by the internal use of perchloride of iron for a week at least. In another case, a child from whom he excised the tonsils died of convulsions, to which it had been subject.

Certain preparations, according to the operation to be performed, are often indispensable. Thus, before opening an imperforate anus, the bladder must be emptied; before performing lithotomy, the rectum must be unloaded; and, in all operations, digestion must have been completed, and the bowels as freely evacuated as possible.

As to the *moral*, there is not much to be done as re-

gards infants. Some children, however, may be led to submit to operation by being made to understand, that if any pain is to be inflicted on them, it is for the purpose of curing them. Most, however, must be operated on by surprise. In all cases, it is indispensable to have efficient assistants. If it be proposed to use chloroform, this should be sometimes attempted before the day of operation.

*Performance of Operations.* In a tolerably large number of cases, anaesthesia may be dispensed with. In opening abscesses, sounding the bladder, examining the rectum, and removing small polypi from that region, M. Guersant generally operates without chloroform. In some operations, the use of this agent must be rejected, as in very nervous and impressionable individuals. In some such cases, local anaesthesia may be produced by the application of chloroform, or, still better, of ice; while in other instances, as in excision of the tonsils and in tracheotomy, no anaesthetic can be used.

There are many circumstances in which the use of chloroform is strongly indicated; and, after having employed it in the cases of 5000 or 6000 children, M. Guersant sees no reason to regret having done so. He uses Charrière's instrument; the anaesthetic may also be given on a sponge having a sufficiently large opening to allow the air to pass freely. He has never had to lament an accident from the use of chloroform. Very early age is not a contraindication to its use; he has given it to very young subjects; among others, to two children less than four months old, on whom he operated for strangulated hernia. He has often used chloroform to render children insensible during examination; as when they refuse to open the eyelids in diseases of the eyes, and in certain very painful cases of coxalgia. He advocates especially the use of chloroform in operations which give rise to much pain, and at the same time demand precision in execution, such as lithotomy.

The performance of an operation on a child demands the most perfect knowledge of anatomy on the part of the surgeon; for, the parts being of small extent, the incisions must be limited to the strictly necessary dimensions. As examples of the necessity of attending to this precept, he mentions tracheotomy and lithotomy in children two years of age; and says that it is plain, although many ignore the fact, that operations are more difficult in children than in adults. In certain cases, the precept which recommends the surgeon to operate slowly must be departed from; for children endure pain for a less time than adults, and losses of blood are generally more dangerous in them. Thus, the tonsils must almost always be removed very rapidly. In some cases, tracheotomy must be performed quickly, in order to prevent the patient from dying under the surgeon's hands, especially if the veins have been opened and pour out much blood.

*Consecutive Treatment.* The first point to be attended to is the ligature or torsion of vessels; and, when only a small number of vessels have required to be tied or twisted after an amputation of one of the large limbs or after extirpation of a tumour involving a great loss of substance, M. Guersant advises that the dressing should be delayed for half an hour or an hour after the operation. He says he has always followed this plan with advantage. This precept, which was given by Dupuytren, has the advantage of allowing time for the reestablishment of the circulation, and obviates the necessity of removing the dressings to arrest hæmorrhage which has come on after the application. If it be necessary, after certain operations, to plug the wound with perchloride of iron, this should be well diluted with water, to avoid sloughing.

M. Guersant, following the advice of Dupuytren and Lisfranc, almost always renews the dressings on the day after the operation. The removal of the charpie and lint, the bandages and sutures not being interfered with,

prevents the danger of many accidents. Erysipelas is prevented, by the removal of charpie impregnated with blood and serosity; pus, if it have formed, is allowed to escape from between the lips of the wound; and, if the edges of the wound have been strangulated by the sutures being too numerous or drawn too tight, they can be removed or loosened. If there be erysipelas, M. Guersant has often seen benefit derived from the application of collodion. This, with the internal use of tincture of aconite, sometimes prevents purulent absorption—a very rare accident in children, but which occasionally occurs.

If the wound become pale and grey, the application of charpie soaked in solution of chlorinated soda is very useful; and the application of pure lemon-juice has, in M. Guersant's hands, given a healthy aspect to an unhealthy looking wound.

General treatment is often of still more importance than local treatment. Usually, if there be no convulsions (an accident which rarely occurs even after the most severe operations), or if there be no special contraindications, a nutritious diet should be allowed from the day of operation. Whenever it is possible, infants should be put to the breast from the first day, rather than be fed from a bottle: they should be allowed to suck as much as they desire, at intervals of two hours. For other children, the food should at first be liquid, and consist of milk and beef-tea; after the first day, wine may be given. A return should be gradually made to the child's ordinary food, to which may sometimes be added chocolate, coffee, quinine, and other tonics. This regimen is indispensable, unless consecutive internal disease set in and demand on the part of the surgeon the amount of medical knowledge necessary for detecting and properly treating them—without which there is no success in surgery. We must, M. Guersant says, never forget that the operator must be a physician before operation, a surgeon during its performance, and again a physician to terminate and even to bring to a successful issue many surgical operations.

Finally, all the means which have been here described may fail, if the hygiene of the patients be neglected. Thus, all things being otherwise equal, children who are operated on in the town, in the homes of parents in good circumstances, and who reside in well ventilated and warmed rooms, according to the indications of the case, are in better conditions for recovery than those who are operated on in hospitals, where numerous patients are collected in one room, of which the air is, in spite of all that can be done, more or less vitiated. (*Bulletin Général de Thér.*, 15 Mars 1863.)

**LARGE ERECTILE TUMOUR OF THE SCALP AND FACE IN AN INFANT; LIGATURE OF THE EXTERNAL AND COMMON CAROTID ARTERIES; RECOVERY.** On May 14, 1860, a woman brought to Dr. Bertherand, at Algiers, her female infant, aged four months and a half, on account of a large erectile tumour which it had on the head. The tumour had appeared at birth as a nevus of the size of a bean, on the left side of the forehead. It had remained stationary for some time; but during the last fortnight had increased with extreme rapidity. It occupied the left side of the head; it commenced a little below the external orbital angle in the eyelid, extended half over the temporal fossa and superciliary region, was prolonged upwards to the level of the sagittal suture, and thence descended towards the external occipital protuberance. It formed a curve with the base below and the apex above. Its length was more than six inches; its greatest breadth about two inches and a third. It was soft, pasty, and formed a violet coloured projection, irregularly lobed, the most prominent parts of which were rather less than half an inch above the level of the scalp. To the hand, it felt warmer than the surrounding skin; and there was felt in it pulsation, isochronous

with the radial pulse, and more distinct at the lower part and towards the temporal fossa. A similar tumour, of the size of a small nut, existed in the parotid region of the same side. The tumour raised the hairy scalp; and was advancing beyond the palpebral angle, so that the eyelids, hypertrophied and oedematous, could not be opened.

The only mode of treatment which appeared to Dr. Bertherand at all likely to succeed, was ligature of the carotid artery; and to this the consent of the child's parents was obtained.

On the next day, the child was brought into the operating theatre; and the question then arose, which artery should be tied? Although the fact that the principal mass of the tumour occupied the temporal fossa and the integuments of the size of the head pointed to its origin being limited to the external carotid, Dr. Bertherand was at first disposed to tie the common trunk; because the participation of the eyelids in the disease made him doubt that its origin was single. At the same time, certain statistics which were being collected by Dr. J. Ehrmann, showed that 25 per cent. (42 in 187) of the cases of ligature of the common carotid were attended with severe cerebral disturbance; and, as these statistics supported the advice given by Wutzer and Maisonneuve, to tie the external rather than the common carotid when one of the external arteries of the head is affected, Dr. Bertherand determined to ligature the external carotid first, and, this failing, to tie the common trunk.

A sufficient quantity of chloroform was given to prevent movements on the part of the child; and the ligature was placed on the external carotid. The operation was necessarily performed rather slowly; but, beyond this, presented in itself nothing worthy of note. As soon as the artery was tied, the whole tumour suddenly sank in, and became yellow, flabby, wrinkled, and empty. The infant, on being carried to its mother, took the breast immediately; it manifested no cerebral disturbance, nor derangements of sensation or motion, and soon slept.

In the evening, the tumour had regained the appearance which it presented before the operation. This doubtless arose from the anastomosis in the orbital and frontal regions, through the ophthalmic artery; and perhaps also by means of the anastomoses between the vessels of the two sides of the head. Chloroform was again given; the dressings were removed; the edges of the wound separated; the incision was carried downwards, a ligature was placed on the common carotid, and the external carotid was released. This time, the sudden sinking of the tumour did not take place. No disturbance of the nervous system either accompanied or followed this second operation.

The child passed a good night and slept well; on the following two days, it had a little fever. On the third day, the tumour began to grow pale and to diminish, but very slightly. On the eighth day, it had almost entirely lost its colour in certain parts; the skin over it was thicker; and the eyelid was free, so that the eye could be properly seen. Towards the middle of the third week, several parts of the surface of the nevus, which still projected, and had not undergone the same changes as the rest of the tumour, softened and suppurated. They gradually cicatrised, and were replaced by tissue which soon became undistinguishable from the skin covering the rest of the tumour. The small parotid tumour was the last to disappear. The ligature being drawn away, the wound in the neck cicatrised, and the little patient left the hospital perfectly cured.

Dr. Bertherand, in presenting this case to the Surgical Society of Paris, observed that it presented several points worthy of remark.

1. It is the earliest recorded instance in which recovery has followed the operation at so early a period. In a case, where Wardrop tied the common carotid in a child six

weeks old, death took place; and a return of the disease followed an operation performed by Mayo on a child five months old. Of four other children operated on at seven and eight months by Wardrop and Rogers, one at nine months by Pirogoff, and one at fifteen months by Zeis, the first two survived and the others died.

2. The necessity which was found to exist for tying the common carotid after ligature of the external carotid had been found insufficient, should not be lost sight of by surgeons, whenever navi, limited to the external and upper parts of the head, yet touch closely on regions supplied by arteries arising from the internal carotid. In all cases, if the operator decide on tying the external carotid, he ought not to depend absolutely on the success of this operation, and to apply the dressings so as to be able readily to reach the common carotid in case of failure.

3. The difference in the behaviour of the tumour after the two operations may be explained by its mode of development and the manner in which it was supplied with blood. The remarkable diminution which immediately followed the first operation, indicates that the greatest portion of its blood arrived directly through the temporal arteries; and this interpretation is confirmed by the point at which the nœvus first appeared. After having been slowly refilled, it remained stationary after the second operation, because the circulation, which had then become exclusively capillary and anastomotic, could not at once be affected by the suspension of the course of the blood through the great vessels. Dr. Bertherand suggests also, that the arrest of the blood in different parts of the tumour determined the formation of those isolated spots which did not yield with other parts, but underwent inflammation, softening, and suppuration.

4. The absence of all nervous disturbance should encourage the repetition of a similar operation under like circumstances.

5. The last point which Dr. Bertherand points out, is the tolerance exhibited by the child towards chloroform; two prolonged inhalations of which were administered, with an interval of ten hours. (*Gaz. Méd. de l'Algérie*; and *Gaz. Méd. de Paris*, 21 Mars, 1863.)

SECTION OF THE PNEUMOGASTRIC NERVES: ITS EFFECTS ON THE RESPIRATORY ORGANS. Dr. R. Boddart, in a thesis presented to the University of Ghent in April 1862, has described elaborately the effects produced on the organs of respiration by injuries of the pneumogastric nerve. He discusses the subject under the following heads:—1. Physiological Study of Paralysis of the Inferior Laryngeal Nerves; 2. Paralysis of the Pulmonary, Cardiac, and (Esophageal Branches of the Pneumogastric Nerve; 3. Effects of Section of One Pneumogastric in Man and of Both Pneumogastrics in Birds; 4. Critical Examination of the Various Theories; 5. Theory of the Mode of Production of the Anatomical Lesions by the Functional Disturbances. The following are his conclusions.

1. In mammalia, section of the pneumogastric nerves in the cervical region produces various effects on the respiratory apparatus, of which some are to be referred to paralysis of the inferior laryngeal nerves, others to paralysis of the pulmonary branches.

2. To these two orders of effects correspond two orders of pulmonary lesions. The phenomena of inflammation observed under certain conditions in some animals are due to the entrance of foreign bodies into the air-passages in consequence of paralysis of the larynx; while emphysema, hyperæmia, and their results, are due to the fulness and rarity of inspiration, consequent on paralysis of the pulmonary branches.

3. Paralysis of the œsophagus is a secondary cause of the first series of the phenomena just now referred to; while modifications of the heart's action and the forma-

tion of blood-concretions in the pulmonary artery contribute to those of the second class.

4. Section of one pneumogastric nerve produces only insignificant lesions in the lungs, since it does not give rise to the physiological disturbances above mentioned.

5. Section of the par vagum in birds does not produce structural changes in the lungs; because of the two causes referred to in conclusions 1 and 2, the first is absent, and the second acts on organs formed differently from those of mammalia. (*Jour. de la Physiologie*, Oct. 1862.)

CLUBBED FINGERS. M. Labalbarry gives a theory of the production of clubbed or Hippocratic fingers, which have long been recognised as a sign of pulmonary phthisis. M. Trousseau believes the deformity to depend on hypertrophy of the last phalangeal bone, or on abnormal development of the fibro-cellular tissue of the digital pulp. M. Labalbarry refers the origin of this condition to the imperfectly arterialisated state of the blood, and to venous stasis in parts furthest removed from the centre of the circulation, in consequence of which, tubercular matter, carried by the blood to all parts of the body, is there deposited. Having had an opportunity of examining the ungual phalanx of the right forefinger of a phthisical patient, he found the following appearances. 1. The osseous tissue was enlarged and thinned, presenting a state analogous to *spina ventosa*. 2. The venous capillaries of the digital pulp were much more developed than in the normal state. 3. The arterial capillaries were remarkable only for their flaccidity. 4. On the adherent surface of the nail, considered by many anatomists as the prolongation of the matrix, there was a deposit of cretaceous granulations, presenting much analogy with calcareous molecules. 5. The digital pulp was infiltrated with black blood, and was much thickened. On scraping it with the handle of a scalpel, a pitchy fluid was removed, which, on being rubbed between the fingers communicated a sensation as of touching finely powdered plaster of Paris. 6. The two lungs, especially the right, were literally riddled with masses of tubercle in a state of suppuration. 7. The other organs were healthy. (*Gazette des Hôpitaux*, 26 Mars, 1863.)

INOSURIA. At the meeting of the Academy of Sciences on March 23rd, M. Claude Bernard presented a memoir, by M. Gallois, on the presence of inosite in the urine. M. Gallois states that he has never found this substance in the urine of healthy men or animals, but that it occurs in some pathological states. M. Cloetta found it accompanied by albumen and diabetic sugar; and the same observation has been made by Lebert and Neukomm, and is confirmed by M. Gallois. Inosuria and glycosuria may then coexist; but glycosuria is most commonly found alone. When saccharine urine contains inosite, the proportion of glycose may be considerable, or it may be very small. When inosite is found in albuminous urine, there is reason for searching carefully for glycose; which, if not actually present, may be about to appear in the urine, or may have been found in it at a former period. M. Gallois has never found inosite in the urine in polyuria, which in several of its symptoms approaches saccharine diabetes. He has not been able to find it in numerous specimens of diseased urine, unless in cases of saccharine diabetes or acute or chronic albuminous nephritis; nor in the urine of women during lactation. He does not think that the inosite is derived from the food, nor from the transformation of glycose. Its formation in the animal body appears closely connected with the glycogenic function of the liver; and inosite, like dextrose and glycose, appears to be one of the products resulting from this function. In certain cases, puncture of the floor of the fourth cerebral ventricle will produce inosite as well as sugar in the urine. (*Gazette Méd. de Paris*, 4 Avril 1863.)

## Reviews and Notices.

ON THE CURE OF CLUBFOOT WITHOUT CUTTING TENDONS; and on certain New Methods of Treating other Deformities. By RICHARD BARWELL, F.R.C.S., Assistant-Surgeon to Charing Cross Hospital. Illustrated by Engravings on Wood. Pp. 224. London: 1863.

WHEN the tide of opinion on a certain subject sets very strongly in any one direction, it often happens that at some period a reaction in the opposite direction takes place. By this is tested the correctness, and consequently the strength, of the doctrine that has prevailed; and therefore, whether the views of the reactionary party gain ground by their soundness, or by their futility only prove the correctness of those which they have been designed to overthrow, the man who brings them forward must be considered to have performed a wholesome act.

Mr. BARWELL is a reactionist against the prevalent modern practice of tenotomy in deformities of the feet; and it is due to him to say, that his arguments are founded on observation, and are brought forward in a manner calculated to ensure attention, if not to convince. In choosing cases for illustration, he very properly, as he tells us, has "purposely avoided selecting the worst instances of each deformity; the type of such cases lies . . . midway between severe and slight distortion." He hopes also, that "if in the course of the work phrases have been used, which might appear somewhat severe, they will be ascribed to his zeal for true principles, and not to any personal feelings."

The book consists of twelve chapters; namely, 1. Introductory; 2. Deformities of the Foot and their Proximate Causes; 3. Impropriety of Tendon-cutting and its Evil Results; 4. The Mechanical and After Treatment; 5. New Method of Treatment; 6. Flat Foot; 7. Talipes Valgus; 8. Talipes Varus; 9. Talipes Equinus; 10. Talipes Calcaneus; 11. Deformities of the Leg; 12. Crooked Shins; and at the end is an Appendix of twenty cases, illustrating the different chapters of the volume.

Mr. Barwell's theory of the production of deformities is, that the loss of balance is nearly always caused by paralysis of a certain set of muscles; the healthy muscles drawing the part in the opposite direction by their "tonic contraction," at first temporarily, but afterwards permanently. The problem to be solved, then, is how best to aid the weakened muscles, and enable them to recover their healthy condition. Tenotomists, according to Mr. Barwell, have acted on a wrong principle in operating on the sound muscles as if they specially were in fault; thus, as the author says, "destroying the power of those organs which are still healthy." As a result of this practice, he says that he has seen many cases

"In which the only muscles having no power—that is, the only irretrievably lame ones—are those that have been cut; or, what is not quite so bad, neither the tenotomised muscles, nor the ones that had been paralysed, have any power over the limb (except perhaps the sural muscles), and it swings almost uncontrollably with the walk, being sometimes put down on one side, sometimes on the other, the toes generally being the only part that comes to the ground." (Pp. 30-31.)

The real results of tenotomy are very fairly put by Mr. Barwell. A tendon is divided; the muscle to which it is attached shortens. Union takes place between the divided ends of the tendon; but the tonic muscular contraction continues, and, *plus* the contraction of the cicatrix of the tendon, leaves the deformity just where it was—unless it be prevented by mechanical means, or unless these have by force "stretched the muscle to the proper dimensions." The result, then, of tenotomy is, that

"The operation renders the first application of force apparently more effective, since there is nothing to resist its power; but the work to be done is only postponed till complete union has taken place, and thus the tenotomy has entirely wasted all that time, which was employed in the repairs of the artificial injury." (P. 34.)

The mechanical treatment adopted after tenotomy—*i.e.*, the wearing of orthopædic shoes—meets with equally little favour from Mr. Barwell. He objects strongly to the plan of treating the foot *as a whole* by means of an "iron-soled shoe." The function of the healthy muscles is destroyed or suspended by tenotomy; and, the whole muscular motion of the foot being prevented by the apparatus for six weeks or even as many months, the patient will be fortunate if he escape fatty degeneration of even the muscles which are neither paralysed by disease nor by the surgeon's knife.

After this iconoclastic attack on the tenotomists, what plan has Mr. Barwell to substitute for that which he condemns? The principles on which he proceeds are thus laid down in the fifth chapter:—

"1. As the loss of balance in muscular action, which produces the deformity, is nearly always caused by paralysis of a certain set of muscles, we are to restore that balance.

"2. This restoration is to be accomplished by substituting a force for the weakened or paralysed muscles, and not by depriving the still useful ones of their power.

"3. The succedaneum must be applied as nearly as possible in the direction and position of the paralysed organ or organs; and must act on the parts, and on those only, on which the muscular force is normally expended.

"4. Thus, the foot is not to be treated as a whole, but as a compound of many bones; each of which, being subject to muscular action, plays a definite part in deformities.

"5. Since motion is essential to prevent or overcome fatty degeneration, as well as to allow the weakened muscles to recover their power, the foot is not to be fastened to any rigid clog; but, on the contrary, each part is to be allowed movement, which is gradually to be guided by the imitative force from an abnormal into the normal direction." (Pp. 55-6.)

To carry out these principles, Mr. Barwell substitutes for the weakened muscle a spring or springs of India-rubber, having a tension calculated to supplement the deficient force. The insertions of the muscles are imitated by strips of adhesive plaster placed over the ordinary points of attachment; and to these strips the India-rubber spring is fastened. To give further security to the apparatus, the leg and foot are strapped, and a piece of tin is applied, in a manner for the details of which, in the various forms of talipes, etc., we must refer the reader to the book. For bow-legs and crooked shins, Mr. Barwell uses a spring splint of well-tempered steel plate—the object here not being to supplement defective

muscular force, but to rectify the direction of the bone.

From the cases which Mr. Barwell relates in his appendix, his treatment appears sufficiently successful to be worthy of trial by other surgeons; and, if it be found that by its adoption the use of the knife, and the consequent injury of healthy parts, can be dispensed with, he will deservedly gain the reputation of having made a valuable contribution to conservative surgery.

THE PHARMACOPŒIAS OF THIRTEEN OF THE LONDON HOSPITALS; arranged in Groups for easy Reference and Comparison. By PETER SQUIRE, F.L.S., Chemist in Ordinary to H.M. the Queen and H.R.H. the Prince of Wales. Pp. 152. London: 1863.

MR. SQUIRE informs us in his preface that, being engaged in the preparation of the *British Pharmacopœia*, he has had occasion to classify the formulæ used in the different London hospitals; and that it has occurred to him

"That such a classified collection of these formulæ, many of them very valuable and not generally known, would be acceptable to the profession in general, and particularly useful as a ready work of reference to pharmacæutists who may be called on to make up prescriptions according to the hospital formulæ"; and "that their publication in this form might suggest to the different hospital authorities, when preparing new editions of their *Pharmacopœias*, whether it would not be advisable to modify many of their formulæ, so as to assimilate them to those of a like nature in the *British Pharmacopœia*, and thus simplify and reduce the number of compound drugs."

If druggists are often called on to make up prescriptions from the hospital formulæ, they must be puzzled, so great in some cases is the diversity in the composition of preparations bearing the same name. Thus, under the head "*Gargarisma Sodæ Chlor.*," there are five formulæ, each prescribing four drachms of chlorinated solution of soda, but directing this to be mixed with sufficient water to make up two, four, seven and a half, eight, and twelve ounces; so that the first formula (that of St. Thomas's) is six times as strong as the last (that of St. George's and St. Bartholomew's). Again, there are seven formulæ for *Lini-mentum Olei Crotonis*; five for *Lotio Ammon. Hydrochlor.*, besides a *Lotio Ammon. Hydrochlor. Spirituosa* used at Guy's; five for *Lotio Hydrarg. Bichlor.*, in which the proportion of corrosive sublimate to an ounce varies from one-eighth of a grain to a grain; five for *Lotio Nigra*, the quantity of calomel to each ounce of lime-water varying from three grains and three-quarters to fifteen grains; six for *Mistura Copaibæ*; five for *Mistura Quinæ*; five for *Pilula Plumbi Acet. c. Opio*; etc. Now, admitting that, in prescribing and dispensing at hospitals, it is convenient to have set formulæ, we cannot see why so great a diversity should exist in many bearing the same name, and used, in all probability, under similar circumstances. Individual cases of course occur, in which it is desirable to modify the formulæ; but it is difficult to understand why the patients at St. Thomas's should require their chlorinated soda lotion to be six times as strong as at St. George's or St. Bartholomew's; or why black wash should be four times as strong at St. George's as it is at St. Bartholomew's.

In compiling this work, Mr. Squire has given the titles of the preparations in Latin,\* and the directions in English. He has employed his time usefully, and deserves thanks for his trouble, and for his generosity in making the results of his labour generally available.

## British Medical Journal.

SATURDAY, MAY 16TH, 1863.

### THE LONDON SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE members of the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity will hold their annual dinner on Wednesday next; and we take this opportunity of earnestly calling the attention of our associates residing within the limits of the Society's operations, to the benefits derivable from this admirable institution. It is indeed, at first sight, surprising that a Society founded on conjoined principles of benevolence and providence, and which, during three-quarters of a century that have elapsed since its foundation, has done so much towards alleviating the condition of the necessitous widows and orphans of its members, should at present number only four hundred and thirty-six members among the large medical population of London and its vicinity. This apparent neglect of the Society's benefits, however, has probably in part arisen from the fact that its constitution and *modus operandi* are not sufficiently known; and therefore, to supplement this deficiency, and, if possible, to induce our readers to join the Society, we give at another page a statement of its constitution, objects, and operations, compiled from official documents.

It will be seen that the Society is at once provident and benevolent. It is provident; inasmuch as, by the yearly subscription of two guineas, each member protects his family from destitution, should they at his death need relief. It is benevolent; inasmuch as persons of all classes, medical or otherwise, who have wealth at their disposal, have the opportunity of increasing the usefulness of the institution by donations and legacies; while each member has the satisfaction of knowing that, if at his death his widow and children should happily be in circumstances not requiring the Society's aid, he will have

\* The Latinity is, in a few instances, very curious; but this, we believe, is no fault of Mr. Squire, who has probably copied the titles as they were presented to him. What, for instance, is the meaning of "*Guttæ Argenti Nitratis Fortioris*"; "*Guttæ Argenti Nitratis Fortissimi*"; "*Guttæ Atropiæ Sulphatis Mitis*"? The epithets denoting strength or mildness are, we had imagined, applicable to the drops, and not to their active ingredients. Again, certain of the hospital pharmacopœia-makers must have forgotten their Latin syntax when they wrote directions for making "*Mistura Ferri Muriacum*"; "*Mistura Oleosus*"; "*Gargarisma Cinchonæ Acidus*"; and *Gargarisma Compunctus*.



contributed towards the relief of those who do require such aid.

Can it be necessary that, having placed before the members of our profession in London and Middlesex the operations of the Society, and having thereby endeavoured to give them an idea of its benefits, we should urge on them the moral duty of every man to provide, according to his ability, for the support, after his death, of those who are now dependent on his exertions? We would hope not; and would rather think that the too frequent and lamentable instances which we see of the neglect of this principle have arisen from mere ignorance of the existence of a scheme affording such advantages as this Society. It will, however, probably be useful to place the advantages of the Society in a business aspect before those who are eligible to it, and to show at how small a cost they may obtain its advantages.

The annual subscription is two guineas, which, in the case of members now admitted, is not required to be paid after the end of the twenty-fifth year—the subscriber then becoming a life-member, having paid fifty guineas to the funds of the Society. Any member may also, according to his age at the time of admission, obtain the privilege of life-membership at any time within ten years after his election by making up his subscriptions to twenty-five, thirty, or thirty-five guineas, according to his age; or a newly elected member may at once become a life-subscriber by paying, under the same circumstances as regards age, the sum of twenty, twenty-five, or thirty guineas.

Thus the subscription-expenses of a member may vary from twenty guineas paid down as a life-fee by a man under thirty years of age, to fifty guineas, the payment of which is spread over twenty-five years: and now what return is received for this outlay? If, on the one hand, the circumstances of the subscriber be such as to give him a reasonable expectation of being able to provide adequately for his family, he has the satisfaction, which as a right-minded man he must feel, of knowing that he has contributed towards the relief of the widows and orphans of some of his less fortunate brethren. If, on the other hand, his family after his decease do require the assistance of the Society, and if he have been a member for two years previously to his death, the amount of pecuniary aid which they receive is such as would, *à priori*, be almost thought incapable of being purchased for so small a sum as the total of any one member's yearly subscriptions. The last yearly statement shows that twenty-one widows were each receiving an annuity of £40; while to each of twenty-two others an annuity of £35 was being granted; and twenty-three children of deceased members under fifteen years of age were each receiving an an-

nual grant of £12. Thus it is evident that any widow requiring the Society's help receives back in annuities, *within two years*, a much larger sum than has been invested by her husband in subscriptions; and, if she have two or three children entitled to aid, the amount may be surpassed even in the first year. In one year, indeed, a widow and six children received £107. Last year, the sum of £2023:10 was expended by the Society in ordinary and extraordinary grants.

We might ask our readers to compare this institution with an ordinary assurance society, and to consider what yearly amount they would have to pay to such a society to obtain the payment at their death of a sum having the yearly value of £35. There may be, indeed, certain elements over and above the strictly benevolent and selective character of the "Society for Relief", which prevent such a comparison from being fairly carried out in this place; but still the fact must remain obvious, that this Society offers to its members a good insurance at a very small cost.

It is trusted that what has been here said will induce members of the profession in London and its vicinity, who have not yet joined the Society, to do so; but, before concluding, we have a few words to say to those who, being wealthy, are also benevolent, and who approve of the principles on which a society of this kind is conducted. We would remind such, that by donations and legacies they may materially contribute towards the efficiency of the Society. The capital stock of the Society is at present large; and the interest thereof, added to those portions of the yearly receipts which are allowed to be spent in current expenses, is amply sufficient for all claims. Still a time may come when the proportion of necessitous claimants may much increase—the amount of relief demanded overbalancing, even more than at present, the income from members' subscriptions and other casual sources; and the result will be, that the Society will be compelled to diminish its usefulness. We therefore call on the more opulent members of the profession in London to follow the example which has been already set them by many benevolent men, and increase the capital of the Society so as to secure its present usefulness on a firm basis; for we can assure them that it is a fallacy to imagine that, because the Society is rich, it cannot be likely to need such assistance as the opulent may be able to give to it.

We hope that those practitioners who are members of the Society will endeavour to attend the dinner at the Albion Hotel on Wednesday next, and thereby, and in any other way that may be practicable, manifest their interest in the institution, and their sincere desire for its prosperity in that course of usefulness in which it has so long been advancing.

Gentlemen who contemplate joining the Society, will receive every necessary information on application to the Secretary, Dr. Merriman; who attends at the Society's rooms, 53, Berners Street, between the hours of 4 and 5 p.m. on every Wednesday and Friday.

### THE WEEK.

THE small-pox, as elsewhere in the neighbourhood of the metropolis, is rife at Croydon. At a meeting of the Local Board of Health of that town, Dr. Carpenter and Dr. Sutherland suggested one main cause of its prevalence; viz., the non-vaccination of the children; and he attributed this non-vaccination in great part and with great reason to the miserable fee paid by the Board of Guardians for the operation; viz., eighteen-pence.

"Dr. Carpenter said: I must throw the principal blame upon the guardians, for this reason, that they do not pay a sufficient sum to their medical officers to go and find out those persons who are unvaccinated. If the medical men were properly paid for this work, they would do it; and it is not in human nature that a medical man, living by his profession, should go to the houses of the poor for the paltry fee which the guardians pay them.

"Dr. Sutherland remarked that for the miserable fee of 1s. 6d. the medical officers had, first of all, to go and find out the children who required vaccination; then they had to perform the operation, and to attend afterwards and see its result; and then to give a certificate to the parents, another to the registrar, and a third to the clerk to the Board of Guardians."

The Local Board of Health agreed with this view of the case; and eventually passed a resolution to the effect that the Board of Guardians should have their attention called to the lowness of the fee, and the evils thence resulting.

It turns out, as we anticipated it would. One of our weekly contemporaries is disgusted with the settlement of the Adams and Propert difficulty. A pretty quarrel is suddenly arrested, and the scandal-loving appetite of the profession baulked of its hebdomadal aliment. Two mutual friends—one on the part of Mr. Adams, and the other on the part of Mr. Propert—meet together to allay the difficulty; and they sign a paper stating that the "subjoined document, signed by Mr. John Propert, should be considered as a satisfactory and an honourable settlement of the question at issue between these gentlemen." Well, one would have thought that all rightly minded men in and out of the profession must have regarded such a document as a happy and a final conclusion of the unfortunate affair; and that when in fact Mr. Propert and Mr. Adams had themselves agreed, and their friends on their behalf had agreed, that the question was disposed of, the profession at large would hardly venture to dispute the settlement. But so thinks not the *Lancet*, which, in an article remarkable for lan-

guage, pours out its vials on Mr. Propert. But that journal seems to forget one thing, and it is this: that the friends aforesaid—viz., Dr. Forbes Winslow and Mr. Hird—are consolidated with the settlement of the dispute; and that consequently every word of abuse which it has showered down on Mr. Propert also falls equally on their heads. For if the "document" is one which "brings a flush of shame and indignation to the cheek," the suffusion must in the first place overwhelm the countenances of Mr. Hird and Dr. Forbes Winslow for being a party to its construction. Our own belief is that the blush of shame, etc., is a mere mythical suggestion. We are certain that neither Dr. Forbes Winslow nor Mr. Hird would put their hands, or ask Mr. Propert to put his hand, to a document, whose subscription could not be effected without a blush of shame, etc. Indeed, we verily believe that no member of the profession blushed when he read it; at all events, we will willingly record the names of any gentlemen who did so if they would give us an opportunity. Whether or not the editor of a journal is more likely than the rest of the profession to have his cheeks "flushed with shame and indignation" on such an occasion, we will leave others to guess. We will only venture to suggest (and we think we fairly may from the premises of the case before us) that if there was any sanguineous determination to the editorial cheek on perusal of this document, it was rather occasioned by the sort of feeling which is excited when an animal is suddenly deprived of a rich quarry. The *Medical Times and Gazette* sees with other eyes, and thus speaks of the suffusive document:—"We have received the following for publication, and heartily rejoice that the affair has been brought to a satisfactory and honourable settlement."

WE have no doubt that a large section of the members of the Medical Council will again strongly oppose any attempt made to introduce reporters at their sittings. We believe that the chief ground of opposition is founded on the fact that there are members of the Council who are afflicted with a *cacoethes loquendi*, and who, as it is, by their long orations, sadly impede the progress of real business. If these gentlemen had the press at their service, it is feared that the meetings of the Council would be still further grievously lengthened, and in fact never come to an end within any reasonable time. Besides, it is thought, and not unreasonably, that if gentlemen knew their discourses would be published, they would address their remarks and reasonings to the profession rather than to the Council. We certainly should advise the profession to pause before it makes any serious demand upon the Council for the admission of reporters. The proceedings, the actual work done by the Council, are regularly published by the Council itself, and given to the profession. The

great objection which the profession might reasonably take to the reporting proposition, is the immense expense which it would almost inevitably entail upon the profession, and for the reason above given. The much speechifying which would be its inevitable result would greatly lengthen the business of the Council; and every day's meeting of the Council costs a very heavy sum of money. Moreover, it is certain that the Council must often have matters of considerable delicacy to deal with, which would hardly bear publication with propriety. For these reasons, it seems to us that the profession should pause before they make any strong call upon the Council in the matter.

THE profession will be glad to hear that Messrs. Longman are about to publish a complete edition of the works of Sir Benjamin Brodie, including his papers scattered in journals, etc. This edition will also contain some remarks on surgical cases upon which Sir Benjamin Brodie was engaged at the time of his death. The work will be edited by Mr. Charles Hawkins; and is to be accompanied with an autobiographical sketch of Sir Benjamin Brodie.

MR. GASCOYEN has been appointed assistant-surgeon to St. Mary's Hospital. Mr. Gascoyen's services as dean, and his long connexion with the school of St. Mary's, made him naturally the unopposed candidate for the office.

MR. HENRY LEE's candidature for the office of surgeon to St. George's Hospital has passed over without opposition. We congratulate Mr. Lee on his rapid rise at St. George's; and we congratulate the hospital on the strength which it has gained by the accession of this gentleman to its staff; and equally condole with King's College in the loss sustained by his secession from that school. All opposition to Mr. Brodhurst as candidate for the office of assistant-surgeon to St. George's, vacant through the promotion of Mr. Henry Lee, was withdrawn. This gentleman, therefore, has also walked over the course. The support which he has received from the staff shows that Mr. Brodhurst is a welcome accession to the school and hospital.

THE decision given in the Court of Exchequer, in the case of *Gibbon v. Budd*, shows that *Members* of the College of Physicians of London can legally recover their fees. The *Fellows* of the College have passed a by-law (in accordance with powers granted in the Medical Act), under which they are excluded from the power of legal recovery. The College did not include the *Members* and *Licentiates* in the excluding by-law, because (as we suppose) they did not feel justified in legislating in such case—the

Members having no direct voice to represent them in the College.

THE Queen, as President of St. George's Hospital, has been pleased to appoint the Prince of Wales one of the Vice-Presidents of that institution.

WE hear that the action for libel against Dr. Lingen of Hereford, which we noticed a few weeks back, will be tried at Gloucester next assizes. The plaintiff applied to have the venue removed to London; but this was refused by the judges; and, though the change to Gloucester was ruled, she has to find security for the payment of the extra expenses.

WE publish the following correspondence, which has appeared in a Manchester paper, in reference to the action of Dr. Clay v. Dr. Roberts. We really are at a loss to understand what the position is which is assumed by Dr. Clay. Dr. Roberts maintains that Dr. Clay has met homœopaths; and we do not see that in his letter Dr. Clay denies that he has done so. He only says that Dr. Roberts withdrew the cases adduced, which Dr. Roberts denies that he has done. As far as we can understand what we should call this very stupid action, it seems that all Dr. Clay has taken by it is simply this; viz., an opinion of learned judges to the effect that it is not disgraceful to him to meet homœopaths in consultation. Surely this declaration should satisfy him. But Dr. Clay, we gather from his note, is not contented with this, and leads us to suppose that there is some other issue yet to be tried.

*"To the Editor of the Examiner and Times."*

SIR,—In reference to the report of the "Alleged Libel upon a Manchester Physician," in yours of to-day, I beg to observe that the action was not, as there stated, against the *Lancet*, but against Dr. Roberts of this city. It is not easy, from your report, for the public to understand the case, which is simply this: Dr. Roberts, in a series of letters, some anonymous, published in the *Lancet*, charged me with meeting homœopaths in consultation, and stated that such conduct was considered by the medical profession as improper and disgraceful; and he offered to find three cases in proof.

"Subsequently, however, Dr. Roberts withdrew the cases, not being able to substantiate them; and in one of his pleas he alleged 'that it was not disgraceful or improper to meet a homœopath in consultation,' being directly contrary to the position first taken by him, and a contradiction which has yet to be reconciled. The court held on the argument, that even if such had been admitted to be true, it was not improper or disgraceful to meet homœopaths; and that, so far, the plea demurred to was good. But as to the letters in question, it was stated that if the object of the defendant was maliciously to place me in an invidious position, and to injure me in my profession, the publication of them might be actionable, which is substantially the question yet to be tried."

"Yours respectfully, CHAS. CLAY, M.D."

"101, Piccadilly, 8th May, 1863."

*"To the Editor of the Examiner and Times."*

SIR,—It is with much regret that I feel compelled to trouble you in consequence of a letter of Dr. Clay inserted in your issue of Saturday last.

"It is *not* the fact that I stated in my letters to the *Lancet*, that Dr. Clay's meeting homœopaths was 'improper and disgraceful'; or that I 'withdrew the cases' mentioned by me, 'not being able to substantiate them'.

"It was *Dr. Clay*, in his declaration, that used the words that it was 'improper and *disgraceful*' for him and other medical practitioners to meet homœopaths; and in my second plea I alleged that his statement was not correct. My instructions to my counsel were that, although contrary to the usual etiquette, it was not 'disgraceful' to do so; as a minority of the profession disagree to this rule, and no physician or surgeon would refuse to meet them if such refusal proved detrimental to a patient in danger.

"To this plea Dr. Clay demurred, on the ground that I could not deny (what, in fact, I had *not* stated) that it was 'disgraceful' to meet homœopaths; and it was on this demurrer that the judgment of the Court of Exchequer was given in my favour.

"Mr. Baron Bramwell stated, in the course of the argument, that the declaration of the plaintiff was libellous on the profession, but *not my letters*; and the whole court gave judgment that my plea was good and his declaration bad, thus deciding that my letters were not libellous, and, consequently, that no action was sustainable upon them.

"Dr. Clay, from his letter, evidently leads you to believe that there is a question yet to be tried in the action. Now he well knows, or ought to know, that the decision of the court goes to the *whole cause of action*; and that if he should, from any motive whatever, go to trial, he will have to pay for his experiment, as the court, after its decision, *must* set aside any verdict which might by possibility be given in his favour.

"The cases mentioned by me, in which Dr. Clay had met homœopaths, so far from being *withdrawn*, were, under a judge's order obtained by *him*, actually *supported* by me; and the particulars of the cases were given by me to the court under my plea of justification.

"In conclusion, I have to state that I was at first advised by my solicitors that my letters were *not* libellous; and that, consequently, I had a good defence to any action which the plaintiff might bring; and upon that advice I acted, and the result has proved its soundness.

"If I had done anything wrong in the course I pursued, I should have been ready to make an ample and suitable apology; but I have only been discharging the duty which I owe to myself and to the other members of my profession by the line of conduct I have pursued.

"I am, sir, your obedient servant,

WM. ROBERTS, M.D.

"10, Chatham Street, May 11th, 1863."

THE report of the Briton Medical and General Life Association for the present year shews an amount of increase in business which must be gratifying to the medical profession, largely represented as it is in the management of the society. The amalgamation between the "New Equitable" and the "Briton" Life Associations has been completed during the last year; and the society, under its new name, has removed its offices to more commodious premises. The tabular statement shows that the number of policies issued, and the amount of premiums paid, was greater in 1862 than in 1861 in the proportion of three to two; being an augmentation of one-half. The increase in the years 1858-61 was but gradual—from 1342 to 1839 policies, and from £8328 to £10,084 annual premiums; whereas the increase in

1862 as compared with 1861 is represented by 2023 policies granted and annual premiums to the amount of £15,275, against 1839 policies and annual premiums amounting to £10,084 in 1861. These figures shew that the society is gaining ground in public confidence. There is one feature in this society which, independently of its prominent recognition of the importance of the medical profession, is worthy of note; and that is, the system which it has instituted of making life-policies payable during the life of the person assured. This, we presume, can only take place from the extinction of the annual premiums by the bonuses declared at successive periods; and, if the society continue to prosper as at present, the privilege thus afforded to persons assured will doubtless in many cases be a matter of much convenience. We are gratified in finding that the Briton Life Association is in a prosperous condition, and would direct the attention of our readers to the report which is published in our advertisement pages.

THROUGH the Imperial Academy of Sciences, M. Chevallier announces that he has constructed a compound microscope of 250 power, which he can supply at the moderate sum of sixty to seventy *francs*. Through the same body, M. Hoffmann sends a new receipt for the cure of hydrophobia—"the only use of such receipts being," said M. Flourens, "to distract attention from the one only efficacious remedy; viz., cauterisation."

The petition of the Sieurs Linas and Mayer, Parisian doctors, and of Sieur Manuel, doctor, at Gass (Hautes-Alpes), addressed to the Imperial Senate, have, on the report of Senator Tourangin, been referred to the Ministers of Justice, of Public Instruction, and of Commerce. The petitions refer to the illegal practice of medicine. In his report, M. Tourangin gives a history of the failure of all attempts hitherto made to put down quackery. The present law is, he says, quite futile; for it does not fix either a minimum or a maximum fine; and consequently the Cour de Cassation has, by numerous judgments, determined that in the absence of such a fixation of the fine by the law, tribunals can only apply the low pecuniary fines established by the police, the maximum of which is fifteen *francs*. Of course, at such a fine the quack laughs. The report concludes thus: "It is a worthy task of the imperial government to settle questions which have been so long disputed; and we believe we may say, that the ministers will accept this useful and delicate task."

M. Mabru of Paris offers a prize of 3000 *francs* to any medium or somnambulist who will furnish scientific proof of their being able to see through a brick wall, or read without the aid of their eyes "It would appear," he adds, "as if *la haute Société Pa-*

*risienne* falls into the trap of every juggler; is penetrated, in fact, with the same nature as the gross and half-savage rustics of our most uncivilised provinces. One believes in mediums, and the other in ghost stories; that is all the difference."

Dr. Trélat informs the Academy of a case of "voluminous polypus of the larynx" which had been extracted by laryngoscopic apparatus.

## SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

THIS Society was formed in the year 1788, by Dr. Thomas Denman, Dr. Richard Dennison, Dr. Andrew Douglas, Dr. John Sims, Dr. John Squire, Mr. William Chamberlaine, and Mr. Thomas Rendall, with the object of establishing a Brotherhood for relieving, half-yearly, those Widows and Orphans of its deceased Members who might need assistance.

This Society consists of Physicians, Surgeons, and Apothecaries, or General Practitioners, resident in any part of the county of Middlesex, or within the limits of the London District Post. Physicians or Surgeons in the Army or Navy; Bachelors of Medicine of the Universities of Oxford, Cambridge, London, or Dublin; and all other medical practitioners duly registered according to Act of Parliament, residing within the aforesaid limits, are also eligible.

Every person desirous of becoming a Member of the Society is required to sign a declaration, stating to what department of the profession he belongs, his place of abode, his age, and (if he be married) the age of his wife, and the number, names, and ages of his children. To this declaration is annexed a form which must be signed by at least two Members of the Society, stating that, from personal knowledge, they recommend him as of good character, and of good health, and proper to become a Member of this Society.

The affairs of the Society are managed by a President, twelve Vice-Presidents, and three Treasurers, who are *ex-officio* Members of the Court of Directors, and twenty-four other Directors. Of the Vice-Presidents and Directors, one-third are Physicians, and two-thirds Surgeons, or Apothecaries. The six senior Directors annually go out of office, and are ineligible for re-election during twelve months. A Court of Directors is held on the first Wednesdays in the months of March, June, September, and December.

Every Member pays an admission fee of One Guinea, and a half-yearly subscription of One Guinea, which becomes due on the first of May and of November in each year.

Every Member elected under the present regulations, whose age at the time of proposal does not exceed thirty years, may become a Life Subscriber upon payment of the sum of *Twenty Guineas*; if his age be above thirty, and do not exceed forty years, upon payment of the sum of *Twenty-five Guineas*; and if his age exceed forty years, upon payment of the sum of *Thirty Guineas*; provided that such payments, in addition to the admission fees of *One Guinea*, be made within three months from the date of his election.

A Member who is an Annual Subscriber of Two Guineas, elected under the now-existing regulations, is not required to pay the subscription for a longer term than twenty-five years exclusive of his admission fine; and when the term of twenty-five years is expired, the Member so subscribing is considered as a Member for life.

Every Member now elected, being an Annual Subscriber, and desirous of becoming a Life Member, may do so within ten years of his admission, by making up his subscription, exclusive of his admission fine, to *Twenty-five Guineas*, if he shall have been under thirty years of age; to *Thirty Guineas*, if under forty years of age; and to *Thirty-five Guineas*, if above forty years of age, at the time of his proposal as a Member.

The Widow or Orphan of any person who was at the time of his death a Member of the Society, and had been so for two or more years previously, is eligible to receive Relief from the fund, subject to the following conditions.

The Widow of a Member who has no certain income or provision exceeding altogether the yearly value of £50, is eligible to receive such relief from this Society as the state of the funds permit, and the Court of Directors may determine; the same being paid half-yearly in advance. The present amount of yearly relief to each widow is, according to circumstances, in some cases £35, in other £40.

The Widow of a member, who is left with a child or children under fifteen years of age, entirely or in part dependent on the said Widow, and who has no certain income or provision exceeding the value of £12 yearly, for each child, in addition to the £50 mentioned in the preceding law, is eligible to receive such additional assistance half-yearly as the funds of the Society permit, and the Court of Directors may determine; but if such child or children have any provision independent of the mother, such provision must be distinctly stated to the Directors, in the usual half-yearly declaration of the Widow. At present, each child receives, under this law, £12 a year.

The Orphan of a Member, being under fifteen years of age, deprived of both parents, and having no certain income or provision, exceeding the yearly value altogether of £25, is eligible to receive such relief half-yearly as the funds of the Society will permit, and the Court of Directors shall determine.

The Children of Members coming under the description specified in the preceding Laws, and being under sixteen years of age, are eligible to receive such sum as the funds of the Society permit, and the Court of Directors think fit to give, for the purpose of assisting them to the means of self-maintenance. No further relief is allowed after the payment of such sum.

In cases of manifest and urgent distress, visitors, appointed by the Directors, may grant such immediate relief as the circumstances may require, not exceeding the sum of *Ten Guineas*.

The Laws provide that the Capital Stock of the Society shall never on any account be diminished. The interest of the Capital Stock, and the half-yearly Subscriptions of Members, with all Benefactions and Donations, when the contrary is not directed by the Donors, are applicable to the general purposes of the Society. So much of the Funds of the Society as is not wanted for immediate use, or to meet the usual accruing liabilities, is, with the consent of the Committee of management, invested by the Trustees in Public Funds. All payments constituting Members for Life, and all Legacies, where the contrary is not directed by the testators, are also added to the Capital Stock of the Society.

In the period from the year 1793 up to November 1862, when the last financial statement was made up, the sum of £61248 had been distributed in relief among 123 widows and 188 children, comprised in 132 families. According to a statement published, the Society consists of 218 life members, and 218 paying annual subscriptions: and is now affording relief to forty widows and nineteen children of deceased members. During the year ending November 20th, 1862, the sum of £2023:10 was expended in grants for relief.

The following abstract of the official statement of the

income and expenditure for the last financial year, will give an idea of the capabilities of the Society.

## INCOME.

	£	s.	d.
Balances at Bankers' on November 20th, 1861	785	13	8
"Ware Fund"	0	2	6
Year's dividend on £210 New Three Per Cents., "Ware Fund"	6	6	0
Dividends on money invested in New Three Per Cents.	490	2	1
Interest on moneys deposited with the Commissioners for the Reduction of the National Debt	1,805	10	8
Interest on, and paid with, the preceding amounts of interest	4	6	6
Benefactions	193	13	0
Half-yearly Subscriptions, Arrears, and Entrance Fees	416	17	0
Life Subscriptions, Compositions, and Legacy	147	5	0
	3,853	1	5

## EXPENDITURE.

Grants for Ordinary Relief	1933	0	0
Grants towards Self Maintenance	45	0	0
Grants for Extra Relief	15	0	0
Grants for Immediate Relief	10	10	0
Grants to an Adult Son	20	0	0
Purchase of £705:17:11 New Three Per Cents.	640	11	2
Salary to the Secretary	105	0	0
Other Expenses	25	1	9
Expenses of "Ware Fund"	6	5	0
Balance at Bankers on November 20th, 1862	792	10	0
Balance in hand, "Ware Fund"	0	3	6
	3,853	1	5

The following is a summary of the property of the Society on November 20th, 1862.

Capital deposited with the Commissioners for the Reduction of the National Debt	47,567	10	7
Half-year's Interest due November 20th, 1862	911	14	0
	48,479	4	7

New Three Per Cents. held by the Society on November 20th, 1861	15,794	2	1
Ditto, purchased on December 10th, 1861	405	17	11
Ditto, purchased on June 12th, 1862	309	0	0
New Three Per Cents., "Ware Fund"	210	0	0
	16,710	0	0

In addition, £400 New Three Per Cents. have been purchased during the present year.

The total number of members who have been admitted since the foundation of the Society is 1313.

## THE ROYAL VISIT TO NETLEY HOSPITAL.

On the 8th of May, the inmates of the Royal Victoria Hospital, near Southampton, which has lately been opened for the reception of the invalids of the army sent home from foreign stations, were much excited by the news that the Queen was going to visit the hospital; and, before the news had well spread through the hospital, Her Majesty arrived. By her express desire, her intention had been kept secret; and no one except the high officials of the hospital knew of the event. It was, happily, a most beautiful day, quite cloudless, and with enough wind to temper the sun's heat very pleasantly. The hospital and grounds looked very cheerful; and the Queen could not have had a better day. She was accompanied by Prince and Princess Louis of Hesse, Prince Alfred, and seven or eight ladies and gentlemen. She spent nearly two hours in the hospital, and certainly inspected it most thoroughly, going not only into a great number of wards, but into the chapel, dining-rooms, kitchen, library, the army medical school-rooms, and the married soldiers' quarters. It was a real inspection, in which every point was looked into. All the arrangements were minutely explained to her by Colonel Wilbraham, the commandant, and Inspector-General Dr. Anderson, the principal medical officer.

In passing through the wards, she stopped at the bed-sides of all the severe cases, spoke a few kind words of

sympathy to each man, and inquired about him from the officers of divisions, Deputy-Inspectors Longmore and Maclean. Nothing could have been kinder than her manner of doing this. She was inspired evidently by a real sympathy and interest; and this was at once perceived by the men, who were greatly touched by it. One poor fellow, almost at death's door, said, with a most touching *naïveté*, "I am proud to see you; I thank God he has allowed me to live long enough to see you with my own eyes." Those near her say that they saw the Queen's lip quiver at this little speech, which came really from the heart of the poor fellow.

It was understood that Her Majesty was greatly pleased with the hospital. She has always taken a great interest in it, and now will do so more than ever, as the hospital was a special object of interest to the Prince Consort, who not only frequently visited it, but, it is understood, expressed his belief that it was one of the most important works ever undertaken for the benefit of the sick soldier.

The Queen looked well, but her face in repose is sad and anxious. She walked rapidly and firmly; and when she spoke to the men, her voice was very sweet. By this visit she has commenced to break through her long retirement, and all will allow that she could not have chosen a more appropriate occasion and cause of doing so.

## IDENTIFICATION OF DECOMPOSING HUMAN BODIES.

On Saturday last, Dr. Richardson conducted an inquiry to ascertain if a man who had been drowned in the Thames and had undergone putrefactive change to such an extent that he could not be recognised, could be so far restored that certain witnesses could make deposition as to his identity; the supposition being, that the body was that of the man who had committed the murder in St. Giles's. At an inquest on the body of this man on the preceding Wednesday, the witnesses who had seen the supposed murderer during his life were taken to the man who had been found in the Thames; but, owing to the extreme decomposition (for the face was as dark as that of a negro, and the tumefaction very great) they were unable to form any opinion concerning him. This result, reported in the papers, led Dr. Richardson to communicate, first with Dr. Lankester, and afterwards with Mr. Humphreys, the coroner for East Middlesex; the result being that he was deputed by Mr. Humphreys to ascertain if the body of the man could be rendered at all capable of recognition. Dr. Edmunds was requested also to take part in conducting the inquiry. The process followed out consisted in immersing the body for two hours in a salt water bath, to which a little hydrochloric acid was added; the face was then taken out of the water and treated with chlorine; ultimately, a solution of chlorine water and chloride of zinc, with a small quantity of sesquichloride of iron, was injected through the carotids into the tissues of the face. By these means, the extreme blackness of the face was removed; the colour was brought to a light clay or ashy appearance; and the distension of the features was so far removed that three witnesses were all able to state that the man was not a person whom they knew; while one swore definitely that he was *not* the man whom he had seen with Emma Jackson, the murdered woman. Drs. Richardson and Edmunds were also able to depose that the man was very young—not more than 22. In a judicial point of view, these results were, as the coroner remarked, satisfactory; indeed, nothing more than the evidence rendered was required to settle the question of the identity or non-identity of the man with the murderer of Emma Jackson. Dr. Richardson states, how-



ever, that he does not consider the process adopted as yet perfect; and that, owing to the extreme decomposition of the body and the limited time at his disposal, the operations performed were attended with many difficulties. At the same time, the process admits, in future cases, and after further experience, of being brought to a remarkable degree of perfection.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at the York House, Bath, on Thursday evening, April 30th; W. J. CHURCH, Esq., President, in the chair. There were also present forty-four members and two visitors.

*The Death of Mr. Soden.* The PRESIDENT most feelingly alluded to the loss the Association has sustained in the death of Mr. Soden, a former president of this Branch, and one of the oldest and staunchest supporters of the Association.

*New Members.* The following gentlemen were elected members of the Association and of the Branch:—Henry Hurry Goodeve, M.D., Cook's Folly, Bristol; and George William Callender, Esq., 47, Queen Anne Street, Cavendish Square, London, W.

*Papers.* The following papers were read:—

1. A Recent Case of Arsenical Poisoning. By W. B. Herapath, M.D., F.R.S.
2. Case of Wasting Palsy. By J. K. Spender, Esq. (The subject was exhibited.)
3. On the Recent Prevalence of Typhus Fever in Bristol. By S. Martyn, M.D.
4. On the Prevalence of Itch. By W. Budd, M.D.

## Reports of Societies.

### LIVERPOOL MEDICAL INSTITUTION.

APRIL 16TH, 1863.

A. B. STEELE, Esq., Vice-President, in the Chair.

*The Calabar Bean.* Dr. NEILL made some remarks on the use of this substance; and said he did so in compliance with a request made by Dr. Argyle Robertson, for the results of experiments made with it. It is used as a means of contracting the pupil, and the importance of this action is very great. Formerly, powerful stimulants were used to effect this end. Mr. Guthrie used to use tincture of capsicum; veratria also is sometimes used; but here we have a means that produces no pain, is followed by no inflammatory action, and yet causes the pupil to contract. The name of the Calabar bean in its native country is the "chop bean" or "ordeal bean", from its being used as a test in cases of suspected sorcery or freemasonry. It is only permitted to be grown at Calabar, where the king has a monopoly.

Other matters are used for ordeals in other places in the same region; and Dr. Neill shewed a portion of bark, which, when it had been powdered and made into boluses, was administered both to the accuser and the accused. It acts upwards and downwards, and the completing of this double action is the test of the innocence or guilt of the person concerned.

The bean itself weighs from forty to fifty grains, and it is a very deadly poison. Dr. Christison gave his personal experience of its action in February 1855. He first chewed six grains, then a feeling of giddiness came on, but he slept pretty well that night, and felt no effects next morning. He now took twelve grains more, and in a quarter of an hour felt exceedingly giddy, and immediately swallowed an emetic of soap and water; he then lay for a long time suffering from a most distressing feeling about the heart; in the evening he was better, and a cup of coffee restored him.

Dr. Argyle Robertson had kindly sent to him three beans; and Mr. Bickersteth placed under his (Dr. Neill's) care a patient of his, a boy, who had had a blow on the forehead, and who had one pupil largely dilated. Veratria had been used before, and had produced very slight contraction. Dr. Neill dropped in an alcoholic solution of the bean, and in ten minutes some contraction had taken place; and, at the end of twenty more, Mr. Bickersteth found the pupil contracted to the size of its fellow; in half an hour more, it was contracted to the size of a pin's point. The patient said he felt a sense of heaviness about the eye. The use of the solution was continued with benefit.

We have to use belladonna so frequently now to dilate the pupil for the ophthalmoscope, that it will be a great convenience to have something that will remove that dilatation.

In answer to the Chairman, Dr. Neill said he believed no alkaloid had yet been discovered in this bean.

*Diseased Elbow-Joint.* Mr. FLETCHER shewed a specimen of "pulpy degeneration of the elbow-joint", for which he had performed excision. The head of the radius, and also of the ulna, seemed completely invested with this pulpy matter, and all appearance of cartilage had gone from the articular surface of the humerus, which was also covered with this matter. The disease had first shewn itself as a swelling, like a bursa, over the point of the olecranon, and had gradually gone on, in spite of rest; the joint became loose, and he had felt grating, which, however, may have been deceptive. The patient was now going on favourably.

Mr. LOWNDES referred to the valuable information with regard to the nature of this particular form of strumous disease, in Barwell's work on *Diseases of the Joints*. This author shews that this pulpy deposit, which partakes much of the nature of granulations, may become in cases not too far advanced reabsorbed, or may itself undergo degeneration of a fatty or purulent character.

Dr. NOTTINGHAM said that in this case grating was felt; but often we may have this pulpy disease going on to such an extent, that the joint may be destroyed, and yet we have no grating.

*Fractured Thigh-bone.* Mr. FLETCHER also shewed a curious specimen of fractured femur. The fractured portions seemed to have been widely separated, and yet they were firmly united laterally by a broad strong ridge of bone extending from one to the other. There was no history with the specimen, which was taken from an old woman who had died in the workhouse hospital.

*Diseased Bladder and Kidneys.* Mr. HIGGINSON shewed a specimen taken from a patient who had died at the Southern Hospital after an injury to the back. A sailor had fallen from the yard arm of a ship at sea. When admitted into the hospital, he had constipated bowels, and his urine was dribbling away. Mr. Higginson drew off nine pints of urine, and next morning

seven more. The urine gradually became ammoniacal, and involuntary action of the bowels came on, for which an ointment composed of strychnia and lard was used with very good effect. The bladder was found to be very much thickened, and its internal surface corrugated, and in parts presenting an appearance like *carneæ columnæ*. The kidneys were much enlarged.

*Dislocation into the Foramen Orale.* Mr. LOWNDES related a case which had come recently under his care at the Northern Hospital. The accident had happened through the man's falling into an old quarry, and there he had lain all night unable to move or to make himself heard. On admission, as he lay on his back, the thighs were widely separated, the left thigh flexed on the body and rotated outwards, and the leg flexed on the thigh nearly at right angles. The left thigh, measured from the symphysis pubis to the inner condyle, was about two inches longer than its fellow. There was a great want of fulness over the situation of the trochanter major. The head of the bone was not to be distinctly felt anywhere, but there was some fulness and tension to the left of the perineum. The man in falling had clutched the rock with his hands, which were torn; and he had also a severe lacerated wound under the chin, and his tongue was deeply bitten. He was in a very exhausted state, and reduction was deferred for two days; and on February 17th, 1863, was very readily performed under chloroform by rotating the knees inwards and lifting it over its fellow, at the same time that the head of the bone was drawn outwards.

Mr. LOWNDES made some remarks on the rarity of this accident, and on the probable mode of its occurrence in the present case.

Mr. HAKES would like to take this opportunity of mentioning a case of dislocation into the ischiatic notch that was under his care at the Northern Hospital some time ago; and in which fracture of the thigh had taken place during the attempts at reduction. Mr. Hakes did not see the person until six months after the dislocation had taken place. He made two attempts at reduction; in the first, the apparatus broke; and in the second, when extension had been made to its full extent, he was using some manipulation when the bone broke in an audible manner. Pasteboard splints were applied, and in about three months the bone had united and the patient could walk. About two months ago, Mr. Hakes received notice of an action for damages, but had heard nothing of it since.

The CHAIRMAN said he believed efforts had been made to get evidence in this town against Mr. Hakes in this case, and it was creditable to the profession here that these efforts had met with no success. It would be well if other large towns would adopt the same course.

Mr. HAKES asked if any one present had seen a similar accident during the attempt at reduction of a dislocation.

Dr. NOTTINGHAM remembered a case at the Southern Hospital, where he believed this happened in an attempt to reduce a dislocation of the upper extremity.

*Disease of the Suprarenal Capsules.* Mr. HAKES related a case of this disease.

APRIL 30, 1863.

A. B. STEELE, Esq., Vice-President, in the Chair.

*The Calabar Bean.* Dr. NEILL made some further remarks as to this drug. He had found that the watery solution of the spirituous extract soon becomes fætid, and Mr. Abraham had made for him a solution in glycerine that keeps well. He believed that a druggist of the name of Ferguson, at the north end of the town, was the first person in Liverpool who obtained a specimen of this bean. Dr. Neill had used it since the last meeting in a case of Dr. Nevins's, in which the pupil had been greatly dilated with belladonna, and remained

in that state. The solution of the bean was dropped in and contraction took place to a small extent only. Next morning he found the pupil again greatly dilated. He again put in a drop of the solution, which had become partially decomposed, and in about half an hour the pupil was contracted to less than its normal size. Dr. Neill had now brought with him to the society the boy whose case he had related at the last meeting. The pupil of the eye affected was still considerably larger than its fellow, and acted very slightly when exposed to bright light. Dr. Neill now put in a drop of the glycerine solution with a probe, and repeated this in a few minutes, and in half an hour's time it was found that the pupil, which had occupied about two-thirds of the transparent part of the eye, was now so much reduced in size that it did not occupy more than a third, and it was more sensitive to the action of light.

*Sarracenia Purpurea.* Mr. MARSH said he had used this substance recently in a severe case of small-pox without observing any particular effect. The patient, however, said it made him feel more comfortable.

Mr. HIGGINSON said he had just heard of two fatal cases of this disease in Toxteth Park district. It was worth while noticing that washing the patients with soap and water while the eruption is out does not interfere with the course of the pustules, and adds very much to the comfort of the patient.

Dr. GEE frequently applied calamine with good effect. Small-pox is decidedly more prevalent of late, and there have been many cases in the workhouse hospital.

*Abortion.* Mr. HAKES showed an ovum of about six weeks.

Mr. HODGSON spoke of cotton wool as an useful substance with which to plug the vagina; but he had found some difficulty in introducing it, from its collecting into pellets as it got wet.

Mr. BAILEY said he wrapped the cotton in a handkerchief and then introduced it, and found it very useful.

The *Secretary's Report* of the session was then read; from which it appeared that the attendance of members had averaged nearly twenty-two, and that there had been a very fair supply of pathological specimens, and also of papers and cases. In accordance with a resolution of the Society, the Secretary had sent reports of nearly all the meetings to the *BRITISH MEDICAL JOURNAL*, and the Society was much indebted to the editor of that journal for the space he has afforded them.

The report was adopted; and, on the motion of Dr. Gee, seconded by Mr. Higginson, thanks were voted to the Honorary Secretary for his services during the session.

## Correspondence.

BROMWICH v. WATERS.

LETTER FROM F. H. RAMSBOTHAM, M.D.

SIR,—I do not think it necessary to answer any of the remarks you have made in the last number of your *JOURNAL* respecting the evidence which I gave at Chester lately; but, as the letter of Messrs. Kimber and Ellis, which was written nearly six weeks after I had seen the young woman, and extracts from which you have reprinted, might produce a wrong and unfavourable impression on my friends in the profession, I will thank you to publish this in your next issue.

Those gentlemen have put forward my letter as showing a desire on my part to give evidence in the case; while I contend it is a mere business letter, requesting to know, for my own convenience, when my presence would be required, that I might make my arrangements accordingly. I felt tolerably sure at that time that I

should be subpoenaed, though I had not been told so, and might be compelled to attend, because I had spoken to a matter of fact, important to the issue, which had come within my own knowledge; and, therefore, to show any disinclination or unwillingness to do so, in my correspondence with the solicitors, would have been puerile and worse than useless. I repeat, that I did feel pain in being engaged in such a painful case; though I certainly had no intention of suggesting that I had been deceived by the gentlemen employed.

When I wrote the letter in which I stated that I had been consulted in the case some time before I was aware it was to be brought into a court of justice, I was in Edinburgh, and had not my notebook at hand. I was then under the impression that a week at least had elapsed between the time when I was first applied to and the day of my visit to the girl. I now find, however, that the interval was only two days. Messrs. Kimber and Ellis say that "no medical man was consulted in this case without being plainly told at the first interview why his opinion was desired, and that an action for seduction was about to be tried. Dr. Ramsbotham first saw the girl in the presence of another medical gentleman, and knew perfectly well why they met in consultation." I did not know the particulars of the case until I met Dr. Lee in consultation; and, unless my memory plays me very false, it was Dr. Lee who first told me an action was pending, as we were waiting to be let in and walking up stairs together; for we met at the street-door.

The following is a simple narrative of what occurred. On February 4th, a gentleman whose face appeared familiar to me, and whom, indeed, when he first entered my room, I took for an old pupil, called on me and asked me some medical questions. He requested me to make an appointment to meet a certain physician, which I did by naming the 6th at 2 p.m. He might have said something about its being a case of seduction, but of that I have no recollection; and I feel positive, for a specific reason, that he did not mention Dr. Waters' name. I have a perfect recollection, however, of his asking me what my fee would be for this consultation; by which I naturally concluded that my connexion with the case would terminate at that interview. On arriving at the house, instead of the physician I expected, I met Dr. Lee, who told me he had seen the patient a few days before. There were present in the room the girl's mistress and a gentleman from the solicitor's office; and we were requested to adjourn into the next room—a bedroom—where the young woman was. On returning to the sitting-room, a few minutes after, I was asked my opinion as to the state of the girl's uterus, and I replied, "Perfectly healthy", or words of similar import. The charge then became the subject of conversation, which till that time I was not fully acquainted with. I believe at that interview I recommended that the case should be abandoned, and was told it had gone too far for that course being taken. I also stated there was no use in my going to Chester, for my evidence would be of no service to them; and was answered, that "I could speak of the then state of the uterus, and that would be important," or something to the same effect. If this did not occur at that meeting (which I firmly believe), it did on a subsequent occasion. When I came away, it was a subject of doubt with me whether I should hear any more of the case beyond my fee being transmitted to me.

To prove that I did not afford a blind credence to the girl's story, I wrote on February 10th, four days after I had seen the girl, to the solicitor: "But this is only one side of the question; and, when the other is heard, circumstances may appear which will very much modify our judgment." And to show my feeling on the case, and the *animus* with which I went down to Chester, I wrote on February 14th, in answer to one of seven questions submitted to me, the following.

*Question.* "Do you consider it proper treatment to use the speculum at all to a chaste single woman?"

*Answer.* "The speculum is constantly being used in the case of single and chaste women, both in London and elsewhere. For myself, I do not know that I ever used it in the case of an unmarried woman, unless it had been previously employed in the same case by some other practitioner. But this is also a matter of opinion; and no medical man has a right to put himself forward as the *arbiter morum*, especially when his doing so would arraign the conduct of a brother practitioner in so delicate a question."

I am, etc.,

FRANCIS H. RAMSBOTHAM.

8, Portman Square, May 11th, 1863.

P.S. You ask if I have ever read or heard of a well authenticated case of impregnation taking place while the woman was in a state of unconsciousness. I would refer you to Beck's *Medical Jurisprudence*, the close of chap. vi, for an answer; and Carpenter, in his *Physiology*, 1st edit., p. 625, says: "It is a fact well established, that fruitful intercourse may take place when the female is in a state of narcotism, of somnambulism, or even of profound ordinary sleep." These are both good authorities, and are regarded as safe ones to follow; and Ryan (*Medical Jurisprudence*, 1836, p. 245) says Gooch, Evory Kennedy, and himself, had met with such cases.

#### DR. HASSALL'S WORK ON URINE.

LETTER FROM E. A. PARKES, M.D.

SIR,—I observe in your review of Dr. Hassall's work that you think I gave him "guidance and advice" in its composition. I think it only right to Dr. Hassall to say, that this is not the case. The work was finished and printed before I knew anything of it. A correspondence opened by Dr. Hassall, about the quantitative determination of the "extractives" of the urine, led to my sending him a note on the iodine reaction (before the observations of Trousseau were published), and eventually to my reading the proof-sheets. But the work was then wholly printed and struck off. I think it only right to say this, that I may get no credit for a work the "ability and judgment" of which your reviewer very justly commends. Indeed, I might reverse your reviewer's comment, and say that there are many parts of urinary pathology on which I should be glad of Dr. Hassall's "guidance and advice."

I am, etc.,

E. A. PARKES.

London, May 1863.

[The remarks made by the reviewer were not intended, nor, in our opinion, calculated to deprive Dr. Hassall of the credit due to him. They mean merely what Dr. Hassall himself admits by the candid mention of Dr. Parkes's name in reference to certain addenda at the end of his book—that, while his work was in preparation (*i.e.*, before its final publication), he did derive "guidance and advice" from Dr. Parkes. It is, as our respected correspondent must well know, no disgrace for any man engaged in an important work, whatever his ability may be, to seek "guidance and advice" from another who has gone over the same ground. EDITOR.]

VACANCIES. The following appointments are vacant:—Physician to the Newcastle Dispensary; physician to the Swansea Infirmary; physician to the Brighton Dispensary; assistant-physician, house-physician, and house-surgeon, to the Westminster Hospital; medical superintendent to the Gloucester County Lunatic Asylum; accoucheur and surgeon to St. George's and St. James's Dispensary; medical officer to the western district of the Gower Union, and for the union workhouse in the parish of Penmaen; medical officer to the Swords Dispensary district of the Balrothery Union; and medical officer to the Carberry Dispensary district of the Edenderry Union.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 6th:—

Allkin, William John, Manchester  
Andrew, James Lawton, Moseley, near Manchester  
Cockerton, Charles Edward, Aberystwith Terrace, Islington  
Covey, Charles Edward, Basingstoke  
Currie, John Legge, Bungay  
Elmes, Thomas, Limerick  
Flack, James, Shoreditch  
Forman, Elijah Baxter, Derby  
Greaves, Charles Augustus, L.S.A., Derby  
Hilton, Caleb Samuel, M.D.St. And. & L.S.A., Preston  
Hindle, Frederic Thomas, Askerne, near Doncaster  
Jackson, Thomas, Whitehaven  
King, Edwin Holborow Green, Portsmouth  
Long, Frederick, East Dereham  
Orton, George Hunt, Narborough, near Leicester  
Smith, William, Spilsby, Lincolnshire  
Sutcliffe, Edward, Camberwell  
Taylor, John William, M.D.St. And. & L.S.A., New Malton  
Trevan, Matthew, L.S.A., Padstow, Cornwall  
Turner, Edwin, Dudley, Worcestershire  
Ward, John, M.D.St. And. & L.S.A., Derbyshire  
Way, John Palmer, L.S.A., Southsea, Hants  
Wilcox, William, Cardigan, South Wales

At the same meeting of the Court—

O'Flaherty, Thomas Alexander, M.D., of H.M.S. *Dritannia*, at Portland, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date July 19, 1859.

Admitted on May 7th:—

Alderson, Frederick Henry, Ipswich  
Clarke, William, L.F.P. & S.Glasg., Longsight, near Manchester  
Cooper, Horace, Caversham  
Edlin, Ebenezer William, L.F.P. & S.Glasg., Manchester  
Fuller, James Mortimer, St. John's Wood  
Gibbs, Edward, Birmingham  
Grubb, Richard Theodore, Cahir, Ireland  
Harvey, John Stevenson, Boulogne-sur-Mer  
Haward, John Warrington, Leicester Square  
Johnson, Richard Hison Daly, Liverpool  
Mendous, George Frederick Walford, Otley, Ipswich  
Nash, George Brauston Valentine, L.S.A., Liverpool  
Pope, Edmund, L.S.A., Puddletton, Dorset  
Richards, Joseph Peeke, Oxford Terrace, Islington  
Seabrook, William Milward, Brighton  
Stowell, Thomas, Brighton  
Terry, Septimus, Northampton  
Tibbitts, Robert William, Ashton, Bristol  
Wearne, Vivian, Helstone, Cornwall  
Webber, Hulton Joseph, Tunbridge Wells  
Wey, William John, Plymouth  
Wilby, John Burdett, Leicester  
Fox, Cornelius Benjamin, Truro, Cornwall

**APOTHECARIES' HALL.** On May 7th, the following Licentiates were admitted:—

Brewer, Thomas, Halifax  
Ferris, John Spencer, Bradford-on-Avon  
Gargory, Caleb, Birmingham  
Pilkington, Thomas, Enfield, Acerington, Lancashire  
Sharp, George Wyatt, Great Cumberland Street  
Thompson, William Albin, Oxford  
Woodman, Samuel, Finchley Road, St. John's Wood

### APPOINTMENTS.

\*BAKER, John W., Esq., elected Surgeon to the Derbyshire General Infirmary.  
CORNER, Matthew, M.D., elected Surgeon to the Tower Hamlets Dispensary.  
DAY, Edwin E., M.B., appointed Assistant-Physician for Diseases of Women and Children, King's College Hospital.  
GASCOYNE, George G., Esq., appointed Assistant-Surgeon to St. Mary's Hospital.  
\*JOHNSON, John W., Esq., elected Honorary Consulting Surgeon to the Derbyshire General Infirmary.  
LATHAM, Peter W., M.D., appointed Physician to Addenbrooke's Hospital, Cambridge.  
PLAYFAIR, William S., M.D., appointed Assistant-Physician for Diseases of Women and Children, King's College Hospital.  
WALSH, Robert P., L.K. & Q.C.P.I., appointed to the Commission of the Peace for the county of Fermanagh.

### POOR-LAW MEDICAL SERVICE.

CHAMBERLAIN, Joseph R., Esq., to the Southern District of the Pateley Bridge Union, Yorkshire.

DALE, John, Esq., to the Borrowby District of the Northallerton Union, Yorkshire.  
HOLMES, William M., M.D., to the Hartington District of the Ashbourne Union.  
LAMMUTH, Mark O., Esq., to the Workhouse of the Salford Union.  
LEE, Matthew, M.D., to the Horton West District of the Bradford Union.  
MARRIOTT, Robert B., Esq., to the Igburgh District of the Swaffham Union.  
SHERATT, George R., L.R.C.P.Ed., to the Bishopton District of the Sedgfield Union.  
SENGUIN, Branwhite, Esq., to the Brigstock District of the Thrapston Union.  
WILLIAMS, John J., Esq., to the St. Mary's District of the St. Mary, Newington, Union.

### ARMY.

ANDREWS, Staff-Surgeon R. F., to be Surgeon 5th Lancers, vice H. Huish, M.D.  
CLOSE, Staff-Assistant-Surgeon C. S., to be Assistant-Surgeon 5th Foot, vice T. R. Whitty.  
HURST, Surgeon H., M.D., 5th Lancers, to be Staff-Surgeon, vice R. F. Andrews.  
WHITTY, Assistant-Surgeon T. R., 5th Foot, to be Staff-Surgeon, vice H. T. Reade.  
YOUNG, Staff-Assistant-Surgeon J. E., M.D., to be Staff-Surgeon vice G. Williamson, M.D.

### ROYAL NAVY.

BOLSTER, George, Esq., Assistant-Surgeon, to the *Triton*.  
BROWNE, Thos., Esq., Acting Assistant-Surgeon, to the *Columbine*.  
CRABBE, Benjamin, Esq., Surgeon, to the *Trident*.  
DAVIS, Francis W., Esq., Surgeon, to the *Alert*.  
DINES, William, Esq., Surgeon, to the *Marlborough*.  
HUDSON, John, Esq., Surgeon, to the *Columbine*.  
MCDEMIOTT, W. I., Esq., Acting Assistant-Surgeon, to the *Egmont*.  
MACKAY, Alexander E., Esq., Surgeon, to the *Revenge*.  
SHIELDS, John, Esq., Acting Assistant-Surgeon, to the *Alert*.  
WARD, John, Esq. (a), Surgeon, to the *Active*.

### MILITIA.

MICHELL, S., Esq., to be Surgeon Royal Cornwall and Devon Miners Militia.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BARTON, F. E., Esq., to be Assistant-Surgeon 1st Administrative Brigade Cinque Ports A.V.  
BICKERTON, T., Esq., to be Surgeon 1st Lancashire A.V.  
PIGO, Thomas, M.D., to be Assistant-Surgeon 1st Newcastle-upon-Tyne R.V.  
RAINS, J., M.D., to be Assistant-Surgeon 1st Manchester R.V.  
WARD, J. D., Esq., to be Surgeon, 40th Lancashire R.V.

To be Honorary Assistant-Surgeons:—

BUTLER, T. M., Esq., 24th Surrey R.V.

### BIRTH.

ROPER. On May 4th, at Exeter, the wife of \*C. H. Roper, Esq., of a son.

### MARRIAGE.

HUGALL, Thomas John, Esq., Surgeon, Stadhampton, Oxfordshire, to Harriet Elizabeth, second daughter of \*Lancelot NEWTON, Esq., Surgeon, at Alconbury, on April 22.

### DEATHS.

BOYCOTT. On May 8th, at Canterbury, aged 6 months, Mary, infant daughter of \*Thomas Boycott, M.D.  
\*CHALLICE, John, M.D., at 13, Great Cumberland Street, aged 48, on May 11.  
GREGORY. On May 5th, at Weymouth, James Liebig, only child of the late William Gregory, M.D., Professor of Chemistry in the University of Edinburgh.  
MANSON. On May 7th, at Muswell Hill, aged 74, Ann, widow of the late Alexander Manson, M.D., of Nottingham.  
WHITFOOT, Anthony, M.D., of Cranbrook, at St. Colomb, Cornwall, aged 29, on May 5.

**UNIVERSITY COLLEGE HOSPITAL.** Her Majesty the Queen has been graciously pleased to transmit a donation of 100 guineas in aid of the funds of the hospital, in anticipation of the annual dinner, which is to take place on June 2nd.

**ROYAL INSTITUTION.** Sir Henry Holland, Bart., M.D., has been nominated a Vice-President of the Institution for the ensuing year; Dr. W. T. Brande has been re-elected Hon. Professor of Chemistry; and Professor Frankland, F.R.S., has been re-elected Professor of Chemistry.

**DEATH OF DR. REID.** Many Edinburgh citizens will learn with regret the death of Dr. David Boswell Reid, well known by his labours in regard to ventilation. Dr. Reid, who has been for some years in America, died at Washington on the 5th of April. The death was sudden, and caused by congestion of the lungs. Dr. Reid had been appointed by the Government Medical Inspector to the Sanitary Commission, and he was about to leave Washington, to be employed in ventilating the new military hospitals which have been erected in different parts of the country. Dr. Reid was a native of Edinburgh, grandson of the celebrated Hugo Arnot, the historian of Edinburgh, and was himself at one time an extensively-employed and successful teacher of chemistry here. His connexion with the ventilation of the Houses of Parliament is but too well known. He ventilated St. George's Hall, Liverpool—the only building in the world, he said, in which his principles of ventilation have been completely carried out. The ventilation of this building is considered very successful. Dr. Reid began his public career in Edinburgh as assistant to the late Dr. Hope, Professor of Chemistry in the University. He was also a candidate for the Chair when Dr. Hope resigned. (*Scotsman*.)

**ALLEGED LIBEL UPON A MANCHESTER PHYSICIAN : CLAY v. ROBERTS.** The action was tried in the Court of Exchequer, on May 4th. The declaration stated that, among the great body of the medical profession, it would be thought improper and disgraceful for any one of them to meet in medical consultation any medical practitioner or physician professing or known to be a homœopath or homœopathist, and deemed a breach of professional etiquette, and injurious to his professional character and reputation. It then stated that the plaintiff never professed to be nor was a homœopath; and that the defendant, well knowing the premises, falsely and maliciously published the libel in question. To this the defendant pleaded that it was not, nor was considered by the profession to be, disgraceful for any member of it to meet a homœopath in consultation; and to this plea the plaintiff demurred on the ground that it was no answer to the action.—Mr. D. Keane, on the part of the plaintiff, submitted that the declaration was good and the plea bad.—The Lord Chief Baron said he saw some difficulty in saying that to charge a physician with being a homœopathist was a libel. Would it be a libel to say that a lady of fashion had been seen riding in an omnibus? There must be no confusion between matters of crime or sin, which would disparage a person in society, and matters of mere taste, fashion, or caprice, in which there was nothing sinful or improper.—Mr. Keane suggested that this case involved a different point, as actual injury was sustained.—The Lord Chief Baron: Would it be a libel to say of a man of rank, wealth, and fashion, that he was so mean and sordid that he burnt tallow instead of wax candles? Or would it be libellous to say that he habitually ate tripe?—Mr. Keane: It would never occur to me to object to that. I will put to your lordship another case, that of a barrister on circuit riding with an attorney in a stage-coach, and requesting him to give him briefs in preference to other barristers.—The Lord Chief Baron: That is a very different matter. I cannot concur in the suggestion on which the declaration is founded. A homœopathist is a regularly educated medical man.—Mr. Keane: I have generally found them to be so, and I think they are quite able to defend their own opinions.—Mr. Baron Bramwell: I think there is a libel in the declaration on the general body of physicians.—After some discussion, the Lord Chief Baron said that, if the object of the defendant was maliciously to place the plaintiff in an invidious position and injure him in his profession, the publication might be actionable, but could not be said to be a libel. He thought the declaration was bad and the plea good, and that

judgment should be for the defendant.—The other judges being of the same opinion, judgment was given for the defendant. (*Manchester Examiner*.)

**AN OVERDOSE OF CHLOROFORM.** An inquest was held at the village of Dalston, Cumberland, on Monday, before Mr. W. Carrick, surgeon, and a respectable jury, upon the body of Gustavus Evans, M.D., who died suddenly on Saturday last. It appeared from the evidence of Barbara Nixon, the woman with whom the deceased lodged, that he had been subject to acute pain in the head and neck for some time past. On Friday night, on his return from visiting a patient at Barnard Castle he complained that the pain was very severe. Next morning after breakfast he took his usual walk in the garden, and smoked his pipe there for half an hour, after which he went up into the drawing-room. On his landlady going into his room shortly afterwards she found him lying on the floor as if he had rolled off the couch. He said to her, "Let me rest;" but in about twenty minutes he became insensible, his last words being, "Oh Mrs. Nixon, can you spare—" He never completed the sentence. His partner, Dr. Cornelius Hall, of Carlisle, was sent for during the day, and also Mr. Brown, surgeon, Carlisle, but their efforts to relieve the patient were unavailing, and he died about nine o'clock in the evening. It appeared that the deceased had been in the habit of using chloroform and chloric ether to relieve the pain with which he was afflicted; and it was stated in evidence that bottles containing chloroform had been found in his conveyance since his death. One of these contained water, and as much chloroform as would be taken for a dose. Dr. Hall stated that he had no reason to suppose that the deceased was suicidal; on the contrary, his circumstances were comfortable, his mind was tranquil, and on the day before his death, he had expressed his intention of taking a rest from his professional duties and trying a change of air. A *post mortem* examination of the body had been made by Mr. Brown, Mr. Hall, and Mr. Page, and they arrived at the conclusion that death had been caused by an overdose of chloroform. The coroner having summed up the evidence, the jury returned a verdict of accidental death, in accordance with the medical testimony. The deceased was highly respected in the neighbourhood of Dalston, and also in Carlisle, where he practised for many years. Among the poorer classes he was especially esteemed; for he seemed ever to have their welfare at heart. The Dean of Carlisle alluded to the melancholy event in his sermon at the cathedral on Sunday afternoon.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.  
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Asiatic (Anniversary).  
TUESDAY. Statistical.—Pathological.—Ethnological (Anniversary).  
WEDNESDAY. Society of Arts.—Geological.  
THURSDAY. Zoological.—Royal.—Antiquarian.—Chemical.—Harveian: Clinical.  
FRIDAY. Royal Institution.  
SATURDAY. Royal Botanical.

POPULATION STATISTICS AND METEOROLOGY  
OF LONDON—MAY 9, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1073 }	2155 1459
	{ Girls..1077 }	
Average of corresponding weeks 1853-62 .....	1911	1244
Barometer:		
Highest (Fri.) 30.171; lowest (Mon.) 29.667; mean, 29.869.		
Thermometer:		
Highest in sun—extremes (Tu.) 109 degs.; (Th.) 99 degs.		
In shade—highest (Tu.) 72.9 degs.; lowest (Fri.) 35.9 degs.		
Mean—53.2 degrees; difference from mean of 43 yrs.+1.7 degs.		
Range—during week, 37 degrees; mean daily, 25.9 degrees.		
Mean humidity of air (saturation=100), 73.		
Mean direction of wind, N.E.—Rain in inches, 0.00.		

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

RECENT IMPROVEMENT IN RESUSCITATION FOR CHLOROFORM DEATHS.—SIR: Would you let it be stated, for the information of some few members of the Association who take an interest in chloroform, that in a recent very marked sudden instance of suspended animation from that agent, and in a second most remarkable case, of what also would have proved irretrievable death from drowning, the most astonishing effects with perfect recovery were brought about by the new mode of induction electricity described by Mr. Faraday, passed in interrupted currents through the phrenic nerve and respiratory muscles, not through the heart or cardiac nerves. The largest number of accidents from anaesthetics yet collected is one by Laugenbeck, in a German manual recently brought out; but he admits it is mine, and his deductions are essentially the same as those I drew from this list of these one hundred and thirty-three cases. The list now amounts to nearly two hundred deaths from anaesthetics; all pointing to one fact or great want, which the Faradisation current supplies. Snow's "cardiac syncope" is an error; and the Marshall Hall "ready method" is absolute destruction of the patient. Either mixed with chloroform (one part of the latter to four of the former) has many points in its favour compared to pure chloroform, especially in exhausted patients. Deaths occur twice as frequently in healthy adult men as they do in females, though chloroform is much used in midwifery. I am, etc., CHARLES KIDD, M.D.  
Sackville Street, April 16th, 1863.

COMMUNICATIONS have been received from:—Mr. J. WEST WALKER; Mr. L. NEWTON; Dr. WILLIAM BUDD; Dr. HEYWOOD THOMSON; Dr. GIBSON; Mr. T. M. STONE; THE SECRETARIES OF THE HARVEIAN SOCIETY; Mr. J. W. BAKER; Dr. PARKES; THE SECRETARIES OF THE BATH AND BRISTOL BRANCH; Mr. THOMAS BRYANT; Dr. RAMSDEN; Mr. T. H. SMITH; Mr. FURNEAUX JORDAN; Dr. A. CARPENTER; Mr. J. JONES; Dr. J. EDMUNDS; and Dr. HYDE SALTER.

## BOOKS RECEIVED.

1. The Anthropological Review. No. 1. London: 1863.
2. On Rupture: Inguinal, Crural, and Umbilical. By John Wood, F.R.C.S. London: 1863.
3. Sussex County Asylum. Fourth Annual Report. 1862.
4. Outlines of a New Theory of Muscular Action. By the Rev. Samuel Houghton, M.D., F.R.S. London: 1863.
5. Studies in Physiology and Medicine. By the late Robert J. Graves, F.R.S. Edited by William Stokes. London: 1863.

## ADVERTISEMENTS.

**Royal College of Surgeons of ENGLAND.**—PROFESSOR GULLIVER will commence a Course of SIX LECTURES on the Blood, Chyle, and Lymph, in the Theatre of this College, on Tuesday, the 2nd of June next, at Four o'clock, and will continue the same on each Tuesday, Thursday, and Saturday, at the same hour.  
PROFESSOR SOLLY will commence a Course of SIX LECTURES on the Brain, and some of its Diseases, in the Theatre of this College, on Tuesday, the 16th of June next, and will continue the same on each Tuesday, Thursday, and Saturday, at the same hour.

EDMUND BELFOUR, Secretary.

## Wanted, a House Surgeon and

SECRETARY to the MANCHESTER EYE HOSPITAL. He must be a legally qualified practitioner, and devote the whole of his time to the Hospital. Salary, £130 per annum, without board or residence. Application, with testimonials, to be forwarded to the Hospital, South Parade (addressed to the Hon. Secretaries), on or before the 20th of May.

## Hospital for Sick Children,

49, GREAT ORMOND STREET.  
A Series of CLINICAL LECTURES will be delivered by the Medical Officers of the Hospital, every WEDNESDAY, at Four o'clock. The Lectures are free to Practitioners on presenting their card, and to Students after their first year, by Tickets obtainable on application by letter to the Secretary, at the Hospital.  
April 1863. SAMUEL WHITFORD, Secretary.

## Society for Relief of Widows

and ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 3rd day of June next, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. The form of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years standing.

The Secretary attends at the office every Wednesday and Friday, from 4 to 5 o'clock. S. W. J. MERRIMAN, M.D.,  
53, Berners Street, W. Secretary.

## Surgical Instruments.—Arnold

& SONS continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

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the DINNER TABLE, for those who cannot properly masticate, and who, in order to preserve health, should have their food thoroughly minced. Price 30s.—TESTIMONIAL: "I have had one of your Miners for the Dinner-table in use for some time, and find it everything that can be wished. I recommend it to all who suffer from indigestion. T. SAUNDERS, Norfolk Villas, Bayswater."

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## Williams &amp; Son's Pure Glycerine

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The Lancet.  
The Medical Times and Gazette  
The Medical Circular.  
The Edinburgh Medical Journal.  
The Dublin Hospital Gazette.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.  
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## Spratley's Vaccinator, see the

Medical Times and Lancet, November 3rd, 1860. The most efficient little instrument ever invented. Made "only" by W. MATTHEWS, Surgeons' Instrument Maker to King's College Hospital, 8, Portugal Street, W.C. Catalogues of Instruments and Osteology gratis.



# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE II. (*Concluded.*)

#### THE DIFFERENCES IN THE SURGICAL DISEASES OF THE URINO-GENITAL ORGANS IN THE CHILD AND ADULT.

ALMOST every surgical affection of the urinary organs in children is primarily manifested by irritability of the bladder. This symptom may exist alone, or it may be associated with others; but it is unhesitatingly the chief and most prominent symptom by which the attention of the parent is first directed to the part.

By far the most common cause of this irritability is to be found in the condition of the penis; a long prepuce, retention of the secretion from Tyson's glands around the corona, or an adhesion between the prepuce and the glans penis, being amply sufficient to produce this symptom, and, indeed, almost any or every other symptom of vesical disease.

I have seen this simple condition of penis produce every degree of irritability of bladder, even to hæmaturia. I have seen retention of urine result from the same cause, and also constant priapism.

The following cases will, perhaps, best tend to illustrate these points.

**CASE I.** A boy, aged 1½ years, was brought to me in July 1862, with great irritability of bladder, which had been observed for many months, and hæmaturia of six weeks standing. The pain which the child experienced in micturition was apparently very severe, as it was always followed by a shrill scream. On examining the penis, the prepuce was found to be very long and adherent to the glans. Circumcision was performed, and the adhesions were torn away, perfect recovery rapidly following.

**CASE II.** A boy, aged 3 years, was brought to me in Oct. 1862, his mother having observed that the child had constantly from birth played with his penis after micturition; and for six months he had had at intervals a somewhat profuse hæmaturia. On examination, I found that he had an elongated and adherent prepuce. Circumcision was consequently performed with complete success, every symptom of distress rapidly disappearing.

**CASE III.** A boy, aged 20 months, was brought to me in June 1861 with retention of urine; the mother stated that he had had no relief for three days, and he was becoming drowsy. He had been suffering from occasional attacks of retention of urine for six weeks, having passed two days on several occasions without relief. On examination, his prepuce was found to be firmly adherent to the glans penis, and a quantity of retained secretion was also present. Circumcision of the prepuce and its complete separ-

ation from the glans was performed; and a catheter was passed, by which at least a pint of urine was drawn off. Convalescence followed; and, although he was under observation for three months, no return of his symptoms had been observed.

**CASE IV.** A boy, aged 2 years, was brought to me in May 1862 for constant priapism, the mother having observed that such a condition was always present. On examination, it was seen that he had an adherent and lengthened prepuce; consequently he was circumcised, and the adhesions broken down, a complete cure following. It must be added, that this child was said to have had an attack of tetanus when teething.

It is hardly necessary to quote other examples illustrating the same subject. The above are typical of certain classes, and have been selected from their extreme severity; it is enough, therefore, to add the caution that, in all cases of irritability of the bladder, or in any cases in which urinary disorder is suspected, the first inquiry should invariably be directed to the condition of the penis; for I have shown that almost every symptom of urinary disease may be produced by an elongated or adherent prepuce.

When any young subject is brought to me with a history of calculus vesicæ, I am always at first disposed to doubt the fact of its existence; for, in by far the larger proportion of such cases, the symptoms will be found to be due to the simple affection I have just described; and too often an opinion has been given to a parent that a stone exists, when every symptom has been produced by the condition of penis which has been already dwelt upon. The importance, therefore, of recognising the truth of these remarks cannot be overestimated; for, if the nature of the case be mistaken, the fear of the parents of a child will be unnecessarily excited; and the necessary and simple means which are required to effect a cure will be omitted, and the suffering of the child consequently prolonged.

**Treatment.** In all these cases, circumcision is the only correct practice. The prepuce must also be carefully separated from the glans penis; and all retained secretion from Tyson's glands removed. Common cleanliness is all that is subsequently demanded, and a good and permanent cure may, with confidence, be pronounced. No other measures will have a chance of succeeding; and it is only for the practitioner to realise the connection between the symptoms and their cause, to understand the importance and necessity of the practice which has been brought before you.

**Idiopathic or Inflammatory Stricture** is an unknown disease in early life; although cases of stricture are occasionally met with in practice, the nature of which is somewhat inexplicable; for, unless some injury to the urethra have been previously experienced, and as a consequence some subsequent contraction have taken place, producing what is described as a traumatic stricture, no other cause for an urethral contraction is generally looked for.

It is, perhaps, hardly fair to regard all cases of stricture which cannot be put down to the result of injury, as cases of irregular development; but such an explanation appears most probable, although I have no proof to bring forward to support this theory.

I have had a case of so-called stricture under

my care, in a boy only 9 years old ; but I do not think it necessary to take up your time by dwelling at greater length upon the subject.

*Extravasation of Urine.* When extravasation of urine is found in the *adult*, it is almost invariably due to an urethral stricture ; when found in the *child*, it is almost always produced by an impacted urethral calculus ; for I have already stated that, independently of some accident to the urethra, idiopathic stricture is an almost unknown disease in young life ; and I think it can be stated with equal truth that extravasation of urine from an impacted calculus in the urethra of an adult is very rare.

Extravasation of urine, therefore, when found in children, is almost always the result of an impacted calculus. It is to be treated also upon only one plan, and that is, by opening the urethra and removing the stone. It is not in every case that a calculus will be detected ; for the stone may be small, and under such circumstances it may be lost in the sloughing and œdematous tissues ; but in the majority of instances it will be detected at the time ; and if otherwise, it will be found at some future period in the discharges which come away.

I possess the records of at least a dozen instances of this affection, and in all of these the practice just laid down was followed ; in such cases, also, a good result may be anticipated if they be taken early and the extravasation of urine have not been too extensive.

This point of difference in the cause of an extravasation of urine in the child and the adult is very marked, and is worthy of attention.

*Stone in the Bladder.* The two great points of difference between this disease occurring in children and in adults, are to be found in the established facts that two-thirds of the cases which come under observation in hospital practice are in children, and that not one in twenty of these cases proves fatal after operation. On the other hand, one-third only of the cases of stone in hospital practice occur in adults ; and of these one-sixth die after operation when performed during middle age, and one-half at a later period. Again, in the majority of cases of stone in children, the general health of the patient is very good ; indeed, when compared with other children, the inmates of a hospital, the subjects of stone are by far the most ruddy and robust ; and it is tolerably certain that the deposition of a calculus is not connected with any cachexia or feeble condition of the vital powers ; it is only when the calculus has existed for a lengthened period that the general health of the child begins to fail, and danger to life from its presence and from its operative treatment is to be dreaded. In another place (*Medico-Chirurgical Transactions*, vol. xlv), I have been enabled to show that in all cases of death after lithotomy, whether in children or in adults, extensive renal disease is the unquestionable cause ; and that this disease is a necessary result of the long continued presence of a vesical calculus.

In children, stone in the bladder is not a fatal disease, unless neglected, and it is very amenable to treatment, the operation for its removal being most successful, not more than one case in twenty proving fatal. This mortality includes the special risks which attend lithotomy and every difficult operation ; and also the more serious dangers to which a patient is always liable ; renal disease being the chief. As a

conclusion, therefore, I believe it may be left to the fancy or the fashion of the operator to select the form of operation which may be proper. The lateral and the median appear to be equally successful when skilfully executed ; the success of the operation depending little upon the one which is selected. If the patient be a healthy one, and either operation be carried out with caution, a good result may be fairly predicted ; but if the child be cachectic and the stone have existed for some years, or for a large proportion of the child's life, however well either operation may be performed, a bad result may be anticipated ; for it has been shown that, in every fatal instance of lithotomy, renal disease is the true cause of death, and that without such a complication, death is by no means common. The special risks of the operation itself and the results of accident are, of course, omitted in this estimate ; but, happily, these are rare.

From the influence of example, practice, and preference, I always perform the lateral operation ; and the straight staff is the one on which my choice falls ; but these points, I imagine, are quite unimportant if the execution of the operation be skilful and correct, and renal complications be not present. So let the advocates of Allarton's or the median operation dispute the value of the lateral ; and the advocates of the latter doubt the advantages of the median. For my part, I believe that both are right if rightly executed ; and that a fatal result depends upon other and less doubtful grounds.

THE FOSSIL REMAINS IN THE DRIFT. At a recent sitting of the French Academy of Sciences, M. de Quatrefages replied to certain doubts which had been expressed concerning the authenticity of the human jaw and flint hatchets found in the drift of Moulin Quignon. It had been objected that since the attention of geologists had been drawn to flint implements, very successful endeavours had been made to imitate them, and that a number of hatchets recently taken over to England had all proved forgeries. Now, that such has been the case with certain hatchets does not prove, M. de Quatrefages contends, that all should be counterfeit, and there were certainly many the authenticity of which remained unchallenged. Now, when he was on the spot, he made a labourer strike the soil with his pickaxe, upon which a flint hatchet fell out with the gravel, which did not seem to have been previously touched ; nevertheless an artificial cavity might have been made and the hatchet stuck in ; but at the moment of this discovery M. de Quatrefages perceived the point of another hatchet sticking out half an inch ; it was imbedded in gravel, which had evidently not been touched, and he got it out with his own hands. Here, therefore, there could be no deceit. This hatchet and the preceding one were both laid before M. Delesse, who, after a minute comparative examination, came to the conclusion that they were both authentic. As to the jaw, the only testimony in favour of its authenticity was that of M. Boucher de Perthes ; no doubt a most reliable testimony, but yet a solitary one. However, a minute examination of the relic, and a comparison of the earthy crust which covers it with the soil in which it was found, tended materially to confirm the opinion of its authenticity. M. de Quatrefages had tried to produce such a crust artificially, but without success. Nevertheless an analysis of the bone was to be made, to place the question beyond all doubt. He concluded with reading a letter from M. Delesse, in which the latter declared his firm belief in the authenticity both of these hatchets and the jaw.

# Original Communications.

## ON EXOPHTHALMIC GOITRE.

By J. O. FLETCHER, M.D.

[Read to the Medical Section of the Manchester Royal Institution, Manchester.]

IN selecting the subject of Exophthalmic Goitre for my paper, I have been influenced by the fact of having seen, perhaps, more than an average of these cases, and been intimately acquainted with their histories.

It is only within the last few years that this disease has excited much attention in England, although in Ireland, France, and Germany, it has been studied by various inquirers under different names; as "Glottzenen Cachexie" (Basedow); "Exophthalmos ac Struma cum Cordis Affectione" (Hennoch); "Exophthalmie Sereuse" (Datin); "Anæmic Exophthalmos" (Mackenzie); "Cachexia Exophthalmica" (various); "Anæmic Protrusion of the Eyeballs" (Taylor); "Affection of the Thyroid Gland" (Graves); "Affection of the Heart and Thyroid Gland" (Stokes); "Maladie de Basedow" (Hirsch); "Maladie de Graves" (Trousseau); "Anæmia and its consequences" (Beggie); etc.

CASE I. The first case that I noticed was in August 1858, at which time I was requested to see a Mr. C., aged 26, whose father and mother were said to have died of phthisis. He was a nervous excitable subject; had previously enjoyed excellent health; never had piles. He was the principal in a business requiring considerable mental exertion; just previously to this time he had been very much engaged, working night and day; and had lost a great deal of rest, from anxiety about business matters and family troubles, having the responsibility of being guardian to his orphan brothers and sisters; he had also a matrimonial engagement that was near its consummation. He had been in the country for the end of the week, to pay his last visit as a bachelor to some friends; took freely of the good things peculiar to such feasts; and, after a sleepless night, started back to town by an early morning train; felt very cold, and soon after he arrived home (August 2, 1858), had a rigor; and was seized with very severe *colic*, that continued in spite of the free use of antispasmodics for twenty-four hours. The bowels were relieved by enemata; still the *colic* returned from time to time for five days, when he passed *one gall-stone*. After this he gradually recovered, but was so much reduced as to be unable to walk about his room for eight or ten days. Knowing as I did, that he was engaged to be married in about ten days, and that his plan for a wedding tour was to spend a month or six weeks in France and Italy, I proposed that his matrimonial engagement should be adjourned until he had perfectly recovered his strength. Of course, my wishes were not attended to; he was married, went his tour, and returned one month from the day of his starting. On the evening of his return, I was requested to see him, as it was "thought he could not live long." I found him (September 28, 1858) sitting up; able to walk a short distance, and then failing, not for want of muscular power, but from the severe palpitations, caused by the slightest motion or excitement.

He was greatly emaciated, his clothes hanging upon him in folds. The eyes protruded to a considerable extent, and were more than ordinarily brilliant. The rest of his face was pale, sickly, wasted, and expressionless; no wrinkles nor painful expression, but rather a want of it; yet the peculiar staring of the eyes gave him a most wild look, intensified by every motion of the body, or mental excitement. The colour of the skin was peculiar,

being something between the paleness of simple anæmia and slight jaundice; differing from the greenish yellow of chlorosis or the malignant tinge. When he was spoken to, the face flushed slightly; the eyes started more from their sockets; he complained of increased palpitations, throbbing in the neck and head, and constriction about the throat, which caused him to remove all covering therefrom. He complained of the heat of the room (although it was a cold night), and requested the fire removed, and the window to be opened; evincing a great tolerance of cold, and intolerance of heat. Upon examining the heart, it could be felt beating in its normal situation with a tumultuous jerking impulse. (He observed this symptom three days after his marriage.) The palpitations were increased by alteration of position and excitement to a considerable extent, giving him the idea, as he expressed it, "as if it would jump out of the chest or burst." There was a loud systolic murmur extending along the great vessels. On percussing the region of the heart, I did not observe any increased vertical or horizontal dullness. The carotids could be seen beating most violently, and gave a loud *bruit*. The abdominal aorta could be felt pulsating in the same way through the thin wasted abdominal walls; and here also the *bruit* was heard. The radial pulsations were 136 per minute, full and soft; during excitement they had some of the violence and irregularity of the carotids, but at all times there was a marked difference in the radial and carotid pulsations. The thyroid body was enlarged; the lateral lobes being each of about the size of a duck's egg, the right a little larger than the left; it was soft to the feel, conveying a thrill to the fingers and a *bruit* to the ear. During excitement, the gland increased in size, the thrill and *bruit* were increased. He noticed the enlargement of the thyroid gland fifteen days after the palpitations, eighteen days after his marriage. There was a distinct venous murmur in the jugulars. The abdomen was flat, and gave out the normal physical signs, except the pulsations and *bruit* of the aorta, and increased vertical and lateral dullness over the regions of the liver and spleen. The limbs were much wasted, the tissues hanging flabbily to the bones; there was slight œdema of the ankles. The eyes projected from the orbits; by pressure of the finger the protrusion could be diminished, but it returned on the removal of the pressure. He could move the eyes freely in any direction, but the tendency was to look straight out. The coats of the eye were not injected. Vision was perfect; but there was a great disinclination to read, because the fatigue and consequent excitement caused an increase of the palpitations. The skin was cool except during a paroxysm of excitement, when it was covered with a clammy perspiration. The urine was slightly increased in quantity, specific gravity 1021, pale, acid, deficient in urea, but otherwise normal. The tongue was clean, except near the base, where there was a creamy fur. He had much thirst, the desire being for acid liquors. Whilst on the continent, he had taken freely of the light acid wines, which were no sooner taken than rejected, as he thought, from their not agreeing with him; he, therefore, day by day changed his wine, without any different result. This irritability of the stomach had troubled him during the convalescence from the attack of *colic*; and up to the time of his leaving England, he had only been able to take milk diet, without great risk of its being rejected. His appetite was variable and capricious, the desire being for highly seasoned soups, which were frequently rejected. In this way he accounted for the emaciation. He had diarrhoea during the first ten days, the stools being "dark and bilious"; then constipation, which still continued. The bowels had not acted for three days before this evening; the motion was scanty and pale. He complained of inability to sleep; he could not lie upon the left side in consequence of increase of the palpitations, nor on the right side from difficulty of breathing,

nor on his back from constriction of the throat; the only way in which he could sleep was in a semirecumbent position, or upon his stomach. For more than three months, he said, his sleep had been disturbed and unrefreshing, from mental anxiety; and now, he thought, "sleep had almost forsaken him." He went to bed with a fixed impression that he would not get an hour's sleep, and arose in the morning, nervous, fretful, irritable, and morbidly anxious. He had gone to bed night after night of late, rising in the morning worse than on the previous day. He gave this as the reason for sitting up in his present emaciated condition.

The treatment consisted of nutritious, unstimulating food, in small quantities and at short intervals; a full dose of morphia at night to produce sleep; digitalis to steady the heart; and tincture of sesquichloride of iron to improve the condition of the blood.

He was under this treatment for a month; and at the end of December 1858 went to the west coast for a month without medicine, and returned perfectly well. The improvement in the symptoms followed the order of their appearance; better nights, less irritability of the stomach, more perfect digestion, diminished excitement of the heart, gradual loss of *bruit*, sinking of the eyes, and diminished goitre. When he left for the seaside, there still remained a little of the goitre, but it was quite gone on his return. Up to the present time (over four years), he has enjoyed perfect health, and passed a critical examination in London in connection with a life assurance society.

CASE II. Mr. G., a relation of my own, aged 28, married, of nervous temperament, never was ill, except from dyspepsia and jaundice four years ago. He never had piles; his habits were regular and temperate, in the ordinary acceptance of the term; but he was very intemperate in tea-drinking; he thought this often kept him from sleeping at night, and induced his dyspepsia and palpitations. In the spring of 1859 he had to battle with a number of severe calamities and business troubles, "the anxiety of which kept him awake night after night." Then came the irritability of the stomach; food of all kinds except the most bland being rejected. He had also great thirst. Bilious diarrhœa, alternating with constipation, now troubled him. The specific symptoms were the same, and came on in the same order, as in the last case; except that there was a greater extent of dulness over the region of the liver. The skin was more of a dusky yellow colour; the conjunctiva was slightly yellow. Early in July, the palpitations were first noticed; in August, the exophthalmos came on, and ten days later, the goitre. All the symptoms in this case were more severe than in the last.

The treatment was as in the last case, except that hyoseyamus was substituted for the morphia, which did not procure sleep. The improvement was immediate and gradual; in two months, he went to the sea-side, where he remained for six weeks, returning without heart-symptoms, exophthalmos, or goitre. He has since remained in good health. The blood in this case coagulated slowly and imperfectly; under the microscope, there was seen to be a deficiency of red corpuscles and an excess of white cells.

CASE III. John M., waiter at a hotel, married, aged 37, had previously very good health; he lived freely, was frequently kept up the greater part of the night, getting very little sleep, and what he did was disturbed and unrefreshing.

On September 20th, 1859, he consulted me for what he considered to be heart-disease, that had been gradually getting worse for four months. He could not give an exact account of the accession of the symptoms. He now complained of sleeplessness and irritable stomach; his bowels were constipated; the stools were light in colour. He had no piles. He had heart-symptoms, exophthalmos, and goitre, well marked. He was

under the same treatment as the other cases for four months, and was then perfectly cured.

In May 1860, from anxiety and other causes, his sleep again became uncertain, disturbed, and unrefreshing; the palpitations and a slight *bruit* returned. A few doses of morphia were given at night, and he recovered. He has since enjoyed good health.

CASE IV. A girl, aged 16, who had always been delicate, feeble, and stunted, was thought to have heart-disease. She had never menstruated. In May 1860, she came under my care, for excited heart, goitre, and exophthalmos. The treatment was the same as in the other cases, and was continued for seven months, with gradual improvement, ending in perfect recovery, and establishing of the menses. She has since this time continued in good health, and grown considerably.

CASE V. Mrs. H., aged 37, had been married six years, but had not had any children. She had been regular, had no abnormal discharges; she had very good health previous to her marriage. For the last three years, from irregularities in the habits of her husband, her rest had been very uncertain and broken. She had considerable mental and emotional excitement, from which her health had given way. She suffered from dyspepsia and vomitings; once she had "slight jaundice, followed by bilious diarrhœa," which left her very weak, and brought on the palpitations.

On October 10th, 1861, she first consulted me. She was then greatly emaciated; hardly able to walk. She had a very loud systolic *bruit* almost obscuring both sounds, with goitre and exophthalmos.

The treatment was the same as in the other cases, and was continued for eight months, ending in perfect recovery.

CASE VI. I am indebted to my friend Dr. Ledward for this case. Mrs. H., aged 47, married five years ago; had no hereditary tendency to disease; always had good health previously to her marriage. She menstruated regularly up to the last four years, when the catamenia ceased. She did not remember ever being without leucorrhœa. She married a widower with a family of grown-up children; and during the first two years of her married life had great trouble and anxiety with them. She frequently went to bed and lay awake all night thinking of her troubles, and got up disinclined to take, and unable to digest, her food. Three years ago she first noticed the palpitations, weakness, and emaciation. She could not fix the time of appearance of the other symptoms. She had now exophthalmos and goitre; a slight *bruit* only was heard in the carotids, but not in the heart. Pulse 130. The blood coagulated slowly and imperfectly; the red corpuscles were deficient; it contained cholesterine. The fœces were pale, and contained a considerable quantity of cholesterine; also, a trace of bisterate of soda, and very little stercorine. Mr. Hudson has checked this examination. Mr. T. Windsor found some atrophic changes in the choroid coat of the eye.

Dr. Thorburn has very kindly given me notes of three cases he has met with.

CASE I. A man, aged 35, with palpitations, emaciation, goitre, and exophthalmos (double), was treated with iodine and hydropathic remedies without benefit. He was first seen on June 26th, 1861. It was a well-marked case, with the usual symptoms of vomiting, disturbed digestion, nervous excitement, goitre, and exophthalmos.

The treatment consisted of ice to the goitre, soda water and milk, mild unstimulating diet, morphia, and iodide of iron. In two months, he was much better; and by the middle of 1862 was strong and well, a little of the exophthalmos remaining.

CASE II. A female, aged 40, had the usual symptoms, but in a mild degree. Her sister had been treated for symptoms resembling aneurism of the aorta, unsupported by physical signs, with iodide of potassium; it

was given in this case for eighteen months, with only diminution of the symptoms.

CASE III. A female servant, aged 29, had symptoms resembling the last case. Iodide of potassium was given internally; and iodide of lead applied to the goitre with improvement. The case was then lost sight of.

In searching the literature of this subject, I find that, in the year 1722 (*a*), Saint-Yves gives cases of exophthalmos, evidently of this kind. In 1774 Louis (*b*), and in 1791 Gilibert (*c*), relate cases. In 1800 Flajani (*d*), an Italian, first alluded to goitre in connexion with palpitations. After him, Wardrop (*e*) in 1809, Testa, Wenzel and Ware (*f*) and Demours (*g*) in 1818, also noticed the disease. Dr. C. H. Parry of Bath (*h*) says "he has so often seen this swelling (goitre) follow diseases of the heart and other maladies more especially called nervous, such as epilepsy, etc., in which the blood is propelled with excessive momentum to the vessels of the head, and yet at the same time has observed such sudden augmentation and diminution of the swelling," that he was led to suspect that the thyroid body acted as a diverticulum to the cerebral circulation. The same writer, in his posthumous (*i*) works, alludes to a case he saw in 1786. Middlemore (*j*) and Brueck (*k*), etc., in 1835, Hamilton in 1836 (*l*), Pauli (*m*) in 1837, and Datin in 1839, give cases of goitre with palpitations, and exophthalmos with palpitations. Yet there is no account of cases where the three so-called characteristic symptoms are given, before the time of Dr. Graves (*n*) in 1835, who evidently was the first to distinguish this disease, although there cannot be a doubt that both Flajani, Parry, and others, alluded to these cases. In the year 1840, Basedow (*o*), in Germany, entered more fully into the subject, with cases to illustrate his statements. In 1841, Sir H. Marsh (*p*) exhibited to the Dublin Pathological Society the heart of a case that had resulted fatally, and alluded to other cases. Graves (*q*) in 1843 enlarged upon his former statements. The disease has also been described by Sichel (*r*) in 1844, McDonnell (*s*) in 1845, White Cooper (*t*) in 1849, Mackenzie in 1850, Naumann (*u*), Romberg, and Henoch in 1851, Desmarres (*v*) in 1853, Stokes (*w*) and Schoch (*x*) in 1854, Charcot (*y*) in 1855 and 1857, Begbie (*z*) in 1855, Taylor (*aa*) in 1856, Hervieux (*bb*) in 1857, in America, in 1859, by Flint (*cc*), Taylor, Biglow, Moreland, etc.; in France, an excellent memoir by Fischer (*dd*), with a very complete bibliographic account

of the subject; in Germany, by Withusen, translated by Dr. Moir (*ee*); in 1860, Genoville (*ff*), Gros (*gg*), Demarquay (*hh*). Dr. Williams and others, at the London Medical and Chirurgical Society, discussed the subject. In 1861 Aran (*ii*) and H. Walton (*jj*), in 1862 Begbie (*kk*) and Trousseau (*ll*), have enriched the subject by cases and comments.

**PATHOLOGY.** The earliest record of a *post mortem* examination I have met with is in an examination of a supposed fatal case of heart-disease, given in the *Edinburgh Medical Journal* of 1820, vol. i. The thyroid gland was much enlarged, scirrhous, adhering to and pressing on the left carotid. (Goitre had existed several years.) The body was much emaciated. The pericardium adhered to the heart; it contained four ounces of brownish serum; the heart was enlarged and thickened, particularly the left ventricle, which was filled with coagulated blood. The aorta was enlarged at its origin. There were specks of ossification over the surface of the heart. The liver was greatly enlarged, and its structure much deranged. The mesenteric glands were enlarged and diseased. The spleen was enlarged, and contained an abscess filled with dark coloured pus. The kidneys were much enlarged, but the structure was not much changed. Sir H. Marsh, in 1841, exhibited to the Dublin Pathological Society the heart of a case to which he had alluded before. The left auricle was enlarged, not hypertrophied; the capacity of the right auricle was increased, but in a less degree than the left; and there was a little hypertrophy of its walls. The left ventricle was hypertrophied and dilated. There was thickening of the mitral valve; other valves healthy. No account of the other viscera. Hirsch in 1840 (*Casper's Wochenschrift*, March 28th, 1840) examined a case that died comatose; he found blood in the arachnoid cavity, and over the left hemisphere; brain injected; thyroid body hard; vessels dilated; heart slightly hypertrophied; valves healthy; not much fat in the cavity of the orbit. Naumann in 1851 gave an examination where the left ventricle was hypertrophied, the aortic valves ossified, with insufficiency of the mitral valves, atheroma of several arteries, as atheroma, etc.; dilated veins; orbital fat increased; aqueous humour thick, with crystals of cholesterine in it; capsule of the lens opaque; coats of the eye more or less injected. Heusinger (*mm*) found the cellular tissue in the orbit in two cases yellow, thick, and increased in quantity. Præcl, in 1854, found the cellular tissue in the orbits not much increased; the jugular veins were much dilated; and the heart fatty. In 1857 (*nn*), he examined a man aged 50, that had died from this disease; and found hypertrophy with dilatation of the left heart; the mitral valves thin; atheroma and osseous degeneration; diseased aorta; and the brain in some parts softened. Lécorché (*oo*) examined a fatal case with albumen in the urine. He found serosity of the membranes of the brain. The heart was enlarged, the left ventricle hypertrophied, the valves healthy; the kidneys were diseased. Roche, in a fatal case with hæmoptysis and coma, found an apoplectic clot in the brain, and fluid in the pleura and pericardium. The kidneys were diseased; the heart was large; and there was oedema of the cellular tissue of the orbit. Ferrand relates a fatal case, but there was nothing special in the *post mortem* examination. Begbie gives a case of Dr. Christison's, where the body was much emaciated, the right cavities of the heart dilated, the walls

(a) Nouveau Traité des Maladies des Yeux, chap. xx, page 141. Paris: 1722.

(b) Mém. de l'Acad. de Chir., t. xiii.

(c) Adversaria Medico-Practica.

(d) Collezione d' Osservazioni di Chirurgia, vol. iii, p. 270.

(e) On Fungus Hamatodes.

(f) Observations on the Treatment of Epiphora.

(g) Maladies des Yeux, t. i, p. 484.

(h) General Pathology, vol. i, p. 188.

(i) Posthumous Works of Dr. C. H. Parry, vol. ii, p. 111. 1825.

(j) Treatise on Diseases of the Eye, vol. i, p. 589. 1835.

(k) Ammon's Zeitschrift, Band iv. 1835.

(l) Dublin Medical Journal, vol. ix, p. 255.

(m) Heidelberg, klin. Ann., Band iii, Heft ii. 1837.

(n) Clinical Lectures, vol. ii, p. 193.

(o) Casper's Wochenschrift, 1840.

(p) Dublin Journal of Medical Science, vol. xx, p. 471.

(q) Clinical Medicine, p. 674.

(r) Bulletin Général de Thérapie, t. xxx, p. 344.

(s) Dublin Journal of Medical Science, vol. xxvii, p. 200.

(t) Lancet, May 26, 1849, p. 551.

(u) Deutsche Klinik, 1853 and 1854, p. 24.

(v) Gazette des Hôpitaux, 1853, p. ii; and Maladies des Yeux, t. i, p. 210, 2nd edit.

(w) Disease of the Heart, p. 278. 1854.

(x) De Exophthalmo ac Strumâ cum Cordis Affectione. Berlin: 1854.

(y) Gazette Médicale de Paris, 1856; and Mémoires de la Société de Biologie, 1857.

(z) Edinburgh Medical Journal, vol. lxxxii. Case-book. 1855.

(aa) Medical Times and Gazette, p. 515. May 25, 1856.

(bb) L'Union Médicale, 1857.

(cc) A Practical Treatise on Diagnosis, etc., of Diseases of the Heart, p. 267.

(dd) Archives Générales de Médecine, t. xi, pp. 521 and 652. 1850.

(ee) Dublin Medical Press, July 1859.

(ff) Archives Générales de Médecine, t. i, p. 82. 1860.

(gg) Archives Générales de Médecine, t. xi, p. 238. 1860.

(hh) Traité des Tumeurs de l'Orbite, p. 157. 1860.

(ii) Archives Générales de Médecine, t. i, p. 106. 1861.

(jj) Surgical Diseases of the Eye, p. 301. 1861.

(kk) Practical Medicine, p. 116. 1862.

(ll) Clinique Médicale, t. xi, p. 614.

(mm) Casper's Wochenschrift, 1851.

(nn) Archiv für Ophthalmologie, t. iii, p. 157.

(oo) Theses, 1858.

of the right auricle thin, the valves healthy, the right pleura adherent, and the left healthy. The thyroid gland was much enlarged from hypertrophy. The stomach was displaced downwards; its mucous membrane was healthy. The intestines were glued together by old adhesions, but their mucous membrane was healthy. The liver was congested, indurated, and had the nutmeg appearance. The spleen was large, but healthy. One kidney contained a cyst. The other viscera were healthy. The blood was fluid in every part. Begbie then relates the examination of a fatal case of his own, in which there had been engorgement of the liver, jaundice, signs of diseased heart, general dropsy, and exophthalmos for more than a year. The body was moderately stout; there were evidences of decomposition going on. The cellular tissue contained very little fat, but was infiltrated with serum. The pericardium was large, and contained six ounces of clear yellow fluid. Upon the anterior surface of the heart, near the base, a milky spot of about the size of a florin-piece was observed, and another upon the opposite surface of the pericardium. All the cavities of the heart were filled with dark coloured blood, more fluid than usual; one well formed decolorised clot was found in the right ventricle. The heart was large, soft, and flaccid; all its chambers, especially the ventricles, were dilated. The tricuspid and mitral valves were large, but otherwise normal; the sigmoid valves were normal. The vena cava inferior was large; the aorta was small, compared with the pulmonary artery. The endocardium and inner surface of the aorta were stained of a deep red colour; both pleurae contained dark red turbid fluid. The sterno-hyoid and thyroid muscles were thinner and broader than natural; the external jugular veins were normal, the internal large. The thyroid body was generally increased in size to four or five times its normal extent; it was of a dusky red colour, well defined, but slightly irregular on its anterior surface. The kidneys were large and soft. The liver was certainly not enlarged, perhaps rather small; its surface was somewhat irregular, slightly fissured at points superficially. No rounded nodules of cirrhosis could be observed. On cutting the tissue, it was rather hard and dense. The organ seemed partially atrophied; its colour was of a deep orange; and in some places there was an approach to nutmeg congestion.

The ETIOLOGY of this disease is obscure and doubtful. It is allowed to be rare in children, although cases have been recorded by Louis, Conlon, Demours, etc. It is more common in females than males, as proved by Taylor, G-noville, Withusen, etc.; yet it is by no means rare in males, for Fischer, Romberg, Taylor, Aran, White Cooper, Trousseau, Begbie, and others, have recorded cases. It may coexist with, and is thought to be to some extent depending upon, wasting discharges, as leucorrhœa, menorrhœa in females, and piles in males; of which Fischer, White Cooper, Haynes Walton, and others, give illustrations. It may occur where there is a tendency to heart-disease, as in a remarkable case recorded by Dr. Gros; or may succeed an attack of rheumatism, as has been recorded by Hervieux, Naumann, etc.; or albuminuria (Roché, Coulon, and Lécorché); abscess (Ferrand); ague (Gros); epilepsy (Taylor); typhoid fever (Romberg). One or all of these may precede, or arise as an intercurrent affection, and perhaps play some part in the causation of the disease; yet it must be allowed that these so-called causes very frequently exist without any connexion with this disease. We, therefore, must look for something earlier in the chain of causation, and more definite in its connexion than any of the above. I am of opinion that we must look for this to the nervous system, and especially to the brain; for the disease appears to me to be "hypernæmia", induced by sleeplessness, anxiety, excessive excitability, and irritability, impairing digestion and assimilation;

secondarily interfering with the normal nutrition of the nerve-centres, causing a state of hypernærosis with want of power, which induces imperfect secretion by some organ, and, as a necessary consequence of this, if long continued, causes organic changes. And I would here suggest, hypothetically, as a, if not the, remote cause, the excessive formation and abnormal elimination of *cholesterine* or some primary organic compound inducing a specific spæmic and other changes. Dr. A. Flint, jun. (*American Journal of Medical Science*, Oct. 1862), in studying the physiological relations of *cholesterine*, found there was more *cholesterine* in the blood of the internal jugular vein than in the carotids; *ergo*, *cholesterine* is produced in the brain. He also found, on taking blood from each arm of three hemiplegic persons, that there was more *cholesterine* found in the blood of the healthy than the diseased side; hence he infers that it is produced by nerve-action. He found more *cholesterine* in the blood of the portal vein than in the hepatic; hence he infers that *cholesterine* is eliminated by the liver, but that it is not eliminated unchanged; for neither he nor Marcet was able to find it in the faeces in health. Dr. Flint, however, on treating dried faeces with ether and alcohol, obtained a substance resembling "seroline", to which he has given the name of "stercorine", differing from Marcet's "excretine". He further concludes that "stercorine" results from some change in the "*cholesterine*", which takes place during the process of chylickation; because the amount of stercorine corresponds to the amount of *cholesterine* discharged from the liver. *Cholesterine* is found in the meconium, but stercorine is not; yet, as soon as digestion begins, *cholesterine* disappears, and stercorine is found. In hibernating animals, when they are asleep and not taking food, *cholesterine* is found; but when they are taking food, only stercorine. The faeces of animals fasting contain a small quantity of *cholesterine*.

Now in these cases we have as an early, if not the earliest symptom, evidences of hypernæria, which would produce *cholesterine* in excess of what is normal; and, secondarily, disturbed digestion, imperfect chylickation, and something wanting in the zoochemical changes of the *cholesterine* into stercorine; for in the faeces of Mrs. H. there was found *cholesterine*, and little or no stercorine. Again, in the first of my cases, there was evidence of excessive formation of *cholesterine*, by the existence of gall-stone at that early age. The constant symptom of alternating diarrhoea and constipation indicates a disturbed biliary secretion. The frequent pathological changes found after death in the liver; the finding of *cholesterine* in the aqueous humour by Naumann; the existence of *cholesterine* in the atheromatous changes that secondarily take place in the arteries,—tend to support this hypothesis; but I am free to confess that these facts are very meagre, and only venture to point to this as a subject for further investigation in this disease.

SYMPTOMATOLOGY. We have first loss of, or disturbed and unrefreshing sleep, from excitement of various kinds; then disturbed digestion, through morbid excitation of the par vagum and sympathetic; impaired chylickation, causing pallor and anæmia; constipation or diarrhoea, through excessive, diminished, or altered bile-discharges, a result of the presence or absence of bile—a thing necessary to the healthy transformation of *cholesterine* into stercorine; then palpitation from altered innervation of the heart; emaciation from imperfect secondary assimilation and blood-elaboration, in which the thyroid body takes a part. The pulsation of the carotids is due to the impulsive character of the *vis a tergo* and disturbed function in the nervi molles, lowering the tonicity of the contractile coats of the arteries, which, with a want of specific gravity of the blood, a result of imperfect blood-formation, causes the *bruit*. The *bruit* in the heart arises from altered power of con-



tractility in the muscular fibres of that organ, disturbing the balance between the contracting walls, and resisting fluid; hence it is systolic. The nervation which induces this peculiar action is one of great tension, but small in quantity (if I may be allowed the term). In this way we can explain the absence of the *bruit* as recorded by Datin; also its localisation in the carotids whilst absent in the heart, as in the case of Mrs. H. The rushing and throbbing in the head, particularly during excitement, is due to temporary excessive *vis a tergo*; any injurious consequences to the brain being guarded against by the thyroid body acting as a diverticulum; hence the goitre which is from simple hyperæmia at first, then hypertrophy, increases with excitement, and essentially differs from endemic goitre. The exophthalmic state is a consequence of distension of the intraorbital vessels, pressing the eyeball forwards, as thought by Hænoch, Walton, Sichel, Hirsch, etc.; and it is proved to have this origin by the fact of pressure reducing the exophthalmos, and in fatal cases by the eye receding into the orbit after death (Begbie). It is certainly not due to serous infiltration, as thought by Hamilton, Roëhe, etc.; nor to excess of intraorbital fat (Middlemore, Desmarres); nor to increase of intraorbital cellular tissue (Basedow, Kœben, Heusinger, Naumann); nor to increase of the vitreous humour (Stokes), because the measurements of the globe are not increased; nor to irritation of the sympathetic affecting the orbital muscles (Aran), because the motions are perfect. Vision is rarely impaired, as might be inferred from the ophthalmoscopic examinations of Withusen, Follin, and Argyll Robertson, who found some changes in the choroidal pigment, and increased vascularity.

The coexistence of heart-disease is accidental in the early stage; but, if the disease persist for a long time, we should reasonably expect dilatation of the cavities, without relative hypertrophy of the walls; which has been proved to exist before death by Tronseau, and recorded as a pathological fact by Marsh, Christison, Begbie, etc. The dilatation of the veins is the last expression of the disease; it is not due to the pressure of the goitre, for Begbie found the inferior vena cava dilated; but is no doubt due to static congestion.

**DIAGNOSIS.** The presence of heart-symptoms, emaciation, goitre, and exophthalmos, characterise this disease. From organic disease of the heart it is known by the history, its rapid development and subsidence under treatment; from endemic goitre, by the size of the tumour, by its feel, by the thrill and bruit, and by its subsiding after, and increasing with, excitement.

The **PROGNOSIS** is always favourable, and the more so when the disease has not existed long; the more chronic it is, so much the more likely are we to have secondary organic complications.

The **INDICATIONS OF TREATMENT** are to allay the irritable stomach by the use of ice; to give bland unstimulating nutritious food in small quantities and at short intervals; to produce sound and refreshing sleep by morphia, or any non-stimulating soporific; to administer digitalis to steady the weak heart and control its excitement. Iron is to be given to improve the quality of the blood; and hygienic means must be employed. I do not think local applications of iodine have any good effect upon the goitre. Ice will frequently give relief by diminishing the hyperæmic state.

In considering the disease in its totality, I cannot agree with Begbie, that it is a variety of anæmia, induced by wasting discharges; nor with Bouilland, that it is a variety of chlorosis; nor with Aran, that it is always associated with heart-disease; nor with Stokes, that it is neurosis of the heart and cervical vessels. I am inclined to think it is hypernæmia of the brain and sympathetic; that this hypernæmia modifies the primary and secondary assimilation; that the latter interferes with the normal elimination of one of the primary animal com-

pounds formed in secretion (cholesterine?), and thus induces spanæmia; that this spanæmic state, acting upon the brain and cardiac nerves, causes the palpitations; and that the other symptoms arise as a consequence of a continuance of this peculiar action of the heart, and of spanæmia, even up to organic changes in the viscera, heart, and vessels.

### CHOREA: RHEUMATISM: PERICARDITIS.

By S. O. HABERSHON, M.D.Lond., F.R.C.P., Senior Assistant Physician to, and Lecturer on Materia Medica at, Guy's Hospital.

INSTANCES occasionally occur in which, during the acute symptoms of rheumatism, or shortly afterwards, irregular choreal movements come on. These cases are especially manifested after the heart has been implicated in the rheumatic affection; and the closeness of the sympathy between the heart and the spinal centres has led to the supposition that the fibrous tissues of the cord become affected by rheumatic disease. Of this there is no proof, although it is almost exceptional to find chorea without abnormal sound about the heart, either from pericardial or endocardial disease: still, the connection appears to be one arising from the nervous system, and not from organic change of the spinal membranes or metastasis. Fatal cases of chorea rarely happen, and in such instances either acute pericarditis or valvular mischief, as shewn by fibrous vegetation on the mitral or other parts, are generally detected; but no organic change has been discovered in the spine or its membranes.

It is a matter of doubt whether the energetic treatment, generally adopted in rheumatic carditis, does not favour the irritability of the nervous system, of which chorea is the expression; for patients are rendered anæmic and prostrate by the free use of salines, by calomel and antimony, by depletion and spare diet.

Of the following three cases, the first was one of acute rheumatism with heart affection, in a girl aged 16. Salines were given; and, at the end of the second week, choreal symptoms came on, but quickly subsided under the use of bark and an improved diet. In the second case, a young married lady had acute rheumatism, with slight affection of the heart, four months after the birth of her second child. She was compelled to wean her infant; but, although the rheumatism soon subsided, chorea shortly supervened, and did not completely cease till her strength became established by change of air and sea bathing. The third instance was that of a boy afflicted with chorea. He was relieved by generous diet and by steel medicine, and a systolic bruit became less distinct; but in three months he returned with another attack of chorea, and with pericarditis. The prostration of strength was extreme; still, he rallied, and the chorea ceased; but, after a relapse, the cardiac mischief increased, and fatal syncope ensued. This case was also interesting from the presence of erythema circinatum, an occasional accompaniment of rheumatism. In the first and last of these cases, although pericarditis was well marked, there was an absence of pain in the left side and in the region of the heart; and this will be found to be generally the case in simple pericarditis, that is, where the pleura is not also affected.

**CASE 1. Rheumatic Fever: Pericarditis: Chorea.** Sarah B., aged 16, was admitted, under my care, into Guy's, October 26th, 1862. She was a servant; and, two days before admission, experienced pain in the ankles, feet, and legs; and when she was brought to the hospital the symptoms of rheumatism were well developed. A purgative of blue pill and compound rhubarb pill was

given, and half a drachm of bicarbonate of potash in barley-water every four hours; and a diet of milk and beef-tea.

On October 28th she was in severe pain in the joints, which were red and swollen; the skin was perspiring; there had been no sleep; the bowels were open; there was a to-and-fro sound over the region of the heart, and a systolic *bruit* in the course of the aorta; the pulse 116, compressible; the respiration 28. She had no pain in the region of the heart, nor tenderness at the scrobiculus cordis. A grain of opium was ordered at night.

On Oct. 29th there was rather less pain; she had had a little sleep in the night; and the friction-sound was less distinct; but the systolic *bruit* was more distinct. The respiration was easy, 28 in number; the pulse 112.

On the 30th she had a distressed expression of the countenance, although there was less pain in the joints, and none in the region of the heart, nor in the left side; the friction-sound was again very distinct; the pulse tolerably compressible and small, 116; respiration 40. The bowels were open; the tongue had moderate white fur. She was ordered to continue the bicarbonate of potash; and six ounces of blood were taken by cupping from the cardiac region.

On November 1st the symptoms continued as before, and it was found difficult to maintain the warmth of surface which was desired, on account of the patient throwing aside her flannel gown.

November 3rd. The friction-sound was still very distinct, of a harsh and dry character; the pulse was irritable, compressible, and frequent; but there was rather less pain in the limbs. Other symptoms remained as before. A blister was applied to the region of the heart.

On the 5th there was no pain in the joints, but the friction-sound persisted; and, on raising the patient up, the base of the left side of the chest was found to be dull, with tubular breathing, bronchophony, and imperfect tactile vibration; the tongue was clean; the respiration 40 to 50; the pulse 116, compressible. A small quantity of iodide of potassium was given with the bicarbonate of potash. She positively stated, that she had not suffered from any pain in the left side.

On November 7th the friction-sound was still very marked; but she had no pain in the joints; the tongue was clean; the pulse sharp and frequent; the bowels open. For two or three days, irregular jactatory movements had been observed; the mouth was distorted when she attempted to drink, and the hands and arms were suddenly jerked about. She was ordered four ounces of sherry wine, fish, two eggs, milk, etc.

November 11th. The irregular movements continued. The respiration was hurried; pulse 120, small, compressible, and jerking. The friction-sound was less distinct, but audible at the base of the heart. She was ordered to take, three times a day, bicarbonate of potash gr. viij; tincture of bark ʒss; syrup of orange ʒj; decoction of bark ʒj; and to have eight ounces of wine.

November 12th. There was less choreal movement, but the pericardial sound could be heard; and signs of effusion still existed on the left side. Pulse 144, irritable; tongue clean; bowels open freely. A blister was ordered to be applied to the left side.

November 15th. The chorea was diminishing; so also the friction-sound; but a double *bruit* (valvular) could be heard over the aortic valves. Pulse 116, compressible. Early in the morning, when she was more composed than when visited midday, the pulse was 92; the tongue was clean. She was ordered to have ten grains of potassio-tartrate of iron three times a day in water.

November 22nd. The friction-sound had ceased, and only a systolic *bruit* was heard. She was evidently gaining strength.

November 26th. Systolic *bruit* over the aorta was still

audible; but the fluid had become absorbed from the left base; and, although the resonance on percussion was not good, the respiratory murmur was heard to the base.

December 2nd. She was sitting up, and quite convalescent.

On the 9th the systolic *bruit* was much less distinct. The patient was walking about the ward, and about to go home in a few days.

REMARKS. The presence of heart-disease of a functional or organic character with chorea is of very frequent occurrence; and, as a sequence of rheumatic carditis, chorea is by no means rare. Chorea from fright only occurs where the system is in a weakened state, and in proportion to the nervous exhaustion the disease is easily induced; it would seem, also, that the exhaustion from loss of blood, the anæmia following mercurialisation and the excessive use of alkalies, may induce a state in which chorea is easily set up. The connection between pericarditis and chorea is one which is not easily explained; for the supposition that the fibrous tissues of the spinal membranes are implicated in similar disease has not been borne out by pathological observations. It is, however, notorious how very closely the heart sympathises in changes taking place in the cerebro-spinal system of nerves, as shewn by the slow labouring pulse of cerebral disease, and not less intimate is the connection of the heart with abdominal disease; thus palpitation, irregularity of rhythm, feebleness of action, even actual syncope, may take place from diseases of the stomach or intestines. The irregular movements of chorea may be the converse of these symptoms, and the nervous supply of the heart in its altered state may induce changes in other parts of the nervous system.

The saline treatment in this case was not pushed to an extreme degree; ʒij were given in the twenty-four hours; but she soon became anæmic and prostrate, and then the choreal symptoms came on; the improvement after the administration of bark and of a more generous diet was very rapid. This beneficial effect of the cinchona and its alkaloid, quina, is well known, and we have often witnessed its value; but we have no experience in the use of large doses of quinine during the acute stage of rheumatism.

The entire absence of pain in the side was remarkable, with the signs of pleuritic effusion; but we have seen dulness, bronchophony, bronchial breathing, and loss of tactile vibration produced by great distension of the pericardium, an instance in which thirty-six ounces of purulent serum were found after death, the pericardium filling nearly the whole of the left side. In the patient with rheumatism, however, the pericardial friction-sound being persistent, with the signs of effusion, precluded such an idea. Both endocardium and pericardium were affected; and, though the signs of valvular mischief disappeared, it is probable that pericardial adhesions took place.

CASE II. *Acute Rheumatism: Chorea.* A young married lady, having an infant four months old, went out December 5th, and walked in the wet without goshes; again on the 6th she went out in a dense fog, and felt a sense of great coldness in the extremities. On the 10th she suffered from febrile excitement, and some aching pain in the left foot; saline medicine was ordered. On the 11th the ankle was swollen and slightly reddened. On the 12th the left knee was attacked, and she experienced faintness from nursing. The tongue was furred; the heart was free from abnormal sound; pulse 120, compressible. She had taken a scruple of bicarbonate of potash every four hours, and a grain of opium at night. She was ordered to wean her baby, and sherry wine was given. On the 13th the right leg became affected; but the pulse was improved, 108. The bowels were acted on by magnesia and colchicum; the tongue was slightly

furred. On the 14th both legs were affected; the right arm slightly. The skin was perspiring; the tongue had a whitish fur; the heart's action was free; the night was disturbed. She was ordered to continue the salines and opium at night. On the 15th the limbs were generally affected, and she was quite fixed in bed, but suffered from slight pain only, except when moved. The pulse 104, and less compressible; the skin perspiring; the tongue had a creamy fur; the bowels were confined. She had nursed only once during the day. The medicines and the magnesia draught were repeated. On the 16th she had several hours sleep in the night. The bowels acted three times; urine was passed more freely; pulse 96; the sounds of the heart were not perfectly smooth and clear. Acetate and nitrate of potash with tincture of henbane were added to the bicarbonate; and the opium was repeated at night. On the 18th she was considerably relieved; and still more on the 21st. On the 24th there was a slight relapse; but on the 29th she was able to sit up, and to walk round the room. The slight muffling about the sounds of the heart ceased, and she continued steadily to improve under the use of quinine and a more generous diet; but very soon afterwards, while she was still pale and weak, irregular movements of the arm came on, with irritability of the pulse. Steel and quinine were given with relief; but the symptoms did not entirely cease till the strength was completely restored by change of air and sea-bathing.

REMARKS. This was an ordinary case of acute rheumatism with slight affection of the heart, but it came on when the strength was taxed by almost wholly nursing an infant four months old. The symptoms quickly subsided, but they left the patient in an anæmic state; it was then, without any very definite exciting cause, the chorea came on. In the former case, the irregular movements came on more quickly, but they also subsided more speedily.

CASE III. *Chorea: Pericarditis: Erythema Circinatum: Rheumatism: Fatal Syncope.* Frederic M., a delicate anæmic boy, aged 10, from Croydon, was admitted under my care into Guy's Hospital, June 11th, 1862. About five weeks previously, he had been frightened; two days afterwards, pains in the head and limbs came on; and three weeks later, irregular jactatory movements. These movements increased till admission. He was a spare, pallid boy, with dilated pupil, irritable pulse; tongue clean; bowels confined; abdomen contracted. The movements were excessive, and he was unable to stand. A faint systolic *bruit* was audible. He was ordered two drachms of steel wine three times a day; a saline rhubarb powder twice a week; and meat diet with milk and vegetables.

The movements slowly but steadily diminished; and on July 8th he could walk tolerably well. On the 22nd he was sent home, well.

On October 29th he was again brought to the hospital; and it seemed that he had again been frightened. He stated that a man ran after him in the streets. The general symptoms were the same as before; but the heart-affection was more marked. A double sound was heard over the heart, and a systolic *bruit* below the nipple; the pulse was sharp and irritable. There was no pain whatever in the joints; but the child was anæmic and very feeble. Steel wine was again ordered. On November 1st, on examining the surface of the skin, a red rash in crescentic curves, rings, and in long gyrate markings, was observed on the trunk and legs. The edge was slightly raised; the centre of the patch presented the normal colour of the skin; the rash resembled erythema circinatum.

On the 5th a systolic *bruit* only could be heard over the heart; the rash was more distinct; the bowels open; the chorea as before. The child was very feeble. He was ordered to have a grain of quinine three times a day, and two ounces of wine.

On the 11th the irregular movements were diminished, but the rash was still present.

On the 22nd the rash was nearly gone, but the child was very feeble; the general movements were better, but the tongue was especially affected; the child being scarcely able to speak, and the tongue was jerked out for a moment, if protruded at all.

On the 25th he was not so well. His friends had brought sweets for him; and he had been taken out of bed, imperfectly clothed. Vomiting followed, the pulse became rapid, and he became also pale and prostrate. At the base of the heart a friction-sound was very distinct, and there was a systolic *bruit* below the nipple. He was ordered ten minims of aromatic spirit of ammonia in water every four hours.

On the 28th he was very ill, anæmic, and prostrate; the friction-sound was as distinct as before. Ten minims of the tincture of sesquichloride of iron were ordered in water three times a day; and the wine was continued.

On the 30th he died suddenly.

Inspection was made on the 1st December. The lungs were emphysematous at the edges; the lower lobes congested, soft, and dense. The heart was enlarged; the whole pericardium was covered with an adherent layer of lymph, but the adhesions easily separated. In the right auricle was an *ante mortem* clot. Minute vegetations were found around the whole of the mitral valve, and upon the aortic crescents. The liver, spleen, and kidneys were healthy; the mesenteric glands were slightly enlarged. There were patches of lymph both in the pleura and pericardium.

REMARKS. This patient on his first admission resembled one with ordinary chorea; and, although he had experienced a fright, the pain in the head and in the limbs were remarked as being probably of a rheumatic character. On his second admission, he was more than usually prostrate, the pulse was very compressible; the pupils widely dilated, and there was manifest affection of the heart; still there was no pain whatever, except slight pain in the head after some wine had been given; and no febrile disturbance, but an unwillingness to take nourishment or to be in any way disturbed. The choreal movements subsided, and he regained a little strength; but after fresh exposure to cold, and the administration of improper diet, the heart became so enfeebled by the renewed attack of pericarditis, that death took place suddenly from syncope.

The erythema appeared to be uninfluenced by the renewed pericarditis; neither could we trace any connection between it and the fatal termination. The presence of erythema marginatum and circinatum is not common in acute rheumatism; and in patients thus affected under my care several years ago, bright patches of erythema marginatum appeared during the acute symptoms, and, as the rheumatic affection subsided, gave place to purpurous spots. The history and progress of the case entirely confirmed the following remark of Wilson, in his work on *Diseases of the Skin*. "I have before me the notes of a case of this form of erythema associated with acute rheumatism which occurred in the hospital practice of Dr. Watson. The spots were first developed on the abdomen, and quickly spread from this point as from a centre, until they had occupied with their curves the whole surface of the trunk of the body and limbs. The case in other respects presented no characters different from ordinary rheumatism; the characters of the latter were neither aggravated nor relieved by the invasion, and it appeared to be developed in connection with augmented perspiration." Again, he states that in erythema marginatum "there is a greater degree of congestion of the skin than in the preceding (erythema circinatum), there is a deeper but variable tint of redness, which frequently approaches to a purplish hue; the border of the circles is more raised, and slightly papular, and the margin is well defined."

## THE QUESTION OF OPENING HEPATIC ABSCESS: WITH A CASE.

By SIR HENRY COOPER, M.D., Hull.

HEPATIC abscess is a disease of comparatively rare occurrence in temperate climates; and hence we derive our knowledge of it, and our rules for its treatment, chiefly from the experience of tropical service. Still we do occasionally meet with it here, sometimes as the result of acute inflammation of the organ, rarely of dysentery; sometimes, and perhaps most frequently, after slow sub-acute action producing few special symptoms during life, and found unexpectedly after death. I do not include in this notice those deposits of pus in the liver which are often found after pyæmia and local injuries, and of which it is difficult to give a satisfactory explanation.

The opinion of authorities on the question of surgical interference is much divided; and I have thought that the following case presents features of interest in this, as well as in some other respects.

Mr. J. R. is a powerful, energetic man, aged 52, of sedentary occupation and habitually abstemious and regular habits, and enjoys generally robust health. Two or three years ago, however, he had an attack of chronic hepatitis or extreme congestion of the liver, which presented, as I understand, all the usual symptoms of that condition in a violent form. From this attack he completely recovered, and continued well till the latter months of last year, when he complained of general indigestion and lassitude. In November he applied to his medical attendants, Messrs. Hardey and Roberts, who treated him for congestion of the liver, with relief. In the early part of December, a diffused enlargement was perceived in the right hypochondrium, which continued to increase.

On December 15th, I was called in consultation. The constitutional symptoms had now become very severe. He had had no rigor; he was not jaundiced, nor were the secretions much affected; but hectic and sweats had set in, he was much attenuated, and his appetite had failed. There was general fulness, with dullness of the right hypochondrium, and a prominent portion, of the size of the fist, midway between the ribs and the crista ili. No tenderness, but obscure fluctuation. For a few days the swelling appeared to increase; it then became stationary, or even, as we believed, receded; but the general symptoms increased in gravity. Diarrhœa set in, and we suspected that the matter had found its way into the intestine. Microscopic observation did not, however, confirm this view; and the purging subsided, to return from time to time. A few days after, he had a severe bronchial attack; but this, too, passed off without any proof that it was connected with the liver, unless through the irritation arising from contiguity.

By this time the patient's condition had become perilous; and it was clear something must be done, as nature did not make any progress towards the solution of the difficulty, either externally, or by any of the usual channels. Then arose the question of opening the abscess. The general enlargement remained unaltered; the central prominence certainly not increased; the fluctuation still obscure. Dullness extended almost to the crista ili, where the hardened edge of the organ could be felt. A raised margin could be traced round the base of the central prominence; and it was on this ring only that tenderness was complained of on pressure. A coil of intestine lay over the lower and inner angle of the swelling, or portion nearest the umbilicus. In this state, two dangers threatened the patient—escape of pus into the peritoneal cavity, and death by exhaustion.

The rule of practice in these cases is not settled. The one great essential, on which all are agreed, is the neces-

sity of adhesions to prevent peritoneal effusion. Frerichs says (*Treatise on Diseases of the Liver*, p. 147, New Sydenham's Society's edit.): "When the abscess takes a direction outwards, we ought not to delay in making an artificial opening." He then goes on to describe the processes adopted by Bègin and Recamier for securing adhesions before the opening is made, either by an incision carried down to the peritoneum, in which inflammation is excited by charpie dressings; or by a caustic issue eating through the abdominal parietes to the same point, and with like intent. Dr. Graves gives a case (*Lectures on Practical Medicine*, vol. ii, p. 248) in which an exploratory incision was made, fluctuation being absent; and the pus escaped by a lateral channel, on the patient making an effort, seven days afterwards. On the other hand, Dr. Budd advises leaving the evacuation of the abscess to nature; and our Indian authorities seem to be of the same opinion, which they confirm by a formidable table of statistics of mortality after operation. Sir Randal Martin, in his recent work on the *Influence of Tropical Climates*, p. 485, says: "It is little we can do for the unhappy sufferer from hepatic abscess"—"in no instance did the operation (opening) appear to me to result in eventual good"; and he then proceeds to express his agreement with Budd, that "it is generally best, when an abscess of the liver projects at the side, to allow it to open itself." Dr. Waring of the Madras Army says that, of eighty-one operated on, only fifteen recovered, and sixty-six died (*An Inquiry into the Statistics and Pathology of some Points connected with Abscess of the Liver, as met with in the East Indies*); and so M. Rouis gives, as the result of Algerian experience, four deaths of five cases operated on (*Recherches sur les Suppurations Endémiques du Foie*, Paris, 1860). The French method of exciting peritonitis by charpie and caustics is open to the obvious objection of provoking the very danger we are seeking to avoid. If the adhesions have not formed already, we are exciting an inflammation on which we have no means of imposing a limit; if they have, the proceeding is unnecessary. In either case, these processes, especially the caustic, interpose a serious delay at a very critical period. The truth, I believe, to be that, in all cases in which the suppuration has extended so near the surface of the liver as to give the sense of fluctuation, irritation, effusion, and adhesion of the contiguous membranes, have taken place. This tendency of a foreign body to seek the surface, and secure for itself a safe opening, is too well established to be further dwelt on. The proposal to leave the opening entirely to nature is undoubtedly sound and good, provided the powers of the patient are adequate to the long process of ulceration through the textures. But this is assuming a greater amount of vital power than is usual at this stage of the disease; and it must not be forgotten that the patient is thus exposed to the constant risk of spontaneous rupture and its fearful consequences. The formidable Indian statistics above alluded to must be taken with the important reservation, that we have no means of judging how far the mortality was due to the operation itself, and how far to the disease and the state of general health induced by climate and other causes.

To return to Mr. R.'s case. We had no doubt as to the existence of matter, and very little as to its site. There was also reason for thinking that the desired adhesions had taken place, chiefly from the tender edge which surrounded the central prominence; and, further, there was no time for delay. It was finally determined to open directly into the abscess by incision and trocar; an exploring needle having failed, from the depth of the structures, to give any indication. On December 28th, Mr. Hardey divided the textures to the depth of an inch and a half with a bi-toury, and then plunged in a trocar. From sixty to seventy ounces of thick, chocolate-coloured, very fœtid, and tenacious matter was evacuated

in the first two days. A considerable quantity of oil floated on the surface of the pus. The abscess was evacuated once, afterwards twice, in twenty-four hours; care being taken to exclude the air from the cavity, and by firm and gentle pressure to keep the walls in contact. At the end of ten days, twelve or fourteen ounces were still discharged every twenty-four hours. An injection of Cond's fluid, much diluted, was tried without satisfactory result; and, as the quantity of pus remained undiminished, a drainage-tube was inserted, and the abscess *kept empty*, when the discharge rapidly decreased.

The condition of our patient fluctuated much after the operation, and was often such as to make us very anxious to reduce the quantity of discharge. A very quick and decided improvement, however, followed immediately on the diminution caused by the drainage-tube; and Mr. R. may now (March 26th) be considered well, as he has been twice into the country to recruit, and has now resumed his usual habits and occupations. There is a very slight occasional oozing from the wound, which is sometimes entirely closed. The side is puckered, adherent, and deeply depressed around the wound, and has very much the appearance of the thorax after empyema and the external discharge of matter.

I do not wish to attempt to draw a rule of practice from a single case; yet I think the foregoing may furnish some useful data. Where there is reasonable ground to believe that nature has decided upon making an external outlet for the matter, we need not be deterred by the fear of peritoneal effusion from making an artificial opening, inasmuch as one of the earliest and most certain of her operations is to make the connections necessary for security. Tenderness of the tumour is perhaps the most satisfactory indication of this condition, and a hardened base of effused lymph a certain confirmation. Again, there is no object to be gained, under such circumstances, by opening the abscess by successive stages, either by the knife or (still less) by canstics; for delay exposes the patient to the risk of rupture of the walls of the abscess by coughing, sneezing, or the like, and to the laceration of any adhesions which may have formed; or it allows him to perish unrelieved, from the effects of constitutional irritation and consequent exhaustion.

### CASE OF ACUTE HYDROCEPHALUS: RECOVERY.

By JOHN CANDY, M.D., M.R.C.S.Eng., etc.; late Resident Surgeon-Accoucheur Birmingham General Dispensary.

THE following case of recovery from a disease so alarming in its nature, and so fatal in its effects in too many instances, is perhaps worthy of record, as exhibiting the power of remedies to control disease when rightly administered.

On March 12th, I was called to attend Mrs. B. in labour with her fourth child; when my attention was drawn to her youngest boy, an infant of eleven months. It had been very fretful for more than a week, which its nurse attributed to teething; but, upon closer examination, I discovered a minute vesicular eruption irregularly distributed over the head, face, trunk, and upper extremities, which I at once recognised as varicella. I did not take the case in hand forthwith, as the father had procured some powders a few days previously from a neighbouring practitioner, who had not, however, seen the child.

On the evening of the 18th, I was requested to come immediately, as the child had been taken with convulsions. I found it lying quite unconscious, with the thumbs of both hands drawn inwards, too plainly marking cerebral irritation. Finding that there was preternatural heat of the head, I poured a stream of cold

water from a little height. This in a few minutes caused the child to open its eyes and shew other signs of returning consciousness. I prescribed the following mixture and powders, and ordered cloths dipped in equal quantities of vinegar and cold water to be constantly applied to the head.

℞ Solut. magnesiæ carb. ʒj; spiritus æther. nit. ʒj; tincturæ card. comp. ʒj; aquæ puræ ad ʒij. Misce. One teaspoonful to be given every hour.

℞ Hydrargyri chloridi gr. iv; pulv. rhei gr. viij; pulveris ipecac. gr. ii; sodæ bicarbon. gr. iv. M. Divide in pulveres iv; detur i 4tis horis.

March 19th. The child was not quite so fretful, and the bowels had been freely moved. The head was still very hot. The powders were repeated.

March 20th. The patient was about the same. The mixture and powders were repeated.

March 21st. He had passed a restless night. The head continued very hot. Pulse 120. The pupils were dilated, but acted sluggishly under the stimulus of a bright light. I observed that the child constantly moved its mouth, as though chewing; and would swallow anything that was put into its mouth, although sensibility seemed quite extinguished. Finding the child no better when I called in the evening, I applied a small blister to the occiput, and prescribed as follows:—

℞ Magnesiæ sulphatis ʒj; spiritus æther. nit. ʒj; syrupi auranti ʒij; aquæ ad ʒj. Misce. A dessertspoonful to be given every two hours.

℞ Hydrargyri chloridi gr. iv; pulv. jalapæ gr. viij; sacchari albi q.s. M. Divide in pulveres iv; detur i 4tis horis.

March 22nd. The blister had risen well, and the bowels had been freely moved, and the child seemed more conscious. I ordered a bladder of ice to be constantly applied to the head.

℞ Magnesiæ sulphatis ʒj; solut. magnesiæ carb. ʒj; syr. auranti ʒss; spiritus ætheris nit. ʒj; aquæ puræ ad ʒij. Misce. A dessertspoonful to be given every four hours.

℞ Hydrargyri cum cretâ gr. iv; pulv. rhei gr. xij; sodæ bicarb. gr. vj; sacchari albi q.s. M. Divide in pulveres vj; detur i 2dis horis.

The diet was ordered to consist of milk and water and beef-tea.

March 23. A decided improvement in the symptoms had taken place. The ice had had a most beneficial effect in lowering the temperature of the head; and the faeces were beginning to assume a more healthy colour.

March 24th. The child had a few hours sleep last night, and seemed to be much improved in every respect, and began to take notice of those around it. It continued to improve daily, and is at present free from any ailment.

REMARKS. The exciting cause in this case I attribute to the attack of varicella during the period of dentition. Another fact worth noticing, is the rapid improvement which took place after the ice had been applied and the bowels freely moved by calomel combined with rhubarb. I applied a small blister to the back of the neck, as I thought it would have a more beneficial effect than leeching the temples in so young a child; and the result has confirmed my opinion.

### TREATMENT OF PUERPERAL CONVULSIONS.

By W. W. JONES, Esq., Cleobury Mortimer.

I READ with much interest Dr. Swayne's paper in the JOURNAL of April 4th. I find that his treatment of puerperal convulsions entirely accords with my views; and I am induced to send the following cases, from the remarks which have been made by Mr. Prosser, and would only ask what would have been the result of at least

three of the cases had not the congestion of the brain been relieved by bleeding.

CASE I. February 3rd, 1847. Mary P., aged 17, single, was delivered by a midwife, at 7 A.M. Her labour was natural. She was seized, at 12 noon, with convulsions, which continued to occur up to four o'clock, when I first saw her. She was totally insensible; her pulse was 130; breathing stertorous; and her face nearly black. The pupils were dilated and insensible to light. She was bled to forty ounces; calomel, and croton oil injections, were given; and cold was applied to the head. At 7 P.M., the convulsions still continued. On the following morning, the bowels had been moved several times. She was still insensible. The convulsions had abated; and there was less stertor. On the 5th, the patient passed her motions and urine involuntarily; and was totally insensible and very restless. There was much heat of surface. The next day, she was partially sensible, and could swallow a little gruel. On the 7th, she was improving. The gums were tender from mercury. A very troublesome cough is noted as having been present on the next day. The case did well; but was tedious in consequence of congestion of the lungs, which was relieved by tartarised antimony.

CASE II. April 6th, 1849. Mrs. M., aged 23, married, primipara, in the ninth month of pregnancy, was attacked, at 9 A.M., with convulsions, which continued until 2 P.M., when I first saw her. She had not been conscious for some time. Pulse 120, full; breathing stertorous. The pupils were dilated and insensible to light. She was bled to thirty-four ounces; cold douches were used; calomel and croton oil were given; and injections administered. At 4 P.M., the convulsions continued with violence. The os uteri was firmly closed. The patient was in a state of profound coma. She was now bled to ten ounces. At 8 P.M., the convulsions continued. Pulse 130. There was much heat of scalp, and throbbing of the temporal arteries. The pupils were dilated. Arteriotomy was performed; and ten ounces of blood were withdrawn. On April 7th, at 4 A.M., the convulsions were not so frequent. The bowels had acted; and the os uteri was slightly open. The pulse was 150, feeble; the respiration was blowing or hissing; there was no stertor. The membranes were punctured. At 12 noon, labour-pains came on, and delivery took place. The next day, the bowels were moved. On the 9th, she was not quite sensible. This case progressed favourably.

The urine contained a large amount of albumen; and she had swelling of her feet and legs for some time before the attack. The gums became tender from the effects of mercury.

CASE III. On May 20th, 1856, at 2 A.M., I was called to a lady who had been attended by a surgeon of a neighbouring town, and had been delivered about twelve hours. She was of full plethoric habit; she had had three very severe convulsions, and was not quite conscious. Her pulse was 140, full and strong; countenance flushed. I bled her to sixteen ounces, and remained with her. At four o'clock, the convulsions recurred with great violence. I took another twelve ounces of blood, and applied leeches, cold, etc., with aperients and injections. By midday, she was quite comfortable. In this case I am fully convinced that the bleeding was the grand remedy.

CASE IV. On April 17th, 1859, Ann Colley, aged 23, primipara, was attacked with convulsions at 9 A.M. At 12 noon, she was quite insensible. The os uteri was firmly closed. She had lost her eyesight some days before. She was bled to twelve ounces. Labour-pains came on in the course of half an hour. The convulsions subsided after the bleeding, and she was delivered. Her urine was very albuminous, and continued so for several weeks. She perfectly recovered.

CASE V. On October 23, 1861, Jane Gettens, aged 18, primipara, of spare habit, and having a spinal deformity,

was attended by a midwife at 2 A.M. Sickness and vomiting, with convulsion, occurred at 3; the convulsions continued to recur every ten or fifteen minutes. I saw her at 7 A.M.; she was then apparently dying. After the convulsions set in, she had very strong labour-pains. I found the head of the child firmly impacted in the pelvic cavity. She was totally insensible; I looked upon the case as utterly hopeless; but as the fits were so terrific, I had recourse to bleeding (fifteen ounces) and delivery by the forceps. She remained insensible during five days; but eventually did well. Her gums became tender from mercury.

## Transactions of Branches.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

#### EXTRACTION OF BULLETS.

By REDFERN DAVIES, M.R.C.S., Birmingham.

[Read April 7th, 1863.]

TILL within the last few months, the detection of a bullet hidden in the body had been a matter depending only upon touch. The evidence of lead, as interpreted by the sensation it communicates through a probe is, I believe, quite sufficient, although in good and experienced hands it is deemed to be not a certain or a thoroughly reliable diagnostic. I was remarkably struck with this when I was acting assistant-surgeon in the United States army, and stationed in Frederick City, Maryland.

A private came under my care on December 16, 1862. He had been wounded by a gunshot on September 17th. The ball entered on the outside of the leg just above the ankle, and it had never come out. Upon examination, the bones of the leg were found to be unbroken, the ankle-joint uninjured; but the soft parts around were much swollen. At a distance of about one inch and a half from the surface, both blunt and sharp-pointed probes gave the sensation of striking upon lead, and for the space of a shilling around this the bone was denuded of periosteum. The direction of the wound was lateral. Upon a consultation, the wound was dilated with spongetents, and in ten days time an ordinary round ball was withdrawn.

The diagnosis of a bullet's presence, from the indescribable doughy sensation communicated to the fingers upon contact with it through a silver probe, blunt or sharp, was only a matter of degree in sensational development up to the time of M. Nélaton's proposal that the bullet which he felt in Garibaldi's leg should, by letters written in its own leaden hand, declare its presence.

The instrument which I now show was made by Charrière, after M. Nélaton's idea, and consists of a knob of unpolished china at the end of a probe. By simply rubbing this upon any leaden surface, a mark, that could be caused by nothing else, is impressed upon it, and which would not be removed by the parts around or their secretions.

The scrapings made by a tooth-drill upon a bullet have been proposed as a diagnostic of its presence; but I have never seen or heard of its having been used serviceably.

The extraction of a ball generally is not difficult; the golden rule, as old as Hippocrates, being observed, of placing the patient in the same position, as far as possible, as that in which he was when he received the injury; and likewise consulting the patient's own ideas about the position of the ball; and paying attention to what Guthrie calls the general "anatomy of the whole circle of injury."



The instruments that have been devised for the extraction of balls are innumerable; but they have generally been discarded, being found practically to be inefficient. They affect one of the three forms—viz., forceps, spoon, and corkscrew.

Of the forceps, that most recommended is the following. (Fig. 1.) Its blades may either be used together or be applied singly, their joint allowing of their being very easily adjusted. The most commonly used is doubtless an ordinary pair of dressing-forceps, having a long and fine handle and a well-serrated extremity.

I have never used any extractor upon the "corkscrew principle"; but should imagine that it would require a greater *point d'appui* than flesh or bone would bear, if we except those instruments in which the counter-resisting force consists in part of the instrument itself, which goes behind the bullet.

Some amount of lateral extension of the surrounding parts is necessary for these different instruments to be applied or used. Should, however, the ball be driven into the tissue of the bone and firmly retained there, what is the course to be pursued? Should it be allowed

arisen from the fact, that the means that have been employed to remove the ball were themselves inefficient.

Now, however, there need exist no doubt as to both the certain and easy removal of any leaden bullet. The bullet-forceps I now show (Fig. 2) is made by George Tieman of New York, and is graduated to sustain a weight of fifty pounds. However deeply or firmly a leaden bullet may be driven into a bone, a sufficient space for its teeth to hold by is created from the mere passage of the bullet. It is constructed with long and stout teeth, set outward like the incisors of a mouse, and will seize upon and hold a leaden ball, when even a quarter of its diameter is within their grasp. From ample practical experience I can testify to its efficiency.

## British Medical Journal.

SATURDAY, MAY 23RD, 1863.

### A COMMITTEE ON SMALL POX.

WE would suggest that the subject of small-pox is one which might well undergo investigation by a Committee of the Royal Medical and Chirurgical Society. There are several points of practical interest connected with it which are not yet decided, and which nevertheless require decision. Thus, for example, we have no fixed or definite opinion as to whether revaccination is or is not requisite or advisable after a given period from the date of the first vaccination. The profession, on this most important point, is divided in opinion. There are medical men who consider that vaccination, which has been once well and truly performed, is effectual for the whole life of the individual on whom it has been practised. There are, again, those who believe, and certainly with a good show of reason, that the virtue of the vaccination gradually becomes feeblér with the advancing age of the vaccinated, and therefore requires renewal. To decide, or to come to a reasonable conclusion on this very important point, would require the collection of a vast number of facts. Then, again, we want to know whether the virtue of the vaccine becomes feeblér by transmission through a long series of individuals, or whether it is as powerful and effectual in the last as it was when introduced into the body of the first of the series.

In reference to these questions, we would call particular attention to the papers of Dr. Budd just published in the JOURNAL. These are questions of deep practical importance; and it is for this reason that we venture to think they are worthy the consideration of the Medical and Chirurgical Society, as being an authority best suited to assist in their solution.

As for the cause of the prevalence of small-pox at this period, that, we suppose, is evident enough to

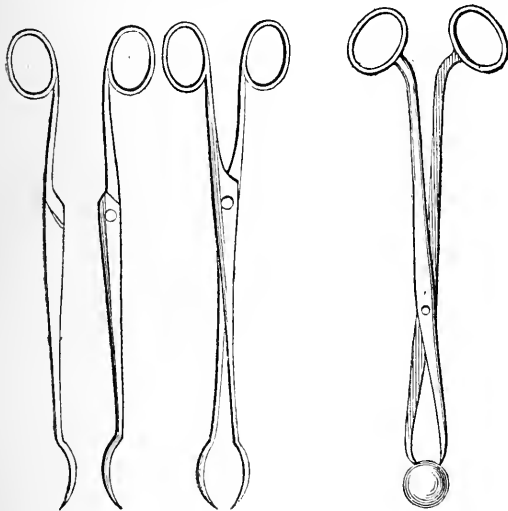


Fig. 1.

Fig. 2.

to remain there, as seems to have been the case in some examples contained in the museum of Fort Pitt Hospital?

The ball being, for a time at least, stationary and fixed in the bone, it will not be likely to do much damage; but if from any cause it become moved and travel about it may invade vital organs or create alarming constitutional disturbance. Before a ball becomes encysted it may set up grave inflammation, which will mat together and embarrass the soft tissues, ulcerate blood-vessels, and so irritate nerves as to occasion as severe and fatal results as even tetanus (Macleod), or when pressing upon bone cause it to exfoliate; and even when encysted a slight blow or derangement in health may set it free again. Gravitation and muscular action may also so change the position of a ball, that from a harmless site it may be removed to one of much danger. Dupuytren even cautions a surgeon against acting upon the information regarding the site of a ball obtained the day before, from the rapid manner in which he has seen them change their place.

Surgeons are said to be not agreed as to what is to be done where a bullet is driven into a bone and firmly held there. Trephining the bone has generally been employed, where it is considered advisable that the bullet should be removed. But, probably, this uncertainty has

every member of the profession, and really requires very little consideration at our hands. The prevalence undoubtedly depends upon the neglect of vaccination mainly, and in part upon its defective performance. The remedy is manifest enough; but it is not one which can be applied by the profession without the aid of Parliament. Vaccination is, it is true, compulsory; but the compulsion is practically a mere name. The Act of Parliament is virtually inoperative. The London medical officers have well pointed out this. They in fact assured the Government, before the present Bill was passed, that the compulsory clause could not be other than a failure; and they also showed how it might be made effectual. It is probable that the Government may, under the pressure of the present epidemic of small-pox, now follow out the suggestions originally made to it by these gentlemen. But, as we have already said, the questions concerning which we require enlightenment in the profession are: 1. Whether revaccination after a given time is desirable; or, in other words, whether or not the vaccine gradually loses some of its protective influence over the individual: and 2. Does the vaccine virus lose any of its virtue by transmission through a series of individuals?

#### M. PASTEUR ON PUTREFACTION, ETC.

M. PASTEUR, in a memoir read to the French Academy of Sciences, tells us:—

"Fermentation, putrefaction, and slow combustion, are the three natural phenomena which concur in the accomplishment of the destruction of animal matter—a condition necessary to the perpetuating of life on the surface of the earth. Dead matter which undergoes fermentation or putrefaction does not yield to forces of a physical or chemical kind only. The slow combustion which goes on in dead organic matter when exposed to the air is, in most cases, closely associated with the presence of beings of an inferior grade. Life, in fact, presides over this labour of death."

M. Pasteur exposed to the action of air, which had been deprived of all organic germs, organised matters of a kind which readily undergo changes and slow combustion, when exposed to high temperatures, such as urine, milk, moist saw-dust, albuminous matters; and he found that not only do these matters not undergo putrefaction or fermentation, under such conditions, but that they are only very slightly oxidised. After several years of exposure to a temperature from 25° to 30° cent., the oxygen in the vases is not yet consumed.

M. Pasteur then repeated the same experiments,

"Under the influence of the development of the germs of minute infusoria, and in the space of a few days, the whole of the oxygen disappeared, and was replaced by carbonic acid. Hence, then, these minute beings are the principal agents of the slow combustion of animal and vegetable organic matters. The immediate principles of living beings (cooked and hermetically enclosed in glass vessels), would consequently be nearly indestruc-

tible, if we could only separate from them these most minute and apparently useless of organic forms."

The theory has hitherto been that when putrescible matter, water, and air, met together, a movement took place which was capable of producing inferior organisms. But M. Pasteur affirms that, under such conditions, no change at all takes place, unless what is brought about by those same inferior organisms which are derived from without. "These facts," adds M. Pasteur, "give the last blow to the theory of spontaneous generation and of fermentation." But probably M. Pouchet will hardly agree to this.

#### THE DUALITY OF CHANCRE.

In the *Gazette Médicale de Lyon*, M. Diday thus sums up the dual character of chancre:—

In the one case, the chancre is indurated.

Has an incubation of two or three weeks.

The inflammation of the adhesive sort (Mr. H. Lee).

The chancre is not inoculable on the subject who has it.

Is not abortive.

Exists exclusively in man.

Is invariably accompanied by indolent affection of the glands.

Invariably produces at a certain time a characteristic series of general symptoms.

Is susceptible of the curative influence of remedies called specific.

Only affects the same person once in the same manner.

In the other case, the chancre is soft.

Has no period of incubation.

The inflammation is of the suppurative kind.

The chancre is inoculable to an indefinite degree on the subject who has it.

Is always abortive when thoroughly destroyed.

Is transmissible to several kinds of animals.

Not constantly attended by glandular affection; the glands suppurating like the ulcer which provoked them.

The action is always local.

Is quite unaffected by specific remedies.

May be reproduced, and with the same degree of intensity, in the same individual, by inoculation.

#### THE WEEK.

It has been suggested to us by a correspondent, that the Committees who are engaged in carrying out the object of the Adams and the Waters defence funds would do well carefully to superintend the distribution of the moneys collected. This advice is well worthy of attention. We have the highest respect for gentlemen of the law; but we nevertheless venture to think that their bills generally require a certain degree of supervision; and that especially do they so require it in cases of this nature. What the actual expenses, for example, of Mr. Adams's suit are do not yet appear to be known; but it is significant that the estimate has been weekly growing greater. We were in the first place informed that the trial would cost Mr. Adams between £300 and £400; next, we heard that the expenses could not be less than between £600 and £700; then, as soon

as it was announced that members of the profession would take the matter up, it was discovered that they would reach £1000; and now we are informed by a hot-headed medical journal that they will be something like £1300. We would, therefore, venture to suggest that the Committees should obtain some definite and positive information on this material point. In the report of the bankruptcy proceedings *in re* Miss Annie Russell, who was last week adjudged to four months detention in prison as a bankrupt for the non-payment of the costs of the trial *Russell v. Adams*, we notice that the taxed costs of the solicitors of Mr. Adams amounted to £315 : 6 : 6. It was, however, stated in court by Mr. Wild, one of the attorneys, that the costs in the trial are about £1000—"the defendant (Mr. Adams) having been obliged to bring a vast amount of evidence from Holyhead and elsewhere," etc. Now, we can readily understand that Mr. Adams's expenses—that is, those over and above the taxed costs—should be considerably greater than £315; but we cannot understand, without explanation, that they should amount to so enormous a sum as £700 over and above the actual costs allowed by law. A legal friend, to whom we have imparted our doubts, tells us that to him the amount of extraordinary costs is utterly incomprehensible; and that, in his opinion, the bill ought to be taxed as between client and lawyer. We have no doubt that other persons, like ourselves, have been struck by the large and gradually increasing estimate of these expenses; and it is, therefore, in the interest of Mr. Adams and of Dr. Waters that we would call upon the Committees to state what is the actual amount of costs incurred in these cases; and, in the case of Mr. Adams, over and above the £315—the costs taxed and charged against Miss Russell.

THERE were this year forty-five candidates for the honour of the fellowship of the Royal Society; and of this number fifteen have been recommended by the Council for election. Two members of the profession only, out of some fourteen medical applicants, are among the selected—viz., Dr. Pavy and Mr. S. J. A. Salter.

MR. HENRY THOMPSON was called to Brussels a few days ago, to attend upon the King of the Belgians. The King, as is well known, has been long suffering from calculous affections, and has been attended and operated upon by several celebrities—Civiale, Langenbeck, and others. It is supposed that the stone, or a fragment of it, is impacted somewhere in the bladder. At all events, it has now for some long time past baffled all efforts made for its removal. We sincerely trust that the efforts of English surgery, as represented by Mr. Thompson, may be crowned with success; although it is fair to Mr. Thompson that we

remember that the King is aged, that his affection is of long standing, and that surgeons of high fame have been unsuccessful in relieving him.

BETHLEHEM and St. Thomas's Hospital cannot, after all, come to terms. Bethlehem's managers do not approve of the proposal that their lunatic asylum should remove into the country; they consider their patients are happier and recover better in London than they would anywhere else. The proposal made at the meeting of the Bethlehemites that the offer of £150,000 made by St. Thomas's Hospital for the site of Bethlehem should be accepted was rejected by a large majority. The negotiations between these hospitals may, therefore, be considered at an end; and St. Thomas's must now begin afresh its wanderings in search of a site, unless it should, from the force of circumstances, think it well to take permanent root on the ground where it is now fixed, the Surrey Gardens. We think it is now highly probable that it will do so, as a matter somewhat of necessity.

THE following suggestion has been made in a letter addressed to the Oldham Board of Guardians, and we are glad to add that the Board has agreed to receive a deputation of medical men on the subject:—

May 13th, 1863.

"To the Guardians of the Oldham Union.

"Gentlemen,—We, the undersigned, medical practitioners resident in the district, having seen the placards calling attention to the state of small-pox existing amongst us, beg respectfully to call your attention to the main reason that prevents the effective carrying out of the Vaccination Act.

"We are of opinion that if contracts were made with every legally qualified medical man, or that if every medical practitioner were to vaccinate all those who come under his notice, and to receive a fee the same as at present paid to those only who are specially appointed, an effective arrangement would be made that would fully carry out the provisions of the Vaccination Act.

"If, in the opinion of the guardians, it is desirable that a deputation should wait upon them, for the purpose of explaining the advantages that would accrue from the arrangements proposed, the undersigned will have pleasure in appointing a deputation so to do.

"S. P. ARMITAGE, M.D.	W. H. F. RAMSDEN.
J. F. HOWARD, M.D.	FREDERIC BROMLEY.
JOSEPH J. RILEY.	JAS. WHITLAM.
JOSEPH PRESTWICH.	JOSEPH HANDLEY.
JAMES JOHNSON.	

MR. ADAMS's solicitor states that:

"Had the witnesses from Holyhead been examined, we should have shown that, according to the statement of the Russells, Miss Russell was, at various times, engaged to be married to no less than four different clergymen there.

"Prior to their acquaintance with Mr. Adams they resided in the neighbourhood of Bedford Row; there, also, they informed their landlady that Miss Russell was engaged to be married to another medical man. But the strangest part of the story is yet to come. Previously to the trial of the action *Adams vs. the Russells*, the Russells

resided in the neighbourhood of Peckham, and, until within a recent period, Miss Russell continued to reside there. Her landlord, a Mr. Wilkinson, a poor hardworking carpenter, called upon us a few days ago and stated that he had been induced to afford the Russells board and lodging prior to and since the trial, upon the strength of their statements to him that Miss Russell was about to be married to Mr. Pike, the gentleman who conducted the case against Mr. Adams, and who had broken off an engagement with another lady to secure her. Mr. Wilkinson also said that the mother and daughter had frequent quarrels, which the daughter informed him was on account of the mother's objection to the match. Ultimately Mr. Wilkinson saw Mr. Pike with reference to these statements, and, finding them to be false, turned Miss Russell out of doors; but the peculiar hardship of this case is, that the poor man has expended all his little savings in keeping her.

"We have also received a visit from a member of Mrs. Russell's family, on behalf of the family, who appear to be people of high respectability; they sympathise deeply with Mr. Adams in the annoyance he has undergone, and the member in question informed us that Mrs. Russell had long ago been discarded by her family.

"We may add, that Mr. Adams some time since consulted us as to the advisability of indicting Mrs. Russell for perjury at the trial, but being unwilling to incur the responsibility of advising him on this point, we had a conference with Mr. Lush, Q.C., who was of opinion that the technical difficulties in obtaining a conviction were too great to render that course advisable."

*The American Medical Times* has the following remarks on what it calls the New School of Obstetrics.

"Practical surgery is evidently, at the present time, thoroughly committed to conservatism. Practical medicine, also, long since adopted expectancy as its governing principle. But what is the tendency of modern obstetric medicine? Time was when the ruling motto among accoucheurs ran thus: 'meddlesome midwifery is bad.' The frequent employment of artificial aid in midwifery practice was an opprobrium under which no accoucheur would willingly rest. It was the pride of practitioners to report the number of cases which they attended annually without the use of forceps. Several of the oldest and most eminent obstetricians of this country can boast that they never had occasion to use the forceps more than once, twice, or thrice, in their own practice. But whoever is familiar with current medical literature, must have become convinced that a new and powerful school of obstetrical practitioners and teachers is rising into importance, which has for its chief aim to popularise operative midwifery. With them the old text, 'meddlesome midwifery is bad,' passes for a prejudice of our forefathers. While science is leading practical physicians and surgeons to conservatism, its teachings are having a contrary influence upon obstetricians. As the *armamentum chirurgicum* diminishes, the 'kit' of the obstetrician increases. Twenty years ago, few practitioners had obstetrical instruments, and these were carefully concealed; to-day they are a necessary part of the graduate's outfit.

"The change in obstetrical practice which we have indicated as now in progress, must be witnessed with alarm by every believer in conservatism in medicine. Many lying-in asylums give a far larger mortality of puerperal cases and of still-births at full term than formerly. The medical journals teem with the death-records of meddlesome midwifery; and it is surprising what senseless audacity is frequently exhibited by these progressive obstetricians in publishing to the world the records of their own shame.

"It would seem quite impossible that a school of practice, founded on such erroneous principles, could ever make proselytes. Such a code of practice has, however, many elements of popularity. The *éclat* of an operation is never lost sight of by the ambitious. The tedious waiting at the bedside may also be limited by interference, and the practitioner is liable to consult his convenience rather than the interests of the patient. This has become so common, that people unacquainted with medicine have taken the alarm, and many persons have put a black mark against the name of practising physicians for prematurely proposing a resort to ergot in order to secure a night's rest for themselves.

"In the earnest and eloquent language of a recent author, 'It is time that plain language should be spoken on this subject; the spirit of conservative midwifery seems to have been lost in sleep; the ordinances of nature have been disregarded, and the accoucheur, with instrument in hand, rampant in his desire for opportunity, rushes with good heart and unmeasured confidence to what he deems the scene of conquest; but too often, alas! it proves a scene of harrowing agony to the unhappy patient.'"

THE seventy-fifth anniversary dinner of the Society for Relief of Widows and Orphans of Medical Men in London and the Vicinity took place on Wednesday last at the Albion Tavern. The President, T. A. Stone, Esq., occupied the chair; and about seventy members and visitors were present. Donations to the amount of £235 were announced; and the secretary stated that several applications for admission had been received from gentlemen desirous of becoming members. The President, in the course of the evening, said that, by the advice of Mr. Tidd Pratt, steps were being taken by the Court of Directors to obtain a royal charter of incorporation for the Society; and he hoped at the next annual dinner to be able to refer to the charter as having been procured. The desirability of a charter was also referred to by Mr. Tidd Pratt and the Honourable George Denman, M.P., both of whom were among the guests.

THE subscription of the medical profession in Liverpool, opened to indemnify Dr. Waters of Chester for his expenses in the late trial, amounted a few days ago to above £80. The lists lie at the Library of the Medical Institution, Mount Pleasant, Liverpool; and subscriptions are also received by the treasurer, Dr. Stookes, 1, Rodney Street. We would call the attention of our associates in Liverpool to these facts, and would urge them to add their names to the list.

Mr. Henry Lee states that pure proper vaccine lymph is amorphous and transparent. Any lymph which, under the microscope, shows the presence of blood- or pus-corpuscles, is unfitted for use.

The *Gazette des Hôpitaux* of May 3rd relates a case of laryngeal polypus removed by M. Trélat, whereby the patient has been rescued from approaching death and restored to perfect health.

## UNIVERSITY COLLEGE, LONDON.

At the late distribution of prizes in this College, Dr. Parkes, who occupied the chair on this occasion, made the following admirable remarks, which we have much pleasure in recording, as they are well deserving the attention of all students of medicine.

LADIES AND GENTLEMEN,—I am quite sure that you will permit me to offer, in the name of this assembly, our hearty congratulations to those gentlemen who have so distinguished themselves to-day; not merely because they have gained, in honourable rivalry, so many medals, but because in gaining them they must also have acquired the things which these prizes typify. They must have acquired habits of industry, accuracy of thought, excellence of memory, and, to a given extent, knowledge of their profession. And in congratulating them, I will also express a hope that they will consider these prizes merely as steps, not as goals; as means, not as ends; as incentives to perseverance and progress, not as signals for cessation from labour. Cessation from labour comes to no man, least of all to men of our profession with its incessant progress and its ever-widening area. But if there be no cessation from labour, yet as we advance labour becomes less laborious; the grooves of thought become smoother; and the habits which required emulation, and rivalry, and prizes, and medals, to excite and sustain them in our youth, become a part of ourselves, and ceasing to be labours are transformed into pleasures. Into that career of wholesome and pleasant labour our prizemen of to-day have entered; they must hold fast by what they have won; remembering and encouraging themselves by the remembrance that the first steps of application are the most difficult, and that they have happily passed over that rugged introduction to science, which, doubtless, has both tested and developed their resolution and their industry.

But, in congratulating our prizemen, we ought not to forget the unsuccessful competitors, the gentlemen who have won no prizes. It is possible that these gentlemen will think it rather paradoxical if I congratulate them also, and will consider it no compliment to be told that they are all the better men for being beaten. But something may be said on that score. There is an old saying, "He stands not surely who never slips"; and certainly there is no such teacher as failure. How usefully, not only in our college exercises, but throughout life, does failure come in to show us our deficiencies, and to admonish us that there is something which must be probed and mended. Ask any man of experience what has acted most beneficially on his character, and he will refer, not to his successes, but his failures. "Sweet are the uses of adversity." And even in a failure for a college prize may arise an improvement which may act on the whole character. Let any man who has failed ask himself whether there is not something to amend; a want of industry, a want of purpose or method, an over-estimate of himself, or an under-estimate of others; and if he rightly conduct and act upon this self-examination, then we may safely venture to congratulate him even on his failure.

There is, however, in every college, a third class of students—here, I hope, a small one—who cannot, I am afraid, in any way be congratulated; viz., those gentlemen who have not contended for prizes at all. There are some who will not compete, either from idleness, or from fear of being beaten, or by a fancy that one subject may take up too much time, or by what they consider a philosophical contempt for such rewards. But search well into the motive for such inertia, and we shall very seldom find it a sound one. And every one should remember that the working for the prize is the real

gain, not the prize itself; and certainly in the working for prizes, in the sustained industry it calls out during the whole session, in the reconsideration of all that has been gone through which it renders necessary before the day of competition, nay even in the task of answering a number of questions rapidly in a short time on the day itself, are precious means of education which no student is wise to throw aside.

On the whole, the advantages of the prize system so preponderate over its disadvantages, that without it there would be a great falling off in the aggregate amount of learning acquired in a given session; but the full uses of the system will never be called forth until the emulation extends to the whole college; till every student competes, not with the mere wish of proving superior to his neighbours, but as a means of compelling himself to war against idleness, and carelessness, and inaccuracy, and distaste, and to sustain the feeling of duty by the stimulus of an honourable emulation.

And now let me say a few words to those students some of whom, I hope most of whom, are among the prizemen of to-day; I mean those to whom this is the last prize anniversary, and who are about to pass out of these gates into the crush and turmoil of the world. They will enter, in fact, into another college, where education, if differently conducted, is not less real and continuous. And I believe it may be said for our profession, that, intellectually and morally, it educates those who practise it as well as any other, and probably better than most. For, intellectually, what can be a better training for the mind than the science of our day—bold, yet cautious; wide, yet deep; sceptical, yet believing; holding what is old, yet striving for what is new; like Janus, having two faces, one looking to the past, and one to the future? The true science of our day does really carry out the precept given us for a different matter; viz., "Prove all things; hold fast by that which is good." And in this proving all things lies one of those difficulties which are our best educators. It is no easy matter for the mind to hold the balance even between old and new, and to be neither too stubborn to retain nor too rash and eager to receive; and yet this is a state of mind which we must sedulously watch and strive to acquire. And I believe that those who are leaving this College will hereafter say that the education they have received here has greatly aided them in the acquirement of this power; for it is the legitimate boast of those who administer University College that, standing on the old ways, they have yet often been the first to open fresh roads; and, by happy innovations which are not destructions, they have greatly advanced and benefited the teaching of medical science.

And if our profession is a great intellectual trainer, it is no less a moral one. It not only excites the feelings of pity, of sympathy, and of friendship, but it places those who practise it in positions in which they must exercise the great and guiding quality of justice, without which the purest benevolence and the most fervent charity would only lead astray.

That those who are soon about to leave us may obtain these intellectual and moral prizes, as well as the worldly advantages which, let poets say what they will, do certainly commonly fall to the lot of those who act at the same time sensibly, judiciously, and honestly,—is, I need not say, our earnest wish. I would ask them not to forget their Alma Mater and their old teachers, to whom in after life they will feel that they owe the precious gift of a sound and enlightened education.

And now, ladies and gentlemen, I feel that I am only meeting your wishes when I venture to congratulate the professors themselves on another year of useful and successful labour. As we have heard in the Report, great changes have taken place in the medical department during the past year. The College has lost the keen, subtle, and practised intellect of Dr. Walshe, and

Dr. Garrod's ingenious and industrious mind. It is much to the credit of the College that it has been able to fill up, and most worthily to fill up, these important vacancies from the ranks of its own pupils, and thus to secure a continuance of that excellent teaching which has placed this College in so high a rank among the great medical schools.

It is, I am sure, the earnest wish of this great assembly that the usefulness and prosperity of the future may throw into the shade even the prosperous and useful past of University College.

### DEATH OF DR. JOHN HATCH POWER.

WITH the deepest feelings of regret we have to record the decease of this distinguished and respected member of the medical profession. Dr. Power was one of the two Professors of Surgery in the Royal College of Surgeons in Ireland, and one of the Surgeons of the City of Dublin Hospital; appointments which he obtained by steady perseverance in an uninterrupted course of successful labour as a teacher, writer, and practitioner, and which he filled with credit to himself and advantage to both these institutions. By colleagues and pupils he was valued as a friend, and by observers of his character admired as a straightforward and conscientious member of society, ever ready to afford advice and assistance. To those entering the medical profession we can with confidence point to the career of our lamented fellow-labourer as a lesson not to be forgotten or disregarded; proving as it does that the honest, steadfast, and industrious pursuit of legitimate objects of ambition is the surest course towards success and reputation. The object of these our imperfect encomiums was indebted to no questionable expedients to obtain admission into the body of which he became a conspicuous member, neither was he indebted to any unsuitable practice to arrive at the position he occupied. As a student he was a diligent and punctual attendant in all places of instruction, and an attentive observer of all facts and objects of importance submitted to his view, while as a practitioner he was content with that recognition of his just claims to public confidence which a quiet discharge of professional duties secures. We believe that the fatal disease was in the beginning of a rheumatic nature, accompanied by severe symptoms, in the sequel assuming a formidable typhoid character. The procession which followed his remains to their resting place in St. Patrick's Cathedral on Monday last bore a sad testimony to the respect in which his well applied talents and Christian virtues were held, for it included nearly every member of the profession in this city, his colleagues, and almost every student of medicine at present in Dublin, as well as many of our most distinguished citizens, whose professional confidence and friendship he had enjoyed for many years. (*Dub. Med. Press*)

**COCOA STATISTICS.** Ten million pounds weight of cocoa were imported into the United Kingdom last year, an increase upon the returns of 1861 of about 880,000 lbs. Considerably more than one-half of the entire supply in the latter year came from the British West Indies. Ecuador sent one and three quarter million lbs.

**PRODUCTIVENESS OF FISH.** Mr. Buckland tells us that there are probably no creatures in nature which are better calculated to repay our care by their enormous productiveness than fish. From experiments he had ascertained that the salmon and trout both deposited eggs at the rate of 1,000 for every pound weight of the parent fish. Turbot deposited 385,000 eggs; roach, 48,000; mackerel, 86,000; jack, 42,800; brill, 239,000; smelt, 36,000; soles, 134,000; perch, 120,000; and the codfish no less than 4,000,000.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Annual.]	Philosophical Institution, Bristol.	Thursday, June 18, 4.30 P.M.
EAST ANGLIAN. [Annual.]	Yarmouth.	Friday, June 26th, 3 P.M.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.

### EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

THE seventh annual meeting of this Branch was held at the Hull Infirmary on May 14, 1863, at 1 P.M.; F. B. ANDERSON, Esq., President, in the chair. Sixteen members and one visitor were present.

Mr. HARDEY, on retiring as president, spoke of the pleasure it had afforded him to preside over a meeting composed of his colleagues, with whom he had lived so long on terms of intimacy and friendship. On resigning the office to his friend Mr. Anderson, who with himself were the oldest members of the Branch, he felt convinced that that gentleman would sustain the duties of that office with credit to himself and gratification to the members generally. He himself had to thank the members of this meeting for their attention and many kindnesses he had received at their hands during the past year.

**New Members.** It was resolved that S. B. Denton, M.D., Hounsea; J. W. Dadley, Esq., Patrington; S. N. Harrison, Esq., Patrington; E. S. Roberts, Esq., Hull; John Armington, Esq., Hull; and A. O. Arden, Esq., Hull; be admitted members of the Branch.

**Officers for 1863-4.** The officers appointed for the ensuing year are as follows:—**President:** F. B. Anderson, Esq. (Hessle). **President-Elect:** O. Daly, M.D. **Representatives in General Council:** Sir H. Cooper, M.D. (Hull); W. J. Lunn, M.D. (Hull). **Honorary Secretary:** H. Munroe, M.D., F.R.S. (Hull). **Committee:** Sir H. Cooper, M.D. (Hull); R. M. Craven, Esq. (Hull); O. Daly, M.D. (Hull); K. King, M.D. (Hull); R. Hardey, Esq. (Hull); W. J. Lunn, M.D. (Hull); J. P. Bell, M.D. (Hull).

**Notice of Alteration of Law.** Dr. MUNROE gave notice that at the next general meeting he should propose an alteration of Law 3:—"That four members of the Committee of Management instead of five should form a quorum."

**Next General Meeting.** It was resolved that the next general meeting should be held at Howden.

**Papers.** The following papers and communications were made:—

1. Modern Treatment of Glaucoma. By K. King, M.D.
2. Case of Intestinal Calculus. By W. H. Eddie, Esq.
3. Notes on Revaccination. By J. P. Bell, M.D.
4. Preternatural Labour; Rare Presentation. By H. Munroe, M.D.
5. Case. By R. M. Craven, Esq.



On account of the long and interesting discussion which took place on the paper on Revaccination by Dr. Bell, Dr. Munroe's and Mr. Craven's papers were obliged to be postponed.

The papers read at the meeting will be forwarded for publication in the JOURNAL.

*Dinner.* At four o'clock, an excellent dinner was provided at the George Hotel. F. B. Anderson, Esq., the President (Hessle), occupied the chair; and Dr. Daly the vice-chair.

The PRESIDENT spoke warmly of the advantages arising from meetings of this character, which brought members from all parts of the district to exchange ideas and offer suggestions as to the best means of keeping up the status of the profession. He himself had been a member of the Association from its formation, and considered it a duty to be always present at these reunions of his medical brethren.

Dr. BELL made some very appropriate allusions to the prospects of the British Medical Association compared with a few years ago. The Association was increasing in numbers and influence every year; and the time would soon arrive when from necessity it must become one of the most important bodies of the profession.

Dr. DALY made some remarks on the increase of members and importance of the Association. He, at one time, thought that the JOURNAL was too expensive an item to be carried on with the income of the Association, and that its publication did not meet the views of many of the members; but now he attributed the increase of members and increased usefulness of the Association to be due to the great improvement of the JOURNAL under the present able editorship.

Dr. MUNROE, honorary secretary and treasurer, showed the financial position of the Branch to be in a very flourishing condition, he having a large surplus in hand. The number of members for the last few years had been gradually increasing; and this year he had to record the largest number since the formation of the Branch. He also spoke of the value and advantages of these prandial gatherings, as the means of bringing together in social conversation professional brethren living at a distance with but few opportunities of meeting each other—as being the foundation of many true and lasting friendships, and the cementing of those already formed. He also referred to the great necessity, now-a-days, of medical men being united in heart and mind to defend themselves against prosecution from the public; and he especially condemned the practice of medical men appearing in the witness-box to impugn the mode of treatment of disease by a brother practitioner.

Many members spoke in sympathy with those who had suffered in the late disgraceful prosecutions of members of our profession.

**ACTION OF CHLORIDE OF ZINC ON SILK.** M. J. Persoz, junr., states that solution of chloride of zinc of 60° will dissolve, after some time in the cold, but in a few moments when heated, silk in sufficient quantity to render the solution quite viscous, and to form a thick syrup. This solution diluted with acidulated water may be dialysed; the metallic salt passes through the dialyser, and the silk remains in a mass, having the appearance of starch, retaining, however, a little zinc; desiccation yields it as an insoluble vitreous residue. The solution might, therefore, be employed in place of albumen for fixing colours on fabrics, and might also be useful as a varnish. One of its peculiarities is worthy of remark—it is not decomposed below a red heat. Under the influence of heat it yields a red colouring matter something like murexide, which has not yet been thoroughly investigated. The chloride of zinc solution, rendered basic by oxide of zinc, does not dissolve wool or vegetable fibres, and may therefore serve as a reagent for the separation of mixed tissues. (*Pharmaceutical Journal.*)

## Special Correspondence.

### LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE *Medical Institution* has just concluded a very successful session. The excellent reports of the proceedings, regularly furnished to the JOURNAL by our indefatigable Secretary, Mr. Lowndes, renders it unnecessary for me to add more than that the average attendance at the meetings was good, and the papers and cases, as well as the discussions, interesting and instructive. The profession of Liverpool are peculiarly fortunate in possessing, as their own property, a noble building so admirably adapted for the purposes of a library, and for scientific meetings, or for assembling their members on any of those occasions which call for united action or for a public expression of professional opinion. Notwithstanding the manifest advantage and importance to the medical community of the town in thus having as it were "a local habitation and a name", unfortunately a large proportion of our brethren here, by withholding their support, deprive themselves of those benefits of professional intercourse and cooperation which it was the special object of the founders of the Institution to place within the reach of every practitioner in the locality, and at the same time impose unnecessary burdens upon those who are left to maintain the establishment in a state of efficiency. These remarks may appear inapplicable and uninteresting to general readers unconnected with this neighbourhood; but I may remind them that, although the incidents of my story are local, the moral has a wide and almost unlimited application; so that, while giving my neighbours a hint, I am calling the attention of the profession at large to a prevailing delinquency, of which, indeed, our own Association forms a notable illustration. Notwithstanding its recent rapid growth and its present respectable muster-roll, what a small percentage it includes of the names which fill nearly five hundred pages of the *Medical Register*! The great facilities afforded by institutions of this kind for prompt and united action on important emergencies have recently been well shown by the energetic and instantaneous movement of the profession of Liverpool in reference to the late *cause célèbre* at Chester, in which they gave precedence only to that city itself, and set an example which many here think might with propriety have been more generally followed in other large towns.

The subscriptions towards the Waters fund emanating from the Liverpool Medical Institution already amount to upwards of £70. Our friends on the opposite shores of the Mersey have held a meeting at Birkenhead, and have commenced a subscription. Our Manchester brethren do not as yet appear to have come out in great force in this matter; but this, I feel sure, is attributable to no want of sympathy for Dr. Waters, or to a disapproval in the object of the movement; but I understand some unforeseen obstacles arose in the organisation of a general meeting of the practitioners of the town, which seem to have ended in their taking refuge in the Council

of the Branch. We may, however, confidently anticipate that in due course a well filled subscription-list from Manchester will show that the medical men of that important town are as earnestly and as heartily desirous of cooperating in the good work as the rest of their professional brethren in the district.

In connexion with this subject, it is a pleasant duty to record the following noble example of disinterested attachment to the profession, and of a desire to be practically useful in supporting its institutions. Mr. James Dawson, of Wray Castle, Windermere, formerly an eminent surgeon in this town, withdrew from practice, twenty years ago, to the peaceful seclusion of the Lakes; but in his retirement he has never forgotten or flagged in his interest in the welfare of the Liverpool Medical Institution, of which he was an original founder. He has ever since held the office of President, and has regularly paid his subscription year by year; and, on all occasions when special claims have been made upon the members for extraordinary expenses, he has invariably contributed his full quota, and even within the last two or three years the Treasurer has received from him donations to the amount of about £200 for the benefit of the Institution. His name, I may add, appears on the list of subscribers to the Waters fund for five guineas. So striking an instance of a due regard for the duties as well as for the privileges of professional reputation and success is worthy of all imitation.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 28TH, 1863.

RICHARD PARTRIDGE, ESQ., F.R.S., President, in the Chair.

REMARKABLE CASE OF INJURY OF THE HEAD, IN WHICH THE RIGHT RESTIFORM BODY AND THE RIGHT POSTERIOR COLUMN OF THE SPINAL CORD WERE DIVIDED TRANSVERSELY; WITH REMARKS. BY A. T. H. WATERS, M.D.

JOHN M'BRIDE, a sailor, aged 23, was admitted into the Liverpool Northern Hospital about noon on the 19th of February, 1863. He had received a blow on the side of the face on the previous day from a capstan bar, which stunned him for a short time. On presenting himself at the hospital he was able to walk with assistance. When seen by the author he was in bed. He was quite conscious, understood everything, and spoke rationally and distinctly, although articulation was not quite perfect. He complained of slight dizziness of the head, and slight numbness of the right side of the face and of the right arm and leg. He was unable to swallow, and had constant hicough. The face was dusky; the breathing quiet; the pulse 100, and regular; the tongue was protruded in a straight line; the uvula was drawn to the right side. There was partial loss of power over the right side of the face, and right arm and leg; both these limbs could, however, be readily raised. He could open and shut both eyes. The pupils were rather dilated; the eyeballs constantly rolling about. No affection of vision or of hearing was complained of. The right side of the face and the right arm and leg were of higher temperature than the corresponding parts of the opposite side. The patient said he could distinctly feel when touched on either side of the face, on either foot,

leg, or arm. Sensation appeared slightly less perfect on the right side than on the left, *but on both sides it was good*. The patient died, somewhat suddenly, at five p.m. on the day of admission, after an ineffectual attempt to swallow. He had survived the accident about twenty-four hours.

After death the cranial bones and the vertebræ were found unfractured. The cerebrum was healthy. There was a considerable quantity of slightly coloured fluid at the base of the skull and in the spinal canal; the venous sinuses were very full of blood; the right hemisphere of the cerebellum was slightly and very superficially lacerated on its under surface, close by the side of the right restiform body. The medulla oblongata at its posterior aspect and right side was the seat of an extravasation of blood lying beneath the pia mater. This extravasation was into the nervous substance, and was connected with lacerations of that structure. The parts having been hardened in spirit, two transverse lacerations were found connected by a vertical one. The first or superior laceration involved the right restiform body about its middle; the laceration extended to within a very short distance of the median furrow of the fourth ventricle behind; to the outer side and in front the laceration extended as far as the line of origin of the eighth pair of nerves. Blood was effused between the lacerated parts, and separated them from each other. The nervous substance in the adjacent parts was also infiltrated with blood. The median furrow of the fourth ventricle was pushed a little towards the left side. As far as it was possible to judge, this laceration involved the whole, or very nearly the whole, of the fibres of the right restiform body, and a portion of the grey matter spread out on the floor of the fourth ventricle. None of the roots of the eighth pair of nerves were torn; but the laceration extended close to the superficial origin of the glosso-pharyngeal and par vagum, and no doubt involved their deep fibres. The second or lower laceration was situated just below and to the right of the nib of the calamus scriptorius. It had divided that part which is known as the posterior pyramid and the tract outside of it, which is the continuation of the posterior column of the spinal cord. The laceration extended about two lines into the nervous substance; it stopped behind at the median fissure, and externally it did not extend beyond the line of attachment of the posterior roots of the spinal nerves. Blood was effused as at the upper laceration. These two lacerations were connected by a vertical one, which ran down along the inner side of the restiform body, and terminated below by joining the inner part of the lower laceration. The lungs were loaded with black blood. The heart was healthy.

The author remarked that the importance of the case was in the fact that the parts which were formerly supposed by most physiologists, and still are by some, to be the sensitive tracts, were divided on one side without loss of sensation ensuing. The case was remarkable as presenting us with a repetition in a healthy man of those experiments so often performed on the lower animals by the physiologist—namely, division of certain portions of the cord or medulla.

The results of the case tended to confirm the views recently advanced by some physiologists, that the posterior columns of the cord and the restiform bodies are not the channels by which the posterior roots of the spinal nerves communicate with the sensorium; and to refute the opinion that those structures are concerned in that function.

With regard to the minor symptoms, they for the most part agreed in a remarkable manner with the lesion which was found. So severe a laceration of the restiform body could scarcely happen without involving the deep origin of the facial, the glosso-pharyngeal, and the pneumogastric nerves. Hence the symptoms of paralysis about the face, etc., which had been referred to. The

immediate cause of death appeared to have been a sudden arrest of the function of breathing.

A CONTRIBUTION TO THE PATHOLOGY OF THE CRURA CEREBRI. BY HERMANN WEBER, M.D., F.R.C.P.

After some preliminary remarks on the rare occurrence of diseases of the crura cerebri uncomplicated with other affections of the brain, Dr. WEBER related the following case:—

A man, aged 52, affected with disease of the aortic valves, hypertrophy of the left ventricle, and rigidity of the larger arteries, had, during the last years of life, frequent tinnitus aurium, a dull, but moderate headache, disturbed sleep, and anxious dreams. Two months before death, he had sudden paralysis of the right side of the body (limbs, trunk, and face) as to motion and sensation, and of the muscles of the left eye supplied by the third nerve, with dilatation of the left pupil. Disturbance of vision was only slight; viz., imperfect double vision in using both eyes combined, and impaired accommodation in using the left eye alone. The other special senses and the intellectual faculties were unaffected. The pulse was slow and irregular. He had obstinate constipation. There was increased temperature in the paralysed limbs. The paralysis of the right side of the face, the soft palate, the tongue and the trunk, had been from the beginning less complete, and became gradually much diminished, as well with regard to motion as to sensation; that of the limbs, on the contrary, remained almost complete with respect to motion, while the sensation gradually improved. The paralysed muscles of the left eye regained their function only very imperfectly; and the left pupil, too, remained much dilated. The obstinate constipation continued. About eight days before death, symptoms of bronchopneumonia and pleuritis, especially of the right side, came on. Death occurred two months after the seizure.

**POST MORTEM EXAMINATION.** Phenomena of recent bronchopneumonia and pleuritis occupied the greater portion of the right lung, and existed in a very limited manner in the lower lobe of the left lung. There was hypertrophy of the left ventricle of the heart with disease of the aortic valves (rigidity through atheromatous deposit, stenosis, and insufficient closure); also, extensive atheromatous affection of the arterial system, especially of the cerebral arteries. Hæmorrhage had taken place into the inferior and internal portion of the left crus cerebri; the cavity being about three-fifths of an inch long, and a quarter of an inch broad, and as deep, was situated close to the surface, and in immediate contact with the third nerve, the nerve-fibres of which were degenerated. The tissue of the crus round the cavity was hardened in the thickness of about one fifteenth of an inch. The remainder of the left crus and the other portions of the brain were normal.

Dr. Weber remarked that the diagnosis in this case had been comparatively easy. The sudden paralysis of the right side of the body, with paralysis of the third nerve of the left side, and with immunity of the mental faculties and special senses, pointed unmistakably to an affection near the base of the left hemisphere, and in immediate connection with the origin of the third nerve, therefore also the crus cerebri. The fact that none of the other cranial nerves was affected indicated that the morbid condition was confined to a small spot, and the existence of the disease of the arterial system recognised during life rendered hæmorrhage more probable than any other alteration. Dr. Weber thought, under similar circumstances, an almost accurate diagnosis might be always ventured.

The author then gave an account of the two only cases of an analogous nature which he had met with in the medical literature; the one related by Andral (*Clinique Médicale*, tome v, p. 339, 1834), the other by P. H. Green (*Med.-Chir. Transactions*, vol. xxv, p. 195);

the main symptoms of both cases being in accordance with those observed by himself. He then touched upon the symptoms produced by section of the crura cerebri in animals, especially the circus movements described by Magendie, Lafargue, Longet, Schiff, and other physiologists, the absence of hemiplegia and the occurrence of hyperæsthesia on the side of the lesion noted by Schiff. Dr. Weber did not endeavour to explain the discrepancy between the results of vivisections, and the symptoms of disease in man. He alluded, however, to the differences in the pathological and experimental lesions themselves, and also in the connection of the different portions of the brain between themselves in man and animals. He wished, by no means, to disregard the results of the physiological experiments; but, on the contrary, thought that whenever any discrepancy existed, we ought to be very cautious in drawing inferences from pathological observations. He, therefore, did not consider as certain, but only as probable, results of lesions of the centre, the internal and lower portions of the crura cerebri in man (the only parts which were diseased in the three cases related):—1. Almost perfect paralysis of the limbs of the opposite side as to motion, and great impairment as to sensation; 2. Less complete and more transitory paralysis of the opposite side of the trunk, of the face, soft palate, and tongue, as to motion and sensation (leaving the muscles of the eye intact); 3. A similar, but perhaps more permanent, impairment of the pneumogastric and sympathetic nerves of the opposite side; 4. A great retardation in the functions of the intestinal canal; 5. Immunity of the intellectual faculties and special senses; 6. Paralysis of the third nerve on the side of the lesion, if the latter affects the nerve substance adjacent to the point of issue of that nerve.

With regard to prognosis, Dr. H. Weber remarked that the cases related proved, that hæmorrhage of limited extent into the crus cerebri need not be necessarily fatal; but that they demonstrated also that the organs deprived of their unimpaired nervous influence (as, for instance, the opposite lung and pleura) are more liable to inflammation; a fact which ought to be taken into consideration, not only in the prognosis, but also in the management of such and similar morbid conditions.

Dr. Weber added that, after having finished his paper, he received from Dr. F. J. Stiebel at Frankfort, a dissertation, in which a remarkable case of disease of a crus cerebri was described with symptoms differing considerably from those mentioned in the three other cases.

A girl, aged 11 years, habitually subject to attacks of bronchial catarrh, dyspnoea, and disturbed circulation, was attacked on June 21st, with severe headache, nausea, great weakness, and frequency of pulse (140), without either paralysis, or loss of consciousness; on June 25th, paralysis of the third cranial nerve of the left side came on, with hanging of the left angle of the mouth; on 26th, turning of the head towards the right side and obstinate constipation were noted; on 28th, rigors towards the evening and some degree of anæsthesia of the left side of the face; on June 30th, death, preceded by trismus and tetanic convulsions. No paralysis of the limbs had been observed during the whole illness. On *post mortem* examination, the left crus cerebri was found enlarged (it was more than twice the size of the right crus) and softened; it contained in its inferior portion, close in front of the pons, an oblong abscess or "ulcus" filled with good-looking pus, a small clot of grumous blood being situated at the posterior end of the ulcus. The remainder of the brain was normal, as were also the other organs of the body, except the heart, which offered the appearance of concentric hypertrophy.

Dr. Weber remarked that neither the depth of the "ulcus" was mentioned, nor the microscopic appearance of the remaining substance of the crus; but that the

great increase in its size indicated some kind of alteration of its structure. Extensive alteration of the crus, therefore, does not, it seems, necessarily cause paralysis of the opposite side; and the first inference drawn as probable, from the three former cases described in the paper, ought scarcely to be accepted, except with great reserve. He then pointed out the importance of the symptom of turning the head to the side opposite to the lesion, noticed in Dr. Stiebel's case, as being in accordance with the results of Schiff's experiments on animals; and concluded with a remark on the necessity of guarding against hasty conclusions, from a few pathological observations, especially in cerebral affections.

#### CONTRIBUTION TO THE THERAPEUTICS OF CONTINUED FEVER. BY THOMAS K. CHAMBERS, M.D.

*Analysis of 214 cases of continued fever:—*

108 treated on "general principles;"

106 treated on a uniform plan of continuous nutriment and hydrochloric acid.

The first series occurred during the six years ending September, 1857; the second series during the five and a half years ending March 31st, 1863.

*Reasons for the cases being fairly comparable:—*1. They are each a consecutive series. 2. They are spread over a considerable period of years. 3. All treated by the same physician, and under similar circumstances. 4. Diagnosed and recorded by independent registrars. 5. The equality of the cases is shown by the equality of the mean duration of their convalescence.

*Of the first series:—*

of 13 entered as typhus, 3 died;  
of 39 entered as typhoid, 16 died;  
of 56 of doubtful type, 3 died.

Of 108, total of continued fever, 22 died.

*Of the second series:—*

of 19 entered as typhus, none died;  
of 48 entered as typhoid, 2 died;  
of 39 of doubtful type, 2 died.

Of 106, total of continued fever, 4 died.

Excluding from the first series 2, and from the second 1, who died within two days of admission, and gave therefore little scope for judging of the effects of treatment, there remains less than 1 in 5 as the death-rate under the first treatment, and less than 1 in 35 as the death-rate under the second treatment. Therefore the second method of treatment is a powerful means of preserving life.

Details of treatment were given, and some remarks made on the action of emetics.

Dr. MURCHISON had listened with much interest to Dr. Chambers's communication, inasmuch as the treatment recommended closely resembled what he had followed at the Fever Hospital, during the last 18 months. The treatment of typhus and allied fevers by the mineral acids was a very old one; it had long been the favourite treatment in many parts of Europe, particularly in Germany and Sweden. At the same time, he had not that implicit faith in it, which Dr. Chambers appeared to have, and he must protest against Dr. Chambers's inference that his treatment was calculated to prevent 15 out of every 18 deaths from fever. Dr. Murchison had employed the mineral acids, in conjunction with wine and abundance of fluid nutriment, in upwards of 1500 cases, and although he had often seen the most marked improvement (cleaning of the tongue etc.), follow the use of the acids, his statistical results had been much less favourable than those now announced to the Society. He was convinced that with more extended experience, Dr. Chambers would be compelled to modify his opinion. Dr. Chambers's statistics were open to several fallacies.

1. The cases selected for comparing the results of different plans of treatment had occurred at different periods, instead of at the same time. 2. In both series, the form of fever had not been determined in a large

proportion of the cases, and no details had been given to enable any one to judge of their nature or severity. Many of the cases "of doubtful type" had probably been examples of simple fever, which was rarely fatal under any method of treatment. The results would be materially affected by the proportion of cases of simple fever or febricula in either series. 3. The rate of mortality in the first series, treated "on general principles" was far above the average mortality from fever in general hospitals, and hence it was not a fair standard of comparison. The total mortality in this series (excluding febricula) had been 20 per cent., for typhus alone 23 per cent., and for enteric fever, no less than 41 per cent. 4. The ages of the patients suffering from the different forms of fever had not been given. Age exercised little or no influence over the rate of mortality of enteric fever; but in the case of typhus, the results of different methods of treatment could never be satisfactorily compared without taking the ages of the patient into consideration. Under twenty years of age, typhus was rarely fatal; above fifty, the mortality was nearly 60 per cent. 5. The number of cases was too small to warrant any decided opinion as to the advantages of the treatment recommended. The second series included only 19 cases of typhus and 48 of enteric fever, diagnosed as such. A practitioner, with extensive experience in fever, might often have 20 cases of typhus in succession under his care, without losing a single case, but then if he lost 5 cases, the total mortality would be 20 per cent. During last autumn, of 41 successive cases of enteric fever, under Dr. Murchison's care, only 2 died, one from perforation of the bowels, and the other from acute tuberculosis—lesions not likely to have been cured by any treatment, yet the rate of mortality for the entire year had been considerably greater. Most of the 41 cases had been severe, but in none had a drop of hydrochloric acid been administered. Dr. Murchison doubted if hydrochloric acids possessed advantages over the other mineral acids. Although he believed that the treatment of continued fevers by the mineral acids, together with a uniform system of nourishment, was justified by our knowledge of the pathology of fever, as well as by experience, he was confident that Dr. Chambers's statements were calculated to make those who heard them, too sanguine as to the results to be obtained from it.

**SENSELESS WEIGHTS AND MADDENING MEASURES.** A gallon isn't a gallon. It's a wine gallon, or one of three different sorts of ale gallon, or a corn gallon, or a gallon of oil; and the gallon of oil means 7½lbs. for train oil, and 8lbs for some other oils. If you buy a pipe of wine how much do you get? Ninety-three gallons if the wine be Marsala, 92 if Madeira, 117 if Bucellas, 103 if Port, 100 if Tenerife. What is a stone? 14lbs. if a living man, 8 if a slaughtered bullock, 16 of cheese, 5 of glass, 32 of hemp, 16½ of flax at Belfast, 24 of flax at Downpatrick. It is 14lbs. of wool as sold by the growers, 15lbs. of wool as sold by the wool-staplers to each other. There are seven measures in use to define an acre. A hundredweight may contain 100lbs., 112lbs., or 120lbs. A hundredweight of pork is 8lbs. heavier at Belfast than at Cork. A man might live by selling coal at a less price per ton than he paid for it at the pit mouth. A ton of coal at the pit mouth varies from 22cwt. to 28cwt. of 120lbs. each; a ton to the householder means 20cwt. of 112lbs each. Of cheese 32 cloves (of 8lbs. each) make a way in Essex, 42 in Suffolk. We walk in this United Kingdom by the measure of four sorts of miles, an English mile being 217 yards shorter than a Scotch mile, 480 yards shorter than an Irish mile, and the geographical mile being another measure differing from all three. Our very sailors do not mean the same thing when they talk of fathoms. On board a man-of-war it means six feet, on board a merchantman five feet and a half, on board a fishing-vessel, five feet. (*All the Year Round.*)

# Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 8th:—

Bateman, William Adolphus Fredk., L.S.A., Richmond, Surrey  
 Brockwell, John, Cleator, Cumberland  
 Compson, John Charles, Stourbridge, Worcestershire  
 Francis, Alfred Ollivant, Derby  
 Hinds, Charles, Barbadoes  
 Holyoake, Thomas, Kinver, Staffordshire  
 Hunt, Henry John, Melksham, Wilts  
 Hurlstone, Martin de Galway, Chester Street, Hyde Park Corner  
 Jones, William, Llangoor, Brecon  
 McBride, James, Rathfriland, co. Down, Ireland  
 Miles, Thomas, Totnes, Devon  
 Peatfield, Thomas John, Edwinstowe, Notts.  
 Pyle, Charles John, Amesbury  
 Pyle, George Edward, Amesbury  
 Soffe, William Edward, L.F.P. & S.Glasg., Bungay, Suffolk  
 Steward, Joseph S., L.R.C.P.Lond., Usemore Hill, Cumberland  
 Summerhayes, Henry, Crewkerne, Somerset  
 Swabey, Samuel, Prince Edward Island  
 Turner, James Smith, Margaret Street, Cavendish Square  
 Vallance, Edmund, Brighton  
 Whipple, John Henry Connell, M.D.St.And., Plymouth  
 Wintle, Richard Prior, Earls Court Terrace, Kensington  
 Wood, Francis Henry, New Romney

**APOTHECARIES' HALL.** On May 14th, the following Licentiates were admitted:—

Clapperton, George, Lower Broughton, Manchester  
 Dykes, William Astly Sherratt, Lonsdaleborough, Yorkshire  
 Elliott, George Hurlstone, Chichester  
 Hall, Samuel, Belper, Derbyshire  
 Norris, George Robert, Charmouth, Dorset  
 Perkins, Charles, Queen's College, Birmingham  
 Poulton, Albert Edward, Horncastle  
 Rindyard, Alfred Thomas, Bexhill  
 Spence, James Atkinson West, Bedale, Yorkshire  
 Woolley, Thomas Starbuck, Codnor, Derbyshire

At the same Court, the following passed the first examination:—

Armstrong, Henry Edward

## APPOINTMENTS.

COWELL, George, Esq., appointed Medical Officer to the Royal Pimlico Dispensary.  
 DOBBIE, Robt., M.D., appointed Surgeon to the County Prison, Ayr.  
 EDWARDS, Alexander M., Esq., appointed Assistant-Surgeon to the Edinburgh Royal Infirmary.  
 FREEMAN, John H., Esq., elected Medical Officer of Health for the Parish of St. George-in-the-East.  
 GRIFFITH, Gorreger, Esq., appointed House-Surgeon to the London Surgical Home.  
 ORD, George R., Esq., appointed Surgeon to the Royal Asylum of St. Ann's Society.  
 PADLEY, G., M.D., elected Physician to the Swansea Infirmary.  
 STARLING, John, Esq., appointed Medical Officer to the Chelsea, Brompton, and Belgrave Dispensary.  
 WATSON, Patrick H., M.D., appointed Third Acting Surgeon to the Edinburgh Royal Infirmary.  
 WILEY, H., Esq., elected House-Surgeon to the Poplar Hospital.

## POOR-LAW MEDICAL SERVICE.

AYRE, Edwin S., Esq., to the High Hoyland District of the Penistone Union.  
 BURKE, John P., M.D., to the Louisburgh District of the Westport Union, co. Mayo.  
 CANDLEB, John, Esq., to the Mendham District of the Hoxne Union, Suffolk.  
 CLARKE, Alexander C., M.D., Resident Medical Officer to the New Workhouse, Crumpsall, Manchester.  
 FARLE, John, Esq., to the Workhouse of the Altrincham Union.  
 EDWARDS, John, Esq., to the East Bampton District of the Tiverton Union.  
 FARMER, J., Esq., to the Cottesford District of the Bicester Union.  
 GILMORE, Samuel, L.R.C.P.Edin., to the Workhouse Infirmary and Fever Hospital of the Castleblayney Union, co. Monaghan.  
 MACKRETH, John F., L.R.C.P.Ed., to the Danby District of the Guisborough Union.  
 MITCH, William, Esq., to the Orton District of the East Ward Union, Appleby, Westmoreland.  
 STEPHENSON, William H., M.D., to the Mellor District of the Blackburn Union.  
 TROTTER, Charles John, Esq., to the District of Holme, Huddersfield Union.

## ROYAL NAVY.

BAIRD, William J., Esq., Surgeon, to the *Cossack*.  
 BELL, William H., Esq., Assistant-Surgeon, to the *Cossack*.  
 DUIRS, William, M.D., Surgeon, to the *Marlborough*.

## MILITIA.

GRAY, J., Esq., to be Assistant-Surgeon Northamptonshire and Rutland Militia.

## YEOMANRY CAVALRY.

MORETON, J. C., Esq., to be Assistant-Surgeon Earl of Chester's Yeomanry Cavalry.

SICARD, A., M.D., to be Surgeon Royal East Kent Yeomanry Cavalry.

## VOLUNTEERS. (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

BENNETT, C. H., M.D., to be Assistant-Surgeon 4th Middlesex R.V.

To be Honorary Assistant-Surgeons:—

BYRNE, W. A., Esq., 1st Glamorganshire Engineer Volunteers.

## BIRTHS.

OSBORN. On May 16th, at Northampton, the wife of Ashby G. Osborn, Esq., Surgeon, of a daughter.  
 POUND. On May 18th, at Odilham, the wife of \*George Pound, Esq., Surgeon, of a son.

## DEATHS.

ADAMS. On May 14th, at 37, Harrington Square, aged 6, Henry Clements, second son of William Adams, Esq., Surgeon.  
 \*COUCH, Richard Q., Esq., at Penzance, aged 46, on May 8.  
 CUTFIELD, Alfred B., M.D., at Deal, aged 46 on May 11.  
 ELLIS. On May 10th, at Bristol, aged 2 years and 5 months, Robert Valentine, eldest son of Robert W. Ellis, Esq.  
 FIELD, Edward, M.D., at Framlingham, on May 10.  
 GRIFFITH. On March 9th, near Bathurst, New South Wales, aged 40, Richard Clewin Griffith, Esq., eldest son of Richard C. Griffith, Esq., Surgeon, of Gower Street.

**VACCINATION (IRELAND) BILL.** This Bill has been read and passed in the House of Commons.

**ALLEGED NARCOTISM FROM SUBCUTANEOUS INJECTION.** It is stated that a patient lately died in the Middlesex Hospital from narcotism induced by the subcutaneous injection of morphia.

**THE ARMY IN INDIA.** Meetings of the Royal Commission to inquire into the Sanitary State of the Army in India, Lord Stanley, M.P., in the chair, were held at the War-office on Saturday the 9th, Wednesday the 13th, Saturday the 16th, and Tuesday the 19th inst.

**UNIVERSITY OF ST. ANDREW'S.** A vacancy has occurred in the chair of chemistry and anatomy in the United College, St. Andrew's, by the resignation of Dr. George Edward Day, owing to ill health. The patronage is vested in the University Court.

**ST. MARY'S HOSPITAL.** At the annual dinner of this hospital, held at the Albion on the 5th inst., the receipt of nearly £700 in donations, etc., was announced. A legacy of £200 has also been lately left to the hospital by Mr. Charles Maccabe of Wimpole Street; and Mr. B. B. Cabbell has lately obtained for the hospital, as a gift from the Society for the Discharge and Relief of Persons imprisoned for Small Debts, £300, being the fourth donation from that Society.

**THE QUEEN AND THE WINDSOR INFIRMARY.** A short time ago, her Majesty visited the Windsor Infirmary. Since then a letter has been received in which is expressed—"Her Majesty's great satisfaction at all her Majesty saw on her late visit, and the approbation with which her Majesty noted the care and attention bestowed on the patients, and the cleanliness and the order that prevail in an institution which has the Queen's best wishes." The following letter was also received by the treasurer:—"Dr. Becker presents his compliments to the treasurer of the Windsor Infirmary. He has received the commands of her Royal Highness the Princess Louis of Hesse to forward the enclosed cheque for £20, as a contribution from her Royal Highness towards the funds of the infirmary. Her Royal Highness knows

that she is thus contributing towards one of the best directed undertakings for the benefit of the poorer classes of the town and neighbourhood of Windsor; and it is a satisfaction to her Royal Highness, before returning to Germany, thus to leave some token of affectionate remembrance of the scenes where so large a portion of her childhood and youth has been happily passed."

**THE SMALL-POX.** In the House of Commons, a few days ago, General Buckley asked the President of the Poor Law Board whether he was aware that fresh cases of small-pox were brought into the workhouse of St. George's, Hanover Square parish, and other workhouses in London, and whether some arrangement could not be made to prevent fresh cases of small-pox being brought into the populous part of London? Mr. Villiers had not heard of any fresh cases of small-pox in the workhouse of St. George's or in any other of the workhouses of the metropolis; but he had heard that the malady generally was on the decline. Some weeks ago the Privy Council issued a circular to all the metropolitan unions, urging them to take precautionary measures with a view to the extension of accommodation for patients suffering from small-pox, and the Privy Council further issued a circular to the Poor Law Board, requesting them to urge upon Boards of Guardians to take such measures. Since that time answers had been received from no less than twenty-five out of the forty metropolitan unions, stating that their accommodation was more than adequate for the number of patients. With respect to the workhouse of St. George's, it might be satisfactory to the hon. and gallant General to hear a report had been made with respect to that workhouse within the last few days, from which it appeared that a wing of the building had been set aside for small-pox patients; that the said wing was capable of accommodating forty patients; that the greatest number in at any one time had been thirty; that the total numbers admitted since the outbreak of the malady was fifty-eight; and that at present there were only fifteen in it, the major part of whom were convalescent.

**THE RUSSELL v. ADAMS CASE.** Court of Bankruptcy, May 15th. The bankrupt, Annie Russell, who described herself as "a professor of music, and spinster," applied for her release. She was the unsuccessful plaintiff in the cause of "Russell v. Adams", and had been arrested for £315 costs incurred by Mr. Adams in defending the action. Mr. Wild, for Mr. Adams, opposed the application. He said the total expense incurred by Mr. Adams in his defence would be £1000. The defendant had been obliged to bring a vast amount of evidence from Holyhead and elsewhere, with a view to showing that on former occasions the bankrupt had fixed charges of breaches of promise of marriage upon clergymen and other persons, in order to extort money.—The bankrupt, who gave her evidence in a somewhat confident tone, said: It is quite true that the verdict was not exactly for me; but my solicitor applied to Messrs. Wild and Barber for leave to examine Mr. Adams and myself as witnesses upon the trial, in order that the truth might be established; but they refused to give permission, otherwise the verdict would, in my opinion, have been very different.—The Commissioner: The verdict was against you?—The Bankrupt: Yes; but if Mr. Adams had not placed himself in the position, he would not have incurred the expense. From experience he might have known that it was rather dangerous to trifle with the affections of a lady.—The Commissioner: I see that in the declaration the damages are laid at £3000.—Mr. Wild: Yes, and the defendant a married man with a large family.—The Commissioner: I do not think I can release the bankrupt until she has been four months in prison. It is a monstrous case.—The Bankrupt: Very well. I was informed yesterday that you would prejudice

the case.—The Commissioner: I do not know how I could prejudice the case. Until to-day I never saw either plaintiff, defendant, judge, or jury. I cannot release the bankrupt until she has suffered four months imprisonment.—The bankrupt was then removed, his honour adding (with a smile): "I hope she will not sue me." [A laugh.]

**UNIVERSITY COLLEGE, LONDON.** The distribution of prizes to the students of the Faculty of Medicine in University College, London, took place on Tuesday, Dr. Parkes, F.R.S., Fellow of the College, former Professor of Clinical Medicine, in the chair. *Atkinson Morley Surgical Scholarship*: William J. Smith, of Basingstoke. *Longridge Prize (£40) for General Proficiency*: William H. Griffin, of Banbury.—*Filliter Exhibition in Pathological Anatomy (£30)*: Thomas Griffiths, of Carmarthen-shire.—*Fellowes's Clinical Medals: Gold Medal*: Talford Jones, of Brecon. *Extra Gold Medal*: Frederick T. Roberts, of Carmarthen. *Silver Medal*: Richard Dawson, of Brighton. *Anatomy and Physiology: Gold Medal*: Bryan H. Allan, of London. *First Silver Medal*: William Snow, of Barnstaple. *Second Silver Medal (Equal)*: John Morrison, of Stirling, and John Williams, of Llangudock. *Certificates of Honour*: 5. (Equal) James J. Coxeter, of London; George Jackson, of Tavistock; 7. Thomas H. Green, of Saffron Walden; 8. (Equal) Frederick B. Nunneley, of Burton-on-Trent; Julian A. M. Evans, of London; 11. (Equal) Edward F. Willoughby, of Brighton; William Akerman, of Islington; 13. Charles J. H. Smith, of Kentish Town; 14. (Equal) Frank Howard, of Harrow; Marshall Hooper, of Sevenoaks.—*Anatomy: Senior Class: Gold Medal*: Charles Bradley, of Nottingham. *First Silver Medal*: William Snow. *Second Silver Medal*: Philip B. Mason, of Burton-on-Trent. *Certificates of Honour*: 4. Thomas H. Green; 5. Bryan H. Allan; 6. George Jackson; 7. Henry G. Walker, of London; 8. William Akerman; 9. Charles J. H. Smith. *Junior Class: Silver Medal*: George O. Spencer, of London. *Certificates of Honour*: 2. Frederick Barton, of Bedford; 3. James J. Cluff, of London; 4. Francis J. Buckell, of Romsey; 5. Frederick B. Nunneley; 6. Francis J. Grose, of Dinapore, Bengal.—*Chemistry: Gold Medal*: J. Pearson Hughes, of Llandovery. *First Silver Medal*: Percy J. Harding, of London. *Second Silver Medal*: John M. Whitwell, of Kendal. *Certificates of Honour*: 4. (Equal) George O. Spencer, John D. Thomas, of Swansea; 5. William Hoffmeister, of Cowes; 6. Russell Swanwick, of Chesterfield; 7. (Equal) Francis J. Buckell; William C. Cass, of Cowes; R. Ramsay Morton; William R. Davies, of Carmarthen; Henry Carter Wigg, of Geelong, Australia; Robert Colman, of London; 8. (Equal) G. Vivian Poore, of Andover; George Crow, of London; 9. J. W. Langmore, of London.—*Comparative Anatomy: Gold Medal*: John C. Leach, of Crediton. *Certificates of Honour*: 2. William Hoffmeister; 3. G. Vivian Poore; 4. James J. Coxeter.—*Practical Physiology and Histology: Silver Medal*: Philip B. Mason.—*Certificates of Honour*: 2. James J. Coxeter; 3. Frederick B. Nunneley; 4. Henry C. Wigg; 5. John M. Whitwell.—*Medicine: Gold Medal*: Palemon Best, of St. Ives, Cornwall. *First Silver Medal*: John Harman, of Canterbury. *Second Silver Medal*: Athendore De Negri, of London. *Certificates of Honour*: 4. (Equal) Edmund Nash, of Royston; Alexander Bruce, of London; 9. John Roberts, of Kidwelly.—*Surgery: Gold Medal*: Herbert Everatt, of Norwich. *First Silver Medal*: Alexander Bruce. *Second Silver Medal*: Samuel Mills, of Huddersfield. *Certificates of Honour*: 4. (Equal) John Hackney, of London; John B. Greweock; 5. William Gill, of Truro; 6. Charles S. A. Atkinson, of Norwich; 7. Thomas Evans, of Llandus-syl, South Wales.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal Geographical (Anniversary).—Linnæan (Anniversary).

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. John Wood, "Deformity of the Neck from a Burn; Talienatic Operation;" Mr. Spencer Wells, "Ovariectomy twice performed on the same Patient;" Dr. Robert Lee, "On Induction of Premature Labour in Complicated Cases."—Zoological.

WEDNESDAY. Society of Arts.

FRIDAY. Royal Institution.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—MAY 16, 1863.

[From the Registrar-General's Report.]

	Births.		Deaths.	
During week.....	{ Boys.. 919	1875	{ Girls.. 936	1459
Average of corresponding weeks 1853-62 .....		1881		1214

**Barometer:**  
Highest (Mon.) 29.90; lowest (Tu.) 29.45; mean, 29.693.

**Thermometer:**  
Highest in sun—extremes (Sun.) 105.0 degs.; (Tu.) 70.6 degs.  
In shade—highest (Wed. & Th.) 64.5 degs.; lowest (Mon.) 42.2 degs.  
Mean—52.8 degrees; difference from mean of 43 yrs. 4.1 deg.  
Range—during week, 22.3 degrees; mean daily, 16.5 degrees.  
Mean humidity of air (saturation=100), 79.  
Mean direction of wind, S.W.—Rain in inches, .5.

## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

CLAY E. ROBERTS.—A correspondent, referring to the case of Clay E. Roberts, truly says:—

"It is quite clear that unless we make a difference between breaches of medical etiquette and libellous matter, we shall be quite unable to uphold the etiquette of the profession; inasmuch as every charge or complaint on such questions would be libel, and render the complainant open to an action for libel—a consequence which would make every man hold his tongue, however gross the violation of etiquette might be."

Happily, however, in this case—and we trust it may be always so—the law does not see libel in an accusation of an alleged breach of professional discipline.

COMMUNICATIONS have been received from:—SIR HENRY COOPER; DR. HADENSTON; MR. THOMAS JONES; DR. WILLIAM BUDD; MR. GEORGE POUND; DR. J. O. FLETCHER; MR. THOMAS BRYANT; MR. J. JONES; MR. WALKER; MR. STEELE; DR. WILLIAM KELLY; DR. J. B. PITT; MR. T. H. SMITH; DR. MURCHISON; DR. SANDFORD; DR. MITCHELL; MR. S. A. PARKER; MR. REDFERN DAVIES; DR. PARKES; DR. HARLEY; MR. J. VOSE SOLOMON; THE HON. SECRETARIES OF THE OBSTETRICAL SOCIETY; DR. HYDE SALTER; MR. OLIVER PEMBERTON; MR. W. TREYOR; MR. ASHEY G. OSBORN; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; MR. R. W. ELLIS; MR. T. M. STONE; DR. MUNROE; and DR. CHUCKERBUTTY.

## Surgical Instruments.—Arnold

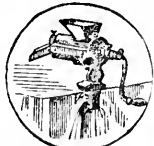
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Established 1819.

FIRST-CLASS SILVER MEDAL. PARIS, 1855.

## S. Nye &amp; Co.'s Small Mincer for

the DINNER TABLE, for those who cannot properly masticate, and who, in order to preserve health, should have their food thoroughly minced. Price 30s.—TESTIMONIAL: "I have had one of your Mincers for the Dinner-table in use for some time, and find it everything that can be wished. I recommend it to all who suffer from indigestion." T. SAUNDERS, Norfolk Villas, Baywater.



LARGER MACHINES for Public Institutions, Lunatic Asylums, Hospitals, Schools and other establishments, effectually and quickly mincing all kinds of meat and vegetables, for soups, etc., forced and potted meats, and a variety of dishes; also for making sausages, cutting, mixing, and forcing into the skins at the same time. Price 21s., 30s., 42s., 63s., and £7.

Also MILLS on an improved construction for Coffee, Spice, etc. etc. Depot and Manufactory, 79, Wardour Street, London, W.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Prepay-

ment, in the PURCHASE of NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 10 dr., & 1½ oz. per Gross, 6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London.
14 dr., & 2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4½ oz. graduated in 3 doses " 12s. 6d.	No charge for Package.

Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full made payable in London.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

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FALCON GLASS WORKS, LONDON.

## Great Saving in the Purchase

of NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—1. ISAACS and COMPANY (Proprietors). London Warehouse, 24 and 25, Francis Street, Tottenham Court Road, W.C.

6 & 8 oz., any shape, plain or graduated	Clear	{ 8s. 0d. per gross.
3 & 4 oz. ditto	ditto	{ 7s. 6d. "
1 oz. Moulded Phials	blue-tinged	{ 4s. 6d. "
1 oz. ditto		{ 5s. 6d. "
1½ oz. ditto	Of a very superior quality—	{ 6s. 0d. "
2 oz. ditto		{ 7s. 0d. "

A remittance not required till the goods are received. Packages free. Immediate attention to Country orders. Goods delivered free within 7 miles. Post-office Orders payable to 1. ISAACS and CO., at the Post Office, Tottenham Court Road. Bankers—Unity Bank Western Branch.—Established upwards of 70 years.

NOTICE.—ISAACS & CO. beg to inform the Medical Profession that in order to oblige those gentlemen who favour us with their commands, they have established an Express Department, by which all urgent orders will be dispatched the morning received. All letters marked X on the envelope will have priority.

## For Varicose Veins and Weak-

NESS. Very superior SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise, a strong low-priced article for Hospitals and the Working-classes.

ABDOMINAL SUPPORTING BELTS for both Sexes, those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the

Manufacturers  
POPE and PLANTE, 4, Waterloo Place, Pall Mall, London.  
The Profession, Trade, and Hospitals supplied.

# CHLORODYNE

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN."

(Extract from Affidavit made before S. C. WARD, Esq., Chancery Record Office, Chancery Lane, London, June 16th, 1862.)

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JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSON, Esq.

Professor of Surgery at King's College and Surgeon to the Hospital.  
16, George Street, Hanover Square, Oct. 14th, 1861.

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WM. FERGUSON.

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# Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON  
PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS  
HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-  
PHYSICIAN TO THE HOSPITAL.

## LECTURE VI.—ON CAPILLARY BRONCHITIS.

*Comparative Rarity.—History of Case.—Peculiar Sputum.—Post-Mortem Appearances.—Points of Diagnosis from Ordinary Bronchitis.—Rapidity of Respiration.—Pulse-Respiration Ratio.—Relation of Moist Sounds to Sputum.—Resemblance of the Condition to the State of Animals Drowned.—Treatment: the Question of Alcohol and of Bleeding.*

[Concluded from page 497.]

IN relation to the cough and expectoration, there are one or two points worthy of note—one in especial. Up to two days before his death our patient's cough was dry, hacking, and ceaseless; and he spat nothing whatever. Two days before his death the cough became less uninterrupted, and the expectoration just commenced; the day before his death the cough was paroxysmal, with considerable intervals between the fits, and attended with free expectoration on each occasion; the day that he died there was neither cough nor sputum,—both entirely ceased. Now, all this is easy of comprehension:—the character of the cough changed with the appearance of the secretion; and the day that he died the spitting ceased because all power of coughing ceased. But there is one thing that perhaps is not so easily comprehensible,—that moist sound should have existed three or four days before the appearance of the expectoration. There was fluid in the tubes, but none came from them; and that in spite of constant cough.

Now you all know that commonly moist sound accompanies expectoration, and expectoration accompanies moist sound. But I would have you distinctly bear in mind that this is not always so—that the two are sometimes divorced—that you may have expectoration without moist sound, or any sound whatever; and, on the other hand, moist sound without expectoration. The patient's case is an example of the last. You have expectoration without mucous sound when the largest tubes are exclusively the seat of the secretion—tubes so large that the mucus adhering to their sides is insufficient to produce a constriction, or a stoppage adequate to generate a rhonchus or crepitus. Tubes of such a size may have a considerable amount of mucus adhering to them, and yet the stream of air passing through them shall be so little affected that no sound whatever is generated. I have frequently, in cases of large bronchitis, been shown day by day a spittoon with an abundance of mucus in it; and yet, day by day, close auscultation has failed to detect any morbid sound whatever—all was dry and clear. On the other hand, and this case is an example of it, I have frequently heard a sound asserting the existence of fluid in the air-tubes, and yet sputum there has been

none. But, whenever this has been the case, two other things have also been the case; the *seat* of the exudation has been in the remotest bronchial tubes, and the *amount* of exudation has been small. When these two conditions are present, I believe—nay, I am sure—that no expectoration need take place first or last, although moist sounds are constantly heard. The reason is this:—the exudation, having its seat in the most distant recesses of the bronchial system, has to travel over a great length of surface ere it reaches the orifice; and being small in quantity, and gradually reduced in its passage partly by the desiccating action of the air flowing to and fro over it, and partly by absorption, it ceases to be recognisable, and indeed is entirely removed before it has reached the orifice. We know how common a thing it is, in cases of pneumonia, to hear its characteristic crepitation twenty-four or forty-eight hours before any expectoration appears. We have in this interval a measure of the time it takes for the exudation to travel from one end of the bronchial system to the other. The sputum in most cases of pneumonia, being sufficient in quantity, does at length appear; but it need not, and if very small in quantity it *does* not, and I have known several cases in which it *has* not—cases of undoubted pneumonia, cases in which the physical signs could not be misinterpreted; and yet the crepitation has receded, and the patient recovered without any expectoration from first to last. Now this case was at first exactly of this nature, as far as the non-appearance of expectoration associated with moist sounds went: the exudation was scanty and remote, and therefore did not appear for three or four days; but, increasing in quantity and travelling upwards, on the third day it appeared, and on the fourth day was abundant.

In contemplating this case, I could not help being struck by the resemblance of the condition and the method of death to that of animals asphyxiated by drowning. In animals so killed, a large quantity of water enters the lungs; and they die with their smaller air-tubes impassably choked up with a froth, the result of the churning together of the respired air with the water and bronchial mucus. There seems something essentially lethal in this state of things; animals in whom it is induced invariably die. In the forty-fifth volume of the *Medico-Chirurgical Transactions*, you will find the details of some experiments on drowning, etc., in which I with others was engaged, with the view of ascertaining the best method of treatment of cases of suspended animation. We found that dogs deprived of air in a dry way for four minutes almost invariably recovered, whilst those deprived of air by immersion in water for one minute and a half invariably died. If the dogs asphyxiated in the dry method made, on their release, but a single gasp, they were safe to recover; while the submerged dogs, although when taken out of the water apparently but little affected, soon began to gasp; their breathing became more and more laborious; they staggered, fell over, and in a few minutes were dead. This difference puzzled us at first; but, when we came to examine the lungs, its cause was at once manifest. The lungs of the drowned dogs were found full of water, quite sodden, and incapable of collapsing; on cutting them, the water flowed from the cut surface abundantly, and the tubes were found in the state I have just mentioned—choked up with an impassable froth:

o that on removal of the dog from the water the source of the asphyxia was not removed—it had been transferred from without him to within him; and instead of being at a single point, at the orifice of the main air-passage, as in the dogs deprived of air by the dry method, it existed at a hundred points—in fact, in every air-tube of the lungs. Just such was the state of this patient's lungs; cut them where you would, out oozed, on pressure, from every bronchial tube, a froth consisting of air and mucus churned up by the respiratory efforts. The immediate mechanism of death from capillary bronchitis is exactly similar to that in a drowned animal.

And now a word or two about *Treatment*.

When we first saw this man, the mischief was done—the pathological condition was established; the smaller tubes of the entire bronchial tree were already choked up with secretion; and the man ultimately died, just as we not unfrequently see children die from a similar affection, suffocated by universal bronchial infarction. What did we do to avert this catastrophe? And what *could* we have done?

What we *did* do I have already told you. We administered chloric ether, ammonia, squill, and senega in frequent doses; applied large turpentine fomentations to the front and back of the chest; ordered as erect a position as possible to be maintained; the warmth of the external surface to be well kept up; and, latterly, wine to be freely administered.

But could we have done more? I have no doubt many would answer this question in the affirmative, and say we could. And *what* more could we have done? Besides direct depressants, and mercury, and blisters, and leeches, *cum multis aliis, quæ nunc prescribere longum est*, each of which, I have no doubt, would have its advocates, there are two things which I can conceive intelligent and thinking men telling me I ought not to have omitted. One will tell me that I ought to have given wine or brandy more abundantly and earlier; and the other, that this is exactly one of those cases of urgent embarrassment of the respiratory function in which great and possibly essential relief might have been obtained by an early and smart reduction of the volume of the blood, which, by diminishing the quantity of the fluid upon which the function is exercised, would lower the functional demands upon the injured organ to the level of its powers, and thus temporarily disembarass it.

Now, with regard to the alcohol, I think the early pushing it in such a case as this would have been a mere routine application of the general principle of treatment by stimulation, and, like most routine applications, a *mis-application*. I suppose it will be generally conceded that the indications for alcohol are proportionate to the development of the condition that it antagonizes. Now, in the early part of this case, there was very little development either of exhaustion, or its more pronounced phase, depression, except on the day when the patient first came to the hospital. But I think there is a special objection to the large administration of alcohol in all cases where the respiratory function is gravely interfered with, especially if attended with cyanosis. In administering alcohol we are introducing into the blood a material mainly hydrocarbonaceous, and which, if metamorphosed at all, in any degree a food, must be a calorific food, and contribute to the formation of carbonic acid. Now carbonic acid is exactly what the

blood is, in such a case, struggling with—what it cannot get rid of; and to throw an additional source of it into the circulation is to aggravate the condition in its gravest particular. I am quite sure I have seen cyanosis increased by the administration of alcohol. But, besides this, the respiratory membrane is the principal emunctory of alcohol, *as alcohol*; we know how much is thrown off through this channel by the strong fumes of alcohol in the breath of those who have been drinking wine or spirits. Now, to tax with extra and supererogatory work an organ not capable of doing its ordinary duty—to throw the elimination of carbonic acid *plus* alcohol upon a respiratory membrane unequal to the elimination of the carbonic acid alone—is not exactly what one would do by choice, or what would commend itself to one's reason.

And now for the bleeding. I am one of those who, repudiating the abstraction of blood for almost all the purposes for which it was formerly resorted to, believe that, in certain embarrassed states of circulation and respiration, the prompt abstraction of blood may give immense relief, partly as reducing the functional demands on the injured organ, and partly as relieving that condition of stasis to which any grave embarrassment of either of these functions leads. But, in estimating the probable utility of any given treatment in any given case, we must realise the exact state of things in that case, and precisely how far it is modifiable in a favourable sense, as well as the physiological tendencies of the remedy. Now here we find ourselves in the presence of an intense inflammation of the entire respiratory membrane, already established, and threatening life by the exudation it had given rise to. It is manifest, then, that nothing would snatch this patient from death but something that would either strike at the inflammation, or else keep the patient alive till it had subsided. Would any amount of bleeding do either of these? I think no one will venture to say that it would. I think no one will venture to say that it would have arrested an intense inflammation already established from one end of the bronchial system to the other, or have prevented that inflammation from issuing in its natural results: that it would have had *any tendency* to do so, I do not for a moment believe. But would it, from the relief that it might have given to the respiration by the reduction of the volume of the blood, have tided the patient over the time of danger, and averted the asphyxia till the inflammation had spent itself? Before we say it would not have done this, let us see what it would have done. It would for the moment, possibly, have given great relief. But in a few hours the blood would, by the imbibition of water, have again acquired its original volume (and how rapidly this would take place we know from an experiment of Valentin's, who showed that, even in the short space of time during which the blood is flowing from the arm in venæsection, it will, from the absorption of water, undergo an appreciable diminution in specific gravity). The patient would then be in exactly the same state as he was in before the blood was withdrawn, except that the blood in him would be so much the poorer in red particles. To regain the relief another bleeding must be performed, which would give another hour or two's benefit, at the price of a further impoverishment of the blood. Now what is such a transient relief, so soon self-

prohibiting, to meet a condition jeopardising life for at least some days in succession? The fatal condition holds out, but the relief does not. And it is this essentially transient nature of this kind of relief that makes this treatment worthless except for circulatory and respiratory embarrassment of an equally transient nature. But, independent of this, it would, from the very nature of the condition, utterly fall short of averting the danger. The danger arises from a material choking up all the air-tubes and making respiration impossible. Now, to hope to maintain life by any palliation that left the tubes still occupied by the obstructing material—by anything, in fact, short of the removal of that material—would be like giving an expectorant to a drowning or hanging man. The material being there, the man must die, just as certainly as if he had a rope round his neck or his head under water, only not so quickly; it is merely a question of time.

As I have already stated, I think the man's fate was settled when he was first admitted. He had within him a bronchitis universal and intense, and no power on earth could prevent universal bronchial infarction; universal bronchial infarction supervened, and no power on earth could prevent fatal asphyxia. Still, even in a hopeless case, one likes one's treatment to be theoretically correct; and I think, in the discussion of the questions I have raised, we have not wasted the hour we have given to it.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM DENTAL DISPENSARY.

CONTRIBUTIONS TO DENTAL SURGERY.

By SAMUEL ADAMS PARKER, Esq., Licentiate in Dental Surgery of the Royal College of Surgeons of England; Surgeon-Dentist to the Queen's Hospital, and to the Birmingham Dental Dispensary; Member of the Odontological Society; etc.

**CASE I.** *Deafness and Singing Noises in the Head and Ears, cured by the Removal of Diseased Teeth and Stumps.* Mary C., aged 37, applied to the Dispensary on December 6th, 1861, for relief of toothache, and requested that the tooth might be removed. It was not without the greatest difficulty that I could make her hear, even when speaking in the loudest tone. She had been deaf for more than three years; and her deafness was accompanied with singing noises in the ear, and a loud knocking sensation in the head, which was always more violent when in bed.

As far as I could learn from her, she was attacked with violent pains in the teeth, about the same time that she became deaf, the pains in the teeth occurring at different periods of time. This state of things led me to suppose that her deafness was in some way connected with her teeth.

Her general health was very good, but her appearance was dull and heavy, such as is usually met with in persons suffering from deafness. Blisters behind the ears and numerous other remedies had been resorted to, from time to time, with but little success.

Upon examining her mouth, it presented a complete wreck of what was once a fine set of teeth; most of them were decayed to the edge of the gum, but none of

them were painful at the time of her visit to the Dispensary, with the exception of the one which she came to have extracted.

Bearing in mind the fact, that the deafness and pains in the teeth commenced very nearly at the same period of time, and the amount of irritation that was being set up, it occurred to me that the affection complained of might have been produced by the diseased condition of the dental organs. I therefore made her understand, as well as I could, that, by the removal of such teeth as could not be rendered serviceable, and particularly the stumps, there was a very great probability that her hearing would be materially improved, if not altogether restored. To the proposed operations, she immediately consented. They were commenced forthwith; and, after four sittings had been given, the whole of the decayed useless teeth were removed. Little, if any, improvement resulted from the first operation; the noises in the head continued as violent as ever; but these diminished gradually as the operations succeeded each other. In the course of three weeks, a perceptible difference in the hearing had taken place; and, after six decayed teeth and stumps had been extracted, it was, if not altogether restored, so much improved, that it required very little more than the ordinary voice to make her understand all that was said. The knocking sensation so much complained of, and which was a source of far greater annoyance to her than the deafness, had entirely disappeared.

The results of this case were altogether of a most satisfactory character.

**CASE II.** *Fistulous Opening under the Chin of Seven Years Standing, with other Complicated Affections, caused by a Diseased Condition of the Teeth; Removal of the Teeth; Recovery.* Harriet M., aged 18, was admitted to the Dispensary under the following circumstances. She complained of pains in the temples and ears, of indigestion, of being very weak, and excessively nervous. Underneath the chin was a discharging fistulous opening, which had existed seven years; but, during the last two years, it had not been so annoying as upon former occasions. I made a careful examination of the mouth, and found it in a very bad condition.

As for the patient being able to masticate the slightest substances, the thing was utterly impossible. The whole dental apparatus was the subject of extensive caries; and, with the exception of the inferior incisors, there was not one tooth that was not more or less decayed. The gums were much inflamed and spongy; the breath very offensive; and a discharge of pus was constant from the necks of those teeth which were decayed and loose. Such was the state of her mouth when she consulted me in December 1861.

The patient, from her exhausted condition, was unable to undergo any lengthened operation, which must have been the case had I removed several of the stumps at one sitting. I commenced, therefore, to restore as far as possible, all that could be rendered serviceable by stopping; and at the same time recommended the removal of all that were too far gone to be so treated.

These operations were performed by degrees, extending over a period of six weeks, at the expiration of which time twelve decayed teeth and stumps were removed. Formidable as this number may appear, they were all so hopelessly decayed that anything short of absolute removal must have been attended with results of an unsatisfactory nature.

Astringent lotions were ordered for her gums, and her general health was carefully attended to.

The progress of her recovery was very rapid; at the end of three months every painful symptom had subsided. The patient had gradually recovered her strength; the fistulous opening had entirely closed up; and the gums and mouth in general had resumed their natural healthy condition.

**CASE III.** *Facial Neuralgia of Eight Years Standing ; Cured by the Removal of several Decayed Stumps.* A young woman, aged 27, attended the Dispensary for relief of neuralgic pains in the right side of the face, which she supposed must have had their origin in a number of decayed stumps.

She informed me that, six months previously to my seeing her, she had not had one night's rest, so continual and violent were the pains; and she characterised them as if the bones of the head were opening and closing.

Several abscesses had from time to time appeared in the neck and face, which had discharged, and had finally closed up. Her sight was at times much affected, so that she was almost blind; and her hearing was likewise affected to a similar extent.

The patient had been under skilful medical treatment for a long period of time, with partial benefit; but the pains always returned in damp cold weather. Her bowels were seldom moved without the administration of aperients, and her digestion was so much impaired that little or nothing could be taken without creating a considerable amount of disturbance.

Without attempting to enumerate which particular tooth or teeth were affected, I will content myself by saying that the mouth was in as bad a condition as it possibly could be, and so much so, that I was some time before I made up my mind where I should commence my treatment.

Discharge was issuing from the gums at several points, causing a most unpleasant odour of the breath; and the gums were in a state of inflammation and sponginess, so frequently found in cases of this nature.

After having examined the mouth, I came to the opinion that much of her suffering might be relieved by some trifling dental operations. She willingly consented to have anything done that would in the slightest degree relieve her.

During the months of June and August 1862, I removed several decayed teeth and loose stumps, such as could not otherwise be treated, and filled up some few that I thought might be rendered useful.

While the operations were from time to time being performed, a gradual improvement was perceptible; and at the expiration of four months, her health was completely restored; and every painful affection had entirely disappeared.

**CASE IV.** *Serious Affection of the Eyes, produced by a Diseased Superior Bicuspid Tooth ; Removal of the Tooth ; Recovery.* Alfred B., aged 20, attended the Dispensary in September 1862, respecting a painful tooth which had annoyed him for more than twelve months, and had caused him great suffering. He also attributed a painful affection of his eyes in some degree to this tooth.

He was by trade a compositor, generally working small type, and seldom during the winter months for more than a couple of hours per day by gaslight; so that he did not suffer as some do from the heat and glare of artificial light. He said that for nearly six months he had been quite incapacitated from following his employment, on account of his eyes having become so dim. The dimness came on regularly about 5 p.m.; or, I should rather say, at the time mentioned, the dimness complained of became more distressing than at any other.

He also suffered much pain on the top of his head and in the temples; his nights were restless; his appetite was bad, and his general health much deranged on account of the continual pain. I examined the mouth, and found several spaces where teeth had been extracted; the first right superior bicuspid was much decayed, elongated from its socket, slightly loose, with a single rim of inflammation round the gum. The tooth was also very tender when touched. This tooth I immediately removed; an opera-

tion which at the moment caused pain in the right eye, and a considerable flow of tears.

I found also several loose stumps setting up irritation in the gums, which I removed; and I was rewarded by finding that the operations performed produced results of a gratifying nature.

The patient's eyes have become very much stronger, and the sight much clearer. The pain on the top of the head disappeared after the removal of the bicuspid; and I believe the patient has been able to resume his usual employment.

**REMARKS.** There can be but little doubt that a diseased condition of the dental organs produces at times symptoms in other parts of the human frame of a most painful character—symptoms that may go on from month to month, and from year to year, without any perceptible variation in intensity, even after the application of every kind of remedy by our most skilful medical practitioners.

The most frequent complaints arising from such a state of things, is facial neuralgia; of this, every dental practitioner must meet with numerous cases, more particularly those who are connected with large medical charities. This disease may arise when connected with the teeth from different sources: such as exposure of the pulp-cavity, dental exostosis, and irritation produced by dead and loose teeth. The pain produced may vary in its character, according to the temperament of the patient. At one time the pain referred to may be continuous, and at another time it may come on at certain times of the day or night, assuming thus an intermittent character.

It varies from toothache in several striking ways. Toothache proper is confined in the vast majority of cases to the part from which it originates, while neuralgia may be situated at some distant point, and may move about from place to place, first in the ears and temples, again on the top of the head, and frequently in the neck and shoulders.

It may come on, as I have known it to do, with intense severity for about half an hour at a time, leaving the patient quite exhausted from pain, whilst toothache is generally continuous.

Under such circumstances, it becomes a very difficult task to persuade patients that all their sufferings may have their origin in the teeth, and that the pain will be entirely removed by some judicious dental operation.

The great difficulty experienced by the dental practitioner is that the vast majority of patients who suffer from facial neuralgia do not suffer from toothache, although several teeth may be decayed, and the mouth may be in a similar condition to that mentioned in the above cases. Headache, earache, neuralgia, and tic, are the more common results of carious teeth; but it by no means follows, because a patient has a number of decayed teeth and stumps which happen not to be painful, that secondary symptoms, like those alluded to, may not result from such a state of things.

Since the above cases came under my notice at the Dispensary, it will have been seen that two others of an interesting and similar nature have been brought before the Odontological Society at their meeting in February last. The one was introduced by Mr. Catlin, who read a paper on "Local Neuralgia Dependent on Diseased Teeth," in which a lady had suffered neuralgic pains in the ear and side of the neck. The inferior right molar tooth was diseased, and in this case painful. These pains she had suffered for about three months, when she became quite deaf. Mr. Catlin removed the diseased tooth, and the hearing was restored within an hour after the operation.

The other case was mentioned by Mr. Tomes, and was very similar, and differed only in the duration of time the disease lasted. It was the case of a young gentleman who had been deaf for nearly four years, and



which was associated with toothache. A decayed tooth was removed, and the hearing completely restored. Two teeth have since been removed under similar circumstances and with precisely similar results.

Mr. Tomes remarked, in the discussion upon the paper, that "it seemed a rational conclusion that the deafness was the immediate result of the diseased teeth, inasmuch as that condition occurred on three separate occasions, and the operation was attended in each case with the same results." (*British Journal of Dental Science*, Feb. 1863.)

My object in contributing to this journal cases of dental pathology, is to show how essential it is in all cases of facial neuralgia, etc., that the mouth should be carefully examined, although, as I have before stated, no teeth may be actually painful, yet by their presence in a diseased condition they may be acting as the sole cause of the mischief. It is the province of the dentist to carry out his profession upon the principles of conservatism; but even this treatment may be carried too far.

"How far," asks Mr. Catlin, "should dental conservative surgery be carried? To preserve teeth as long as they can be made subservient to the uses of mastication and appearance is undoubtedly the first duty of the dentist; but when they have become sufficiently diseased to affect the general health, or so painful as to interrupt the ordinary duties and comfort of life, the prevalent conservative dental surgery of the present day becomes mischievous." (*British Journal of Dental Science*, February 1863.)

## Original Communications.

### ADDITIONAL NOTE ON THE OCCURRENCE OF MALIGNANT PUSTULE IN ENGLAND.

By WILLIAM BUDD, M.D., Clifton.

In the paper on Malignant Pustule which I had the honour to read at the last annual meeting of the Association, I ventured on the opinion that the reason why this disease has remained hitherto almost unnoticed in England is, not that it does not occur, but that, except by one or two observers, its real nature has not been recognised.

In confirmation of this opinion I may state that, during and since the publication of the paper in the JOURNAL, I have been favoured by medical men living in various parts of England with numerous histories of characteristic cases of this peculiar and striking malady. Two of the number, on account of their special interest, may be fitly recorded here, by way of appendix to those related in the paper itself.

For my knowledge of the first of the two, I am indebted to the kindness of Mr. Nunneley of Leeds. The data which Mr. Nunneley has placed in my hands consist of two drawings with memoranda attached. One of the drawings represents the head of the patient. The appearances are in the highest degree characteristic. It is very remarkable that, although the disease began in the hand, the head and face present precisely the same aspect as that which is observed when it begins in these parts. There are the same enormous swelling, the same black discoloration, and, in particular, the same thickening and negro-like protuberance of the lips, which were such striking features of the cases which came under my own observation, and in all of which the disease began in the mouth or in the immediate neighbourhood of it.

The subject of Mr. Nunneley's case was a young man,

19 years old, and a *plasterer* by trade. His illness occurred in April 1856. About a month before, he was bitten on the knuckle of the left forefinger by a young dog. The dog was quite well. The wound, which was small, festered, and was still open at the time of death. It did not, however, prevent the man from continuing his work. The disease began in the injured hand.

"When I first saw him," Mr. Nunneley says, "the arm was enormously swollen and greatly discoloured, as were also the face and head." These last parts were nearly twice their natural size.

The whole of the body and limbs, but more particularly the lower limbs, were covered with purple blotches. When these first appeared, they were of a brownish-red; but they afterwards became violet, and showed a tendency to spread. In some of these blotches, vesicles containing a dark-coloured serum formed around a central patch of a somewhat lighter shade. (These appearances are represented in the second drawing.)

The patient died six days after the onset of the malady. The mind continued unimpaired to the last.

On examination of the body, the lungs were found much congested, and there was dark coloured serum in both pleuræ. The blood was diffluent.

This case occurred at the time when the poisoning cases of Dove and Palmer were so much canvassed by the public, and it was in consequence of Mr. Nunneley's connection with them that he was called in to the patient. The fact is worth recording, as showing two things: first, that the disease was of a very uncommon character; and secondly, that the friends of the patient associated the idea of *poisoning* with it.

Mr. Nunneley himself says: "The appearance of the young man was so peculiar that I never saw anything like it before"; and several other eminent surgeons who visited the patient with him made the same remark.

The aspect of the case, as exhibited in the drawing, was equally strange to the medical gentlemen who gave evidence for the defence on Palmer's trial, and not one of the number could form even a guess as to the cause of the malady.

Mr. Nunneley rightly supposed that it was a case of "the malignant pustule of the continent."

A clue to its probable origin, apparently overlooked by these gentlemen, seems to me to be furnished by the *calling* of the patient. Two points in the history may be taken to be pretty sure. The first is, that the man was not inoculated with malignant pustule by the dog; the second, that, as the disease began in the injured part, its virus must have been subsequently received through the open wound. To complete the chain of evidence, we must remember that, in spite of the sore on his finger, the patient continued to work as usual. Now, plasterers are constantly handling *bullock's hair*, which is a large ingredient of mortar; and as bullock's hair is known to be a very common vehicle of the charbon virus, it seems to me to be highly probable that the wounded finger received the contagion from this source.

For the particulars of the second case, I am indebted to the kindness of Dr. Milner Barry of Tunbridge Wells; and I give them in his own words:—

"Mr. J. E., aged 47, a respectable *butcher* of this town, was apparently in perfect health on the morning of Sunday, July 14th, 1861. In the evening, as he was sitting with his family, he was observed to be picking at a little sore on his upper lip, a little below his right nostril. He had only then noticed its presence, having had his attention directed to the lip by a peculiar itching and tingling sensation, which compelled him to keep rubbing the sore spot.

"On Monday, July 15th, there was no change, and he did not complain of feeling ill.

"On the 16th, he went to Tunbridge market, a distance of five miles; and having returned home early, he went to the hay-field to see how his haymaking was get-

ting on. Thinking that his haymakers were working rather sluggishly, he scolded them for their idleness, threw off his coat, and set to work lustily, to show them a good example. It was a warm and rather moist day, the temperature in the shade being 73°. One of the men who was working next to Mr. E. remarked that he did not seem to get hot, or to perspire, from his exertions, although the sweat was pouring down his own face profusely. In the afternoon, Mr. E. felt ill, and went home and lay down, but was well enough to come down to tea. The lip continued to be itchy, and to tease him, but did not swell. He allayed the itching by bathing it repeatedly with warm water. He had a restless, uncomfortable night; but got up early next morning (July 17), and went off to the hay-field. After working there vigorously for an hour, he was compelled to give up and return home; and immediately went to his bedroom and called to his wife to help him to bed, for he felt very ill. When in bed, he said that he should never leave that bed again, and he proceeded to give directions respecting his affairs. His usual medical attendant was sent for, and noticed that he looked pale, and that there was apparently a little gathering in the lip.

"On Thursday morning, July 18th, the swelling of the lip had increased, and appeared to contain matter. It was lanced, but only a little reddish serum was discharged from the wound. The swelling increased rapidly during the day, and spread over the face; and by evening, the right eye was closed.

"On Friday, July 19, the lip was considerably swollen, and the swelling and discoloration extended completely over the face. The left eye was closed.

"On Saturday morning, July 20th, at ten o'clock, I saw him for the first time, in consultation with his regular medical attendant, an experienced surgeon.

"Mr. E. had been a handsome, well-featured man. He was now so frightfully disfigured that I could not recognise him. The face seemed featureless, swollen out of all shape and comeliness, and of a livid, purple hue. The upper lip was frightfully enlarged; the eyes were closed tightly; the eyelids were puffy, discoloured, and oedematous, and their edges crusted over with a gummy exudation. The swelling and discoloration affected the whole of the face, and all the anterior region of the head. He was propped up in bed, muttering deliriously; his hands trembling, his breathing hurried, the skin perspiring, the belly tympanitic, and the pulse so feeble and so frequent that it could not be accurately counted.

"Brandy and stimulants were freely administered; but he continued to sink, and he died about three hours after my first visit. The disease ran its course in seven days."

Three other cases, of which the particulars have been communicated to me, may be mentioned here as interesting in relation to the question of cause. The subject of one was a *tanner*; of another a *shepherd*, who had been engaged in tending diseased sheep; while a third was seized with malignant pustule in the *hand* immediately after being employed in *unloading hides*. In all three the disease was fatal. In the five cases which form the subject of this note, therefore, the circumstances not only pointed strongly to an animal origin, but brought the sufferers into actual contact with things which are recognised as common sources of the malady of which they died.

Of the cases related in the body of the paper, there were two in which the contagion was implanted by flies (a well known mode of communication), and one in which it was derived from contact with the carcass of a sheep that had died in a field. The callings of four other subjects were equally suggestive, one being a bullock jobber in a large way, another a great flock master, a third a provision dealer, and a fourth a shepherd. That is to say, in twelve out of thirty cases, *without any inquiry being once directed to the point*, the disease was

ascertained to occur, under the circumstances, or in the conditions of life, in which the malignant pustule of the continent is known most to happen.

As it is impossible to suppose this to have been the work of chance, the only rational explanation of the fact is that these conditions and circumstances operated in developing malignant pustule in these twelve persons, merely by exposing them to the specific cause of the malady. Had the real nature and origin of the affection been suspected by the observer, contact with this cause would probably have been actually traced in many of these as well as in other instances.

As regards the probable intervention of flies in the propagation of the disease, it is worthy of mention that, with the exception of one case which occurred in the latter end of March, all the cases of malignant pustule of the face that have come to my knowledge have happened either in the summer or early autumn, and for the most part in dry, hot weather. The cases in which it has occurred in the hands (presumably from direct contact with the virus) have happened at various seasons of the year.

Lastly, it should be remarked that in the five cases which form the subject of this note, as in the twenty-five before related, the disease occurred in the only parts of the body which are habitually uncovered.

#### PUERPERAL ECLAMPSIA: BRIGHT'S DISEASE: AUTOPSY.

By PAUL BELCHER, Esq., Burton-on-Trent.

On January 1st, 1863, I was sent for to see Mrs. C. (a multipara), who was expecting her confinement daily; and had just had an epileptic fit. She had been taken quite suddenly; the fit had lasted about a quarter of an hour; and she was now recovering. The power of vision was quite lost; her pupils were natural but sluggish. She had violent pain in the head with throbbing. She had passed very little urine to-day.

She was ordered ten grains of calomel immediately; some jalap mixture every four hours; and twelve leeches to the head immediately.

The first fit was at about ten o'clock. At four o'clock, she had a second fit lasting a quarter of an hour; and was bled from the arm to faintness, losing about twelve ounces. At nine o'clock, she had a third fit, lasting twenty minutes. Shortly afterwards she had a turpentine enema, which acted well. Her head was ordered to be shaved, and cold bladders were applied. Her pulse was now 110, and she expressed herself as better, and had recovered her sight. The blood was highly buffed and cupped. Her urine was scanty, and highly albuminous. There were no signs of labour.

Jan. 2nd. She had had some sleep. Pulse 108. She complained of her tongue, which was much bitten. Her urine was scanty, and brandy-coloured. She was ordered to repeat the calomel at bedtime, and to have added to the mixture bitartrate of potash in half-drachm and spirits of nitrous ether in drachm doses.

Jan. 3rd. She had slept well. The bowels acted well, and she passed rather more urine, which was still highly albuminous, and showed casts of various sizes, some granular, others containing atrophied and fatty epithelium. Her pulse was 100. She was perfectly free from labour-pain, and thought she had a week to go.

Jan. 4th. She had slept well. The pulse was more thrilling and somewhat quicker. She complained of uneasiness as if labour were going to supervene. At 4 p.m., she was seized with another fit, lasting a quarter of an hour, followed by coma for a few minutes, and then by another paroxysm, again succeeded by coma. She was immediately bled to fainting, losing fifteen ounces in a

large stream. The bleeding seemed somewhat to have relieved the coma; but half an hour later a still stronger paroxysm occurred. During the fits, which were now incessant, I examined and found the os uteri soft and dilating, and could feel the membranes and shortly afterwards the head presenting. A sinapism was applied across the loins and along the spine. The pains, and synchronously the convulsions, became stronger and stronger; and, in a few hours from the commencement of labour, a fine female child was born alive. During this time I had tried chloroform fairly; it seemed to have no effect in controlling the convulsions, while I thought it rendered the pulse and respiration worse. More benefit appeared to follow the frequent splashing of ice-cold water on the face and breast, as recommended by Dr. Denman.

After the completion of labour she remained comatose, and within half an hour had the most violent convulsive paroxysm it has ever been my lot to witness. I again administered chloroform, and under its influence the paroxysm subsided, and she sank into a pleasant trance. As she came round, however, the fits returned, and I kept her gently under chloroform for two hours. She was now partially sensible; but in a few hours became lethargic and gradually comatose, while the pulse was fluttering and unsteady. She had a blister to the back of the neck, and was fed, as she could swallow, with beef-tea and brandy. Her pupils were neither contracted nor dilated, but they were insensible to light.

Jun. 10th. She remained much as in last report till to-day, when she was worse and evidently sinking. At times there would appear to be some improvement; but it was only temporary. She had taken beef-tea and brandy well till this morning; now she could not swallow. She died comatose and exhausted at 6 p.m.

**AUTOPSY**, twenty hours after death. There was very little subcutaneous fat; but the muscles appeared firm and healthy.

**Head.** There was slight adhesion of the dura mater to the frontal bone; no vascularity nor other sign of inflammation of the membrane. The brain was anæmic; its sulci were shrunken and grey matter pale. There was no effusion, and its consistence was natural everywhere.

**Thorax.** Both lungs were emphysematous, and there were adhesions on both sides. There was a slight excess of fluid in the pericardium. There was considerable hypertrophy of the left ventricle. The mitral valve was opaque and thickened; its free edges were roughened and granular. In other respects, the structure of the heart was healthy. Extending from the right auricle into the left ventricle and into the aorta was a firm de-coloured clot as thick as an index finger, and six inches long.

**Abdomen.** The large intestines were much distended by flatus; the small contained feces. The liver was enlarged, but not greatly; it was of natural appearance and not congested. The other organs were healthy, with the exception of the kidneys. The right kidney was atrophied; it weighed three ounces five drachms. The capsule was adherent, the surface mottled and granulated. The atrophy appeared equally in both the cortical and tubular portions. The left kidney weighed two ounces; it was lobulated like a fetal one. Its capsule was adherent; its surface much granulated; its cortical structure almost and its tubular entirely obliterated. Under the microscope, the tubes of the right kidney contained atrophied and fatty epithelium with granular debris, while in the left neither tubes nor Malpighian corpuscles were fairly recognisable.

**Pelvis.** The uterus was normal in appearance; it contained a small coagulum. The plugging of the uterine sinuses was well shown. In the walls of the left ovary there was a small rudimentary cyst. The bladder was healthy, and contained urine.

**REMARKS.** What is the value of albuminuria as a symptom in puerperal eclampsia? By itself, I believe, of very little; but if taken in connection with, and leading to, microscopical investigation, of very great value. It tells us that there is certainly deranged circulation in the kidney, and that there may be perhaps structural and permanent change there. Which of these two states is present is an important question; and if there be structural change, of what kind and to what degree are important questions; and though the test-tube cannot solve these matters, the microscope probably may. In the class of cases where the premonitory symptoms are more marked and come earlier under observation, the microscope is especially useful; for by its aid I believe a skilful pathologist may mark as surely the hidden changes of the kidney as he can by sight and touch follow the dropsy. This was, however, a somewhat sudden case, and one in which the urgency of symptoms, and the necessity of taking prompt action to meet them, lead one away from the slow but sure use of the microscope. There had been no dropsy, more than the ordinary œdema in pregnant women; no unusual degree of *malaise*, no vomiting, no sopor; a little pain in the loins, and a little frequency of micturition, but not more than usual towards the close of gestation. Yet this woman is suddenly taken with vertigo and blindness; has an epileptic fit; passes albuminous urine, and probably has passed it for months; and her autopsy shows an extensive and fatal amount of renal degeneration, which would never have been suspected but for the microscope, and which was not appreciated as it ought to have been, in consequence of the difficulty in obtaining urine for examination.

The case does not seem to elucidate the question of treatment much. Indeed, in the essence of the case, palliation was all that was possible; but it does seem to teach a very important practical lesson; namely, how important it is to differentiate cases of puerperal eclampsia; to find out the meaning of the albuminuria; and, in fatal cases, to ascertain, by inspection, the kind and degree and stage of kidney disease. Having done this, we place our cases on a basis which has something of the certainty of science, and we are in a position to be able—by comparing appearances during life and after death; by contrasting plans of treatment in similar cases and by distinguishing cases which are of necessity irremediable—to arrive at sure and logical deductions as to general treatment. I conceive that a given series of cases, where albuminuria has been simply noted, and no microscopical or *post mortem* details are given, is absolutely useless as proving the utility of a given plan of treatment. For instance, take bloodletting. Most persons would grant that if albuminuria is merely a result of congestion, and if it is not expedient to remove the cause of this (by delivery), bleeding would be an appropriate and logical remedy; but if, on the other hand, albuminuria is an indication of serious degenerative mischief, is this then so logical a remedy? For my own part, had I detected earlier the nature of the case, I should have been more sparing of the lancet. Again, supposing this case put into a series (reported in that loose way and without *post mortem* examination which we too often see) illustrative of the effects of a particular plan of treatment, say bleeding in puerperal convulsions, it would tell statistically against that plan, and most unfairly so, because it was a case the result of which could not have been altered by any remedial measures. It is probably not common for albuminuria in puerperal eclampsia to mean degeneration of kidney structures; but this one case proves that this may be its meaning; and I fear we must admit that, if the degree of degeneration is excessive, whatever plan we adopt—whether we are of the Todd school, whose theories are swayed by some to exert so baneful an influence, and whose *bête noir* is said (unjustly) to be bleeding; or whether we are of

that other school, whose antiquity at least makes it respectable—whether we bleed or whether we forbear—our result must be the same.

### NOTES ON CROUP.

By W. H. DAY, M.D., L.R.C.P.Lond., Newmarket.

**CASE I. Recovery.** H. H., aged 8 years, with light hair and eyes, was first seen by me on the night of the 30th of March, 1861, at 10 o'clock P.M. According to the parents' account, he had a bad affection of the chest two years previously, from which he made a poor recovery. Any exposure to damp weather always brought on cough and cold. He was in his usual health till 4 o'clock on the day named, when he came in from his play complaining of an uncomfortable feeling in his throat. I found the boy sitting on his mother's knee, having an anxious and terror-stricken countenance, with characteristic breathing, and a barking, ringing cough. The inspiratory effort was long and difficult, and the pumum Adami rose and fell with respiration; the lips were dusky; the eyes swollen and bloodshot; and the *alae nasi* active. The skin was hot and dry; and the pulse small, hard, and rapid. He repeatedly put his hand to his throat, and, in a deep hoarse voice, said he could not fetch his breath. The respiratory murmur was much diminished throughout the chest, and a loud sonorous *râle* attended it. No moist sounds were heard, and the child did not expectorate. He was put into a bed surrounded at the top and sides by curtains; and two pans of boiling water, into which heated bricks had been thrown, so as to generate a large quantity of steam, and literally to give the patient a vapour-bath, were included within the curtains. Similar pans were also scattered about the room, as there was no fireplace.\* A mustard emetic was given, and a mustard poultice applied to the throat. A messenger was despatched for a mixture containing four grains of tartar emetic in an ounce and a half of water, one teaspoonful of which he was to take in a little water every ten minutes till free vomiting set in.

3 A.M. After two doses of the medicine he was excessively sick, and his breathing much improved. He had coughed up some shreds of false membrane and glairy mucus. The bowels had copiously responded to four grains of calomel given at 1 o'clock A.M. The skin was sweating, and the face was much more calm, and the pulse softer. He was very thirsty. He was ordered to be allowed to drink milk and water *ad libitum*. The antimony mixture was to be resorted to only in the event of a recurrence of difficult breathing.

6 A.M. The cough was still characteristic; and, once or twice since last report, the difficulty in breathing had returned; but a dose of the mixture excited vomiting. He threw up a long shred of false membrane, which afforded immediate relief. He was ordered to have strong beef-tea, and the vapour to be unceasingly kept up.

March 31st. He was doing well. He vomited occasionally, when he brought up "thick stuff", which clung to his mouth. He had had no medicine since last report.

April 1st. He was better. He had not expectorated to-day, and said he breathed much more easily. The tongue was clean, and the cough was less and looser; pulse 120. Sonorous and mucous *râles* were heard in the chest. The bowels were active. He was ordered to take two grains of calomel and six of jalap directly; and to have one tablespoonful of the following mixture every four hours.

℞ Vini ipecacuan. ʒij; tincturæ hyoscyami ʒj; oxy-mellis scillæ ʒj; aquæ ad ʒvj. M.

On the 3rd, his pulse had fallen to 100 per minute, and he breathed and expectorated freely. On the 15th, whooping-cough set in, with a good deal of expectation. On the 25th, he had much improved; but the congestion of the lungs, which had increased on the 15th, necessitated his keeping in the house for some weeks.

**CASE II. Death on the Fourth Day.** A. R., aged 4 years, a fair and healthy-looking child, though very nervous and excitable, was seized with cough, hoarse voice, and dyspnoea, on the night of the 21st of February, 1862. He lived in a well ventilated cottage, and in a dry situation. The next day his mother requested me to see him. At my visit, he was reported to be better than he had been. His face was flushed, and there was great alarm in his manner and expression; the skin was hot and perspiring, and the pulse 120 per minute. The inspiratory effort was prolonged, and performed with some difficulty. In the chest, there were sonorous *râles*; and the air entered the lungs more sparingly than in health. Febrile excitement was well marked. He was put to bed; and a vapour-bath was constructed in the way just described. One-sixth of a grain of tartarised antimony, in a tablespoonful of water, was ordered to be given at once, and repeated every quarter of an hour till vomiting set in. He was sick after the first dose, and breathed easier. He continued calm through the day, having a brassy, distinctive cough. He was thirsty, and swallowed well, but refused all food. A mustard poultice was applied to the throat in the evening, and his mother was urged to get down beef-tea and milk and water. The mixture was to be given only in the event of the breathing getting worse. His bowels were well relieved after the vomiting.

February 23rd, 9 A.M. A messenger came to say that they supposed he was better, as he made no noise in breathing. I therefore deferred my visit till 2 o'clock, when I found him breathing much more croupal; his cough being more frequent and ringing, and his respiration laborious and painful. There was great activity about the larynx, and the carotids beat strongly. A mustard poultice was applied to the throat, and one grain of calomel given every four hours. He had been very sick during the night.

8 P.M. He was sleeping soundly, but made a great noise at every inspiration. The cough was frequent, brassy, and choking; pulse 140. There was slight stringy expectoration. The skin not being red from the mustard poultice, another was applied. He was ordered to take the mixture until he was again sick.

11 P.M. The breathing had much improved since the vomiting. The bowels being sluggish, three grains of calomel were given; which not having the desired effect, an enema of gruel with beef-tea was used. Nourishment was ordered to be given at short intervals.

February 24th. Since 4 A.M. he had become worse; the pulse was 160 per minute, very small and weak; the crowing and hissing sound in respiration were increased. There were great pallor of the face and lividity of the lips.

8 P.M. He had varied through the day, one hour improving, and the next becoming worse. The cough was very brassy and incessant, but nothing was dislodged. The countenance betrayed the most painful anxiety; pulse 120, feeble; respiration 48 per minute. He was constantly turning about, and threw his head back towards the spine, as if in dread of impending suffocation. There were no moist sounds in the chest. He became gradually worse, and died at 12.30 P.M., having drunk a large cup of milk half an hour previously.

**POST MORTEM EXAMINATION,** twelve hours after death. On opening the larynx and trachea, three long and narrow pieces of lymph, one upwards of two inches in length, and the other nearly as long, were found between the lower border of the cricoid cartilage and the last rings of the trachea. Near the upper border of the

\* This admirable plan I first saw adopted by Dr. Wm. Budd of Clifton. Vide *Medical Times and Gazette*, June 19th, 1862.

cricoid cartilage, some small fragments of lymph were deposited. The mucous membrane was every where red, and in places vividly so; but there was no evidence of submucous effusion. The morbid appearances were mostly characterised by the false membrane that existed in the tube, and especially near the upper border of the cricoid cartilage.

**CASE III. Death on the Eighth Day.** E. A. S., aged 3 years, a lively and intelligent child, was ailing with feverish symptoms some few days before the 18th of May, 1862, when she complained of a sore throat, for which an alterative and aperient dose was prescribed. On the 19th, she was no better. On the 20th, her breathing was harsh and suspicious of croup. On the 21st, at 8 A.M., she was flushed and disturbed; inspiration was prolonged and sonorous; expiration was short, and unaccompanied with perceptible noise; the bowels had well acted, but the motion was dark and offensive; the skin was hot and perspiring; and the pulse rapid and thrilling. The vapour-bath was ordered immediately, and one-sixth of a grain of tartarised antimony was administered in a tablespoonful of water. This was followed by great vomiting, and the rejection of a long piece of false membrane at least two inches in length, and a good deal of muco-serous matter. The child was much relieved, and breathed easier. At 9 P.M., she breathed tranquilly; the bowels had again acted. She was ordered to take one grain of calomel and two grains of compound ipecacuanha powder every four hours. Chicken-broth frequently, milk and barley-water to allay thirst, were allowed.

May 22nd. She slept noiselessly during the night, and was certainly improved this morning; but the breathing was still croupal, and the face was flushed and somewhat distressed. The bowels had acted once during the night. There was much restlessness. Sponges wrung out with hot water were ordered to be applied to the throat; the powders to be omitted; and the nourishment persevered with.

May 23rd. There was decided improvement in breathing, but the cough was characteristic; the pulse was quick and small.

May 24th. Since last report, she had much improved, and this afternoon she played with her toys, and breathed tranquilly. I expressed a belief that she would recover.

May 25th. She became worse during the night, and at 7 A.M. her breathing was most embarrassed. The face grew dusky, and depicted agony; the muscles and veins of the neck became very prominent; the larynx rapidly rose and fell with respiration; and the pulse, small and flickering, soon ceased to beat. The little sufferer died asphyxiated at 4 P.M.

**POST MORTEM EXAMINATION,** seventeen hours after death. The body was very livid throughout, and the veins in the neck were much distended. As soon as an incision was made in the trachea, a large quantity of thick purulent matter escaped. Beneath the thyroid cartilage was a long thin piece of croupal exudation. The mucous membrane was not very red, except in isolated patches, without a trace of ecchymosis. At the lowest part of the trachea, pus oozed out; and especially was this the case when pressure was exerted on the thorax. This unmistakably proved the extension of the disease into the lungs. From the *post mortem* examination, there can be no doubt that the morbid appearances mainly took place within twenty-four hours, as the child was playing and amusing herself on the previous day.

**CASE IV. Recovery.** C. H., aged 6 years, a thin and pallid child, woke up with symptoms of croup at 10 P.M. on November 17th, 1862, having gone to bed apparently well. He was thought to be out of order for a day or two before, but had not been heard to cough; nor did this trifling derangement awaken any anxiety, as he frequently ailed. He had gone to church in the morning. I found the little fellow sitting up in bed in a cold room,

without any fire, his breathing decidedly croupy. His voice was hoarse, and he cried and sobbed immoderately. His countenance was flushed, and betrayed alarm; his pulse sharp and accelerated; and his general state feverish. The larynx rapidly ascended and descended with respiration; and there was a small amount of air entering the lungs, as revealed by auscultation. A fire was at once kindled, and the vapour-bath employed. One quarter of a grain of the potassio-tartrate of antimony was given in a tablespoonful of water, to be repeated in ten minutes, if necessary. After the first dose, he vomited; but, as the vomiting was not free, and his face was much flushed, the dose was repeated. He soon coughed up thin adhesive glairy mucus, without a trace of pus. His skin became moist and cooler, and his breathing much easier. His friends thought all danger had departed. The bowels had not acted for two days. He was ordered milk diet, a mustard poultice to the throat, and a powder containing two grains of calomel and two of antimonial powder every four hours, till the bowels well acted.

Nov. 18th, 10 A.M. He continued to breathe better, but there was still a croupy sound, and the brassy metallic cough. He had raised a good deal of mucus and glairy matter during the night. He slept at intervals of an hour or two. Pulse 140.

8 P.M. The bowels had copiously acted, the motion being dark and offensive (he had had four powders). When the temperature in the room accidentally became lowered, or the air dry, the embarrassed breathing returned. Pulse 120. He was ordered to have strong beef-tea, and no medicine.

Nov. 19th. He was still improving. He slept six hours, and breathed tranquilly during the night. The expression was more calm, and the voice clearer. There still existed the peculiar cough, and some slight bronchial irritation.

℞ Oxymellis scillæ ʒj; vini ipecacuan. ʒss; aquæ ad ʒij. M. One spoonful to be taken every four hours.

Nov. 20th. He was doing well, and had no return of the bad symptoms.

Nov. 22nd. He looked very pale and exhausted; and the motions were dark, scanty, and scybalous. The appetite was good; the tongue was coated with a creamy fur; and the pulse was weak. The cough had vanished. He was ordered boiled mutton and a light pudding daily; and to have three times a day five grains of bicarbonate of soda and five minims of aromatic spirit of ammonia in water; and twice a week a powder containing six grains of rhubarb and two of hydrargyrum cum cretâ.

He continued to improve, and soon took the syrup of the iodide of iron, which rapidly got up his strength.

**CASE V. Recovery.** S. W., aged 2½ years, strong and healthy, with dark eyes and hair, was seized on the morning of February 16th, 1863, at 11 A.M., with croupal symptoms. She became worse during the day; and at 8 P.M., I was sent for. I found the child flushed and excited, with a quick and hard pulse, hot skin, and hurried breathing. She frequently put her hand to her throat, pointing to the larynx as the seat of uneasiness, tossed about her head, and was very restless. She had a short, dry, and brassy cough, and her voice was deep and hoarse. A vapour bath was kept up, as in the previous cases, and the sixth of a grain of the antimony was given in two teaspoonfuls of water at once, and ordered to be repeated every quarter of an hour till vomiting set in. The first dose was effectual.

February 17th, at 7 A.M., I was summoned to find my little patient much worse; the cough was more frequent and brassy, and the dyspnoea was urgent. The countenance was bloated and distressed, the lips dusky, and the surface of the body bathed in sweat. Another dose of the antimony was at once given; and as the bowels had not acted lately, it was to be followed with three

grains of calomel. The vapour was to be assiduously kept up.

4 P.M. There was no improvement. An hour since her parents thought her dying. When apparently convulsed in a paroxysm of cough, she threw up a large layer of false membrane, of considerable thickness, after which she breathed tranquilly for about an hour, when the bad symptoms returned. The bowels had acted five times. The mixture was ordered to be repeated only if difficult breathing returned. Beef tea and strong broth were allowed frequently.

11 P.M. She had coughed up croupal exudation three times since my last visit at 4 P.M. She now breathed quietly, and her cough was less.

February 18th. She had slept well, and woke up once only during the night with cough. She made a good recovery from this time.

REMARKS. The foregoing cases with others not now recorded, appear to me to establish the following conclusions.

1. The vapour-bath is indispensable in the treatment of croup, and should be used at the commencement in every case, and continued unremittently until all fear of a relapse has departed.

2. All cases of croup, no matter at what stage seen, are invariably relieved by the vapour-bath.

3. The earlier that a case comes under treatment, the greater the probability of a successful termination, by preventing the tracheal secretion becoming organised.

4. The most trying difficulty we have to contend with in the management of croup is a relapse, because with it comes exhaustion; and the weaker the patient, the less probable chance of recovery.

5. Tartarised antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarised antimony should only be given for the purpose of procuring vomiting; that failing, it is comparatively useless; because, if continued in small doses at intervals, its depressing effect is too great, and its emetic effect is not always certain.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary.

8. When in a case of croup, seen at an early stage and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favourable termination, and we should then begin, if not before, to support our patients with good beef-tea, milk, and arrowroot, and (it may be) a little wine and water.

9. A great number of cases of croup terminate fatally by sheer exhaustion, or by severe spasmodic action of the trachea and larynx, with very trifling morbid change in the parts affected.

10. The operation of tracheotomy is seldom admissible, and only in those cases that threaten death by asphyxia; because fatal symptoms often supervene when scarcely any false membranes exist in the tracheal tube, and it is in proportion to their extent that the operation is most warrantable.

PREPARATION OF NITRIC ETHER. M. Persoz (*Comptes Rendus*) uses two parts of the strongest and purest nitric acid and one part of absolute alcohol, both cooled by the application of ice. The alcohol is slowly added to the acid, and the two are continually shaken. The ether is produced immediately. He operates on small quantities at a time, and when the reaction is finished adds a small piece of ice. The ether is purified in the ordinary way. (*Chemical News*.)

## Reviews and Notices.

ON RUPTURE, INGUINAL, CRURAL, AND UMBILICAL; the Anatomy, Pathology, Diagnosis, Cause, and Prevention; with New Methods of Effecting a Radical and Permanent Cure. Embodying the Jacksonian Prize Essay of the Royal College of Surgeons for 1861. With Numerous Illustrations. By JOHN WOOD, F.R.C.S. Eng. (Exam.); Demonstrator of Anatomy at King's College; Assistant-Surgeon to King's College Hospital; etc. Pp. 326. London: 1863.

THE appearance of this book may be regarded as an event of note in the history of hernia. For it is a new thing in surgical literature to meet with a volume of goodly size, having hernia as its subject, and written by a surgeon of ability and experience, in which the author, after describing the anatomy of the parts concerned in hernia and the mode of its production, does not straightway lead the reader to the consideration of strangulation and all its perils, and of the necessary operations. Mr. Wood's object lies quite in a different direction; it is to show how the physical conditions favouring the production of hernia may be removed, and how, consequently, the possibility of its reaching that dangerous stage which has hitherto formed the main point of attention for surgeons may be obviated. He is not, indeed, the inventor of the radical cure of hernia; nor is he the first surgeon who has written on it; but to him is due the merit of putting into shape our present knowledge of the subject, as derived from all sources, while at the same time, from his own practical experience, he has in no trifling degree contributed his share towards endeavouring to make the proceeding safe and successful.

The book is, as its title-page implies, divided into three parts, in which Inguinal, Crural, and Umbilical Hernia, are respectively treated of. In the several sections into which each part is divided, the subjects described are, in general terms, the anatomy of the parts concerned, the causes, pathology, and diagnosis of the kind of hernia under notice, and the various means adopted and advisable for the radical cure or prevention of the rupture.

The principal feature of the work is, of course, the description of the operations for radical cure; but, before noticing what Mr. Wood has to say on this matter, we must not omit to commend his preliminary remarks—on anatomy, causes, and pathology—for their fulness of information. The section on the Causes and Pathology of Inguinal Hernia, especially, contains important remarks on the different forms which the hernial sac assumes, and on the various conditions of bodily conformation under which hernia occurs, and which are likely to modify the success of operations undertaken for its cure.

Mr. Wood begins his remarks on the radical cure of inguinal hernia by an historical notice of the proceedings which have, even from the times of Celsus and Galen, been followed in order to fulfil this object. He shows how, for many centuries, attempts to cure hernia radically have been made both by recognised practitioners and by charlatans; the operations devised, however, being generally inefficient or dangerous. Among modern surgeons, the plans adopted may be classed under two heads:



"First, those which deal with the interior of the sac only, with a view of causing adhesion of its opposed surfaces to each other. This has been attempted in various ways—viz., by a simple seton of threads, candlewick, or sponge, passed through the sac by a needle or other instrument. Such are, briefly, the methods practised by Sehuh of Vienna and Riggs of New York. Belmas of Paris passed into the interior of the sac a bag of gold-beater's skin, which was then distended by jelly, with the same object; proceeding upon the principle of the radical cure of hydrocele. M. Velpeau in Paris, and Professor Pancoast in New York, injected into the sac a solution of tincture of iodine or cantharides." (P. 80.)

"The second class of operations are those which follow the method of invagination of the skin and fascia of the serotum, to plug up the hernial canal. Upon this principle are founded two operations; one, practised by Signoroni and Gerdy, and followed considerably of late years by different surgeons in this country, with various unimportant modifications; and another, originated by Wurtzer of Bonn, and followed by Rotheimund in Munich, Sigmund in Vienna, and by Spencer Wells, Redfern Davies, and others, in this country." (P. 81.)

To both these plans Mr. Wood points out objections, which at least should be carefully considered by surgeons. The first method—that of producing adhesion of the surfaces of the sac—does not narrow or close the canal through which the sac has been protruded; and hence it "will not prevent the formation of another sac from the abundant and loose peritoneum at the internal opening". The second plan—that of plugging the canal by invagination of the skin—is also liable to failure from two principal causes. If, on the one hand, simple invagination be performed (as in Gerdy's plan), and adhesion be simply obtained at the anterior part of the inguinal canal, a fold or *cul-de-sac* is left posteriorly, into which a portion of bowel may at some time find its way. On the other hand, the attempt to produce adhesion around the entire circumference of the neck of the sac (as by the plug in Wurtzer's operation) is also regarded by the author as futile, unless nothing less than severe inflammation and sloughing be produced; and he holds further, that the plug, so far from doing good, actually dilates the inguinal canal, so that, when the hernia returns, a larger protrusion than before takes place.

Having stated his objections to the operative procedures commonly adopted, Mr. Wood next proceeds to describe the operations which he has practised, and the principles on which they are based. He aims at closing, or at least narrowing, the inguinal openings and canal, by drawing together and producing adhesions of its tendinous walls as far as the inner opening; of course without producing undue pressure on the spermatic cord. For a full description of the operations followed by the author, we must refer to the book itself. They are all performed subcutaneously; and

"In all, the main principle of securing the conjoined tendon with the posterior and superior boundaries of the canal on the one hand, and the anterior and inferior walls up to Poupart's ligament on the other, is adhered to."

In his operations on ordinary inguinal hernia, Mr. Wood at first used hempen thread, by which the parts were drawn together; the ends of the thread being fastened over a compress laid along the inguinal canal. Subsequently, however, he has substituted stout silvered copper wire for the ligature,

and has dispensed with the compress; merely placing a piece of lint between the skin and the arch formed by the twisting together of the ends of the wires. In congenital hernia, and in certain cases of hernia in children and young bodies, Mr. Wood uses rectangular pins, such as are employed in the treatment of varicose veins and varicocele. The pins are applied in such a manner as to produce the effects desired; their action being favoured by the circumstances that, in the cases in which their use is indicated, "the hernial canal is usually narrow; the internal opening often contracted; and the sides elongated so as to retain much of their valve-like action, and so flexible and yielding as to admit of approximation in their entire length."

Mr. Wood proceeds next to consider the *Modus Operandi* of the Operations practised by him; and also the Causes of Failure and Danger. The latter are candidly put forth; and many of them are shown to be capable of being obviated or avoided by the exercise of care and judgment on the part of the surgeon. The danger to life is very small. In sixty cases described in the appendix to Mr. Wood's book as having been operated on by him, one death only occurred; and that was from pyæmia—a disease which may follow even the simplest surgical operation.

As to the success of the operation, Mr. Wood estimates that, putting aside doubtful and imperfect cases, and making allowance for future casualties and imperfect records, the proportion of successful cases in his hands has amounted to sixty-five or seventy per cent. Even in the cases where he has failed in effecting a complete cure,

"In none has the rupture returned to the full size which it had attained before the operation. In none has the rupture been rendered irreducible or become strangulated; and all can wear a truss with more comfort than before the operation." (P. 164.)

The author's observations on Inguinal Hernia are concluded with a chapter on Trusses.

Our space does not permit us to analyse Mr. Wood's instructive remarks on Crural and Umbilical Herniæ, contained in the second and third parts of his book. One hint which he throws out we must, however, quote, as deserving consideration.

"It is, I think, a question which may be fairly entertained, whether, after an early operation for strangulated hernia of both the inguinal and crural varieties, where there is little expectation of inflammatory action in the bowel released, wire sutures may not be advantageously employed in drawing together the edges of the tendinous opening, denuded and severed by the incisions, and so accomplishing a radical cure by the same operation. This might be done with still less risk in cases where the operation is accomplished without opening the sac; since in these instances the small chance of mischief which may be expected to result from an implication of this offset of the peritoneum may be taken away by returning the sac within the abdominal parietes. This may usually be done with great ease in cases of crural rupture of moderate size and duration. It need hardly be said that the advantage of obtaining a radical cure, which so rarely, if ever, follows from the operation for strangulated hernia as usually completed, is, in favourable conditions of the patient, amply worth so small an increase of risk as might ensue from symptoms so slight as those produced by the application of wire sutures in this way in the great majority of the cases." (Pp. 222-3.)

The "radical cure of hernia" is now fairly on its

trial; and, while we must not be over-sanguine in pronouncing a positive opinion of the success of the means which have lately been adopted with this object, we must acknowledge that these means promise very encouraging results. Among the methods adopted, Mr. Wood's plan seems specially founded on common sense; but time and observation will be required to determine its positive merits, great as these even now appear to be. His book has been honoured by receiving the Jacksonian prize of the Royal College of Surgeons; but, even though it had not received this mark of professional approbation, it would not have been the less worthy of a welcome reception by every surgeon. It is, in fact, a book which at once must take its place by the side of the works of Lawrence and other writers on hernia; with this advantage in his favour, that it shows how to prevent those evils and dangers, the remedying of which has generally formed the chief features in treatises on the same subject.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON. Vol. IV. For the Year 1862. With a List of Officers, Fellows, etc. Pp. 338. London: 1863.

This volume contains forty-one contributions of various length and importance, interspersed among which are eight plates and six woodcuts. The regular appearance of the reports of the Obstetrical Society in this JOURNAL renders it unnecessary for us to analyse the book: we will therefore merely say, that we think the members get a very fair return for their subscription. If a judgment may be formed from the number of Fellows admitted at each monthly meeting, the Society is in a very prosperous condition.

A MANUAL OF HUMAN PHYSIOLOGY, FOR THE USE OF NON-MEDICAL STUDENTS; with an Appendix of Questions from various Examination Papers, including those for the B.A. London for the last ten Years. By JOHN SHEA, M.D. Pp. 240. London: 1863.

THIS is a popular work on Physiology; and, as such, we can recommend it to attention, both for the good intention with which it has been undertaken, and for the general correctness of its details. The leading facts with which non-medical persons should be acquainted, in regard to the structure and functions of the body, are expressed in sufficiently clear language.

PREVALENCE OF SMALL-POX. Several registrars, both in England and Scotland, note the prevalence of small-pox. A person died of it in Edinburgh, and his clothes were sent to Dunbar to be washed; at this latter place vaccination had been greatly neglected, and the result was that small-pox spread over the district. On the other hand, the registrar of Sandwick (Orkney) has reported that small-pox was introduced there in the winter by a family of immigrants, but the infection did not spread; the minister has for thirty years vaccinated all the children, and in that period no native of Sandwick is known to have had small-pox either at home or abroad, except (if it can be called an exception) the child of a stranger which brought small-pox into the world with it.

## British Medical Journal.

SATURDAY, MAY 30TH, 1863.

### MEDICO-CLERICAL PROSECUTIONS.

THE Rev. E. Harston, vicar of Poole, having constituted himself judge and accuser of Mr. White, Poor-law medical officer of the Sherborne district, writes to the Board of Guardians, complaining of Mr. White's treatment of the case of a pauper who died. The Board decide, after hearing the matter, that there are no grounds for further investigation on their part. The reverend and pertinacious gentleman, however, is not to be done out of his desires. He, therefore, next tries his luck with the Poor-law Board; and in a letter of complaint to that Board boldly states, amongst other things, that the pauper's death was the result of Mr. White's neglect. This letter, we may observe incidentally, has been judged libellous by Mr. White, who has very properly brought an action against his reverence, which action is to be tried in London. In the meantime, the Poor-law Board send down their inspector, Mr. Cane, to investigate the affair; and the report of the inquiry conducted by him makes it perfectly clear that Mr. White is in no way whatever to blame in this matter; and that the Rev. E. Harston had been all along—we must suppose conscientiously—engaged in doing an injury to an innocent man. The case is shortly as follows:—

"A poor patient is under Mr. White's charge for one week only. In that period, according to the evidence both for the prosecution and defence, the medical man sees the patient at his surgery once, his wife twice; supplies him with medicines, visits him at his house on Tuesday afternoon, on Friday evening, and on Saturday morning as early as half-past six, and yet is charged, not simply with inattention and negligence, but with having caused the death of his patient."

We sincerely trust that in the forthcoming action no legal manœuvres may prevent good and effectual damages being given to Mr. White for this unwarrantable attack. Our chief reason, however, in referring so especially to the matter, is because here again, as usual, we find a "medical brother" ready and willing to come forward and hit his "brother" in distress. The vicar had no difficulty, it appears, in finding a medical backer. We read in the report of the inquiry that one

"Dr. Highmore here came into the room, and was asked if he was a witness. He said he didn't know. 'Because, if you are,' said Mr. Melmoth, 'you must retire.'"

Unlike the stupid and prejudiced coroner of whose doings in a midland district we sometime since had occasion to speak, Mr. Cane very wisely refused to permit any unseemly medical squabbling about methods of treatment to be dealt out in the court to

the prejudice of Mr. White; and thus effectually closed the expression of any learned opinions by Dr. Highmore aforesaid.

The words of Mr. Cane are well worth recording; and we trust the lesson they inculcate will not be lost on all medical men of a prosecuting turn of mind:—

“The Inspector said the main issue in this inquiry was not whether there was, professionally, proper or improper treatment; but whether the man was attended duly, punctually, and carefully, and to the best of his skill and ability, by Mr. White. He was not going into the question whether proper medicines were given, because these were questions which he was not competent to deal with. He did not want the opinion of a physician. He apprehended it would be very difficult for any one who never saw the man Crocker to say whether the medicine was proper or not. What he wished to find out was, whether Mr. White discharged his duty to the best of his ability.

“Mr. Harston said: Mr. White said in his letter to the Board, ‘I sent him four croton-oil pills.’ That appeared an extraordinary medicine for a man in an extreme state of weakness and exhaustion.

“The Inspector: I think I should at once say I shall not take evidence on that point. It would be a vague, and I believe an unprofitable, inquiry. Therefore, if this gentleman wishes to stay he may, but I don’t propose to take his evidence. [Dr. Highmore remained; on one or two occasions prompting the vicar.]”

From this it appears that Dr. Highmore had no opportunity of being openly demonstrative against his brother in distress. His talents were reduced to the prompting of, we suppose, his patron or friend the vicar. Nevertheless, from Inspector Cane’s remarks, we must infer that the doctor was ready to pick holes in the treatment of Mr. White; and no doubt to exhibit to the world of Sherborne his superior knowledge and scientific qualities. Even the pretty significant hint of Inspector Cane that “he did not want the opinion of a physician”, was not sufficient to bring this gentleman to a sense of the figure he was cutting in this court of inquiry. The case, however—the promptings of the vicar by Dr. Highmore notwithstanding—against Mr. White utterly broke down; and so left the prompting doctor without a shadow of an excuse. We are really astounded, after the late universal expressions of medical opinion, that members of the profession should still be found ready and willing to appear in such a character as that of medical prosecutors. What must be the state of the conscience—we will not say of the heart—of men who thus come forward to assist, by the aid and light of their medical knowledge, a non-professional public, and a malevolent (it may be) prosecution, in inflicting an irreparable injury on an innocent man?

We have no hesitation in saying that Mr. White is utterly without blame in the matter brought against him. We have known better men than even Dr. Highmore can be, overlook for weeks together the existence of diabetes; and for any one to blame Mr. White for having done so during one week is

simply to commit a gross injustice and to be guilty of gross presumption. What makes this persecution of a medical practitioner still more cruel, is the fact (if we are rightly informed) that Mr. White is an old man, and one on whom the gifts of fortune have not been bountifully bestowed. It would seem that Mr. White was, nevertheless, an independent man, and had the courage to resist the petty overbearing even of this vicar; and this was, we believe, his unpardonable offence.

We cannot close these lines without reproducing some excellent remarks on the subject from the *Sherborne Journal*. We strongly recommend their perusal to all members of the profession who are inclined to earn for themselves the unenviable distinction of assisting in “hitting an innocent brother in distress”:—

“Are medical men prepared to submit their every act, both of the hand and the mind, to the scrutiny of adverse investigation? Is, for instance, a union surgeon, with seventy or eighty patients on hand, or a physician in large practice, content that every one of his cases shall be sharply scrutinised, his mode of treatment stated, and, if necessary, justified; his medicines collected by some busybody, and sent off for analysis; and his reputation be left dependent upon the adverse circumstances that thus might be collected against him? Where is the practitioner who claims that he is free from error? Where is the mortal that never made a mistake? Let us see him—the greatest prodigy of any age. This inquiry disclosed a very remarkable rebuke to those gentlemen who insist on setting up for others a higher standard of duty than they attain unto themselves. One of the imputations, and to our minds the gravest, cast upon the medical officer, was that his medicines were not medicines but nauseous draughts. His accuser came armed with a great charge against him, that he had dispensed garlic water to the poor; but it turned out that the accuser himself was ignorant of the composition of the very stuff that he held in his hand. Now, ought not this simple fact to be a caution? Here was the vicar of a parish—the head and chief of the national school—a gentleman who must be supposed to be well educated, and who, standing as an accuser, ought to have been especially careful and well-informed upon the subjects that he had chosen to concern himself with—who is yet ignorant that garlic and assafoetida are not the same thing! No one would desire to throw the shield of favouritism over men entrusted with the lives of the poor; but we claim for them, in the discharge of their onerous and too often unthankful duties, a freedom from petty annoyances and hinderances, and that they shall be fairly and reasonably judged. A Poor-law surgeon has much to contend with. Sometimes, on the one hand, he has the screwy guardian, whose only care is the rate, to deal with; at another, the crafty and never contented pauper, who has beaten them in and out of the house and at the hospital, and has defied every medical man to say whether he was ‘shamming’ or not. Occasionally he is pestered with some well-intentioned but troublesome old maid, who will insist on knowing more about medicines than modern doctors. He may happen to be so unfortunate as to draw down the wrath of the parson or the squire, because he has not paid special attention to a favourite domestic; and if he be too attentive to a particular patient, he may rely on being the subject of tattle and insinuation from her neighbours. His responsibilities are great; but in proportion to his responsibilities and his trials should be the measure of Christian charity dealt out to him.”

### "WHO TO CONSULT": ITS ETIOLOGY.

A book lies before us, bearing on its frontispiece the ungrammatical title, "*Who to Consult*," etc. It is a novelty in its way—"the last new thing of the season". We find in it a publisher's address, an author's preface, and an editor's remarks. "Publishers of medical literature in many shapes", they (the firm) are often asked by anxious invalids, not *whom*, but "*who* they should consult". Hence, say they, is demonstrated the want of such a book as this. To supply the want, the philanthropic publishers apply to "a highly distinguished member of the medical profession, well qualified, etc.", for getting up the article required; and we hope they paid him well, notwithstanding his ignorance of grammar. The author, of course, in his preface, "lets on" about the use of such a guide to "suffering humanity"; but, notwithstanding the philanthropic character of his work, he does not care to put his name to it. He is too modest. At all events, here is a great opening, capable of considerable development in the advertising way. The right man can here be set down in the right place. Future editions of the list of consulting men, etc., are promised; and it may be a worthy ambition with those who like to occupy a prominent position before the public in the advertising columns of public prints, to secure for themselves their proper place in this authentic document of the Rights of Doctors. No doubt the publishers and the author are reasonable individuals, and will give to each such ambitious man an opportunity of showing his claims to a prominent position as a curer of disease. Thus, for instance, if Dr. F. thinks himself aggrieved that his name should be placed after Dr. S. as a curer of obstetrical diseases, let him lay his claims before this court of appeal—the publishers and their "distinguished author"; and he will doubtless get justice. We expect, indeed, to find the list considerably altered in the next edition. Indeed, any gentleman, whose name has been accidentally omitted, is requested to communicate with Mr. Blank, the editor, and he shall have justice done him in the next edition. We cannot, indeed, understand the object of the thing, unless we regard it as a homage paid to the medical advertising tendency of the age. That a lot of vagabond touters, who seize on "suffering humanity" on its ascent from a Boulogne steamer after a rough passage across the Channel, are of some sort of service in conducting the sick cockney to the Lion d'Or, etc., we can readily understand; but we certainly have yet to learn that patients require the aid of publishing touters to put them in the way of ascertaining whom they should consult in London.

All of us can, no doubt, appreciate at their true value the philanthropic sentiments of medical pub-

lishers when displayed in the pursuit of their special business. Such displays are so common and notorious; and we can equally reckon up the value of the philanthropic sentiments of the "highly distinguished member" of our profession, who places his pen at the service of the publishers. We understand all this well enough. But there is, we apprehend, a moral to be drawn from the fact. Wherever there is a supply, in this commercial country, there is generally a demand. And we would, therefore, venture to suggest that a book of this nature is in no small degree an actual reflection of the moral tendencies of the profession itself. It is all very well for high and successful men of medicine to cry out in virtuous indignation at any specially outrageous and overt act committed against professional decorum; but we would suggest that they would play a much higher part on the stage of virtue, if they would cry out against those less marked, but equally indecorous, professional acts daily committed in the advertising line by what the publishers of this book would call "highly distinguished members of the profession." Our belief is that when keen medical publishers, in the way of trade, produce an article of this kind, they consider they are supplying an article for which there is a demand. If, therefore, there be any dirty linen which requires washing in such a matter as this, we would recommend that the bleaching process should be commenced within the profession itself. The virtuous indignation of an outraged profession should be directed, not so much against those who satisfy the abnormal tendencies of the profession, as against those members of it who create the abnormal tendencies. We suggest this view of the case to our brethren, as being a reasonable explanation of the etiology of this last medical abnormality. Need we add to medical practitioners, that "*sublatâ causâ, tollitur effectus*?"

### THE MEDICAL COUNCIL.

THE Medical Council commenced its meetings for the present year on Monday last. The only change which has taken place in its members is, the substitution, as representative of the Glasgow Faculty of Physicians and Surgeons, of Dr. J. G. Fleming in place of Mr. Watt, who resigns in consequence of long continued indisposition.

On Monday, various committees were reappointed; after which Dr. Andrew Wood proposed, and Dr. Alexander Wood seconded, a motion for the admission of reporters to the meetings. To this two amendments were proposed; one, by Dr. Allen Thomson, to appoint a committee to draw up a plan for the publication of reports of the proceedings; and the other by Sir C. Hastings, that reporters from the press should be admitted when the General Council exercises functions as a court of judi-

cature relative to the admission of persons to, or their rejection from, the *Register*. On being put to the vote, the question that the original motion be amended was negatived by 12 to 11; and the original motion itself was then also negatived by a similar numerical majority.

A letter from the Home Office was read, stating that the Lords Commissioners of the Treasury approved of the distribution of 2000 copies of the *Medical Register* to certain public offices, at a cost not exceeding £300 *per annum*.

The president was requested to propose to the Council a design for a common seal.

On Tuesday, the Council exercised its judicial functions with regard to the admission of certain persons to the *Register*, or their removal therefrom. Among other things, the Society of Apothecaries was recommended, in answer to a question submitted by them to the Council, not to admit Richard Organ to examination, as "his name was erased from the *Medical Register* on the ground that he had endeavoured to procure a license from Edinburgh by personation." The Registrar was also directed to remove from the *Register* the qualification of Mr. Robert J. Jordan, of George Street, Hanover Square, as a member of the Royal College of Surgeons of England. The name of Samuel La'Mert was also erased *in toto* from the *Register* on the ground, "That it has been proved to the satisfaction of the Council, that Samuel La'Mert, a registered medical practitioner, has been guilty of infamous conduct in a professional respect: 1. In publishing, or causing to be published, an indecent and unprofessional treatise entitled 'Self Preservation; a popular Treatise on the Cure of Nervous and Physical Debility, Spermatorrhœa, Impotence, and Sterility, resulting from the Secret Habits of Youth; the Excesses of Mature Age, and the Debilitating Effects of Tropical Climates.' 2. In having falsely pretended, both on the title-page of the said treatise and by advertisements in the public newspapers, that his son Lima Abraham La'Mert, a Licentiate of the Royal College of Physicians of Edinburgh, was a joint author and publisher of the said treatise."

A Report was received from the *Pharmacopœia* Committee: and with it were laid before the Council proof sheets of the whole *Pharmacopœia*, with the exception of the preface and appendix. The Committee concluded their report by stating that they could confidently predict that the National *Pharmacopœia* will be published not later than October next.

## THE WEEK.

BETWEEN five and six years ago, seventeen persons were poisoned at Bradford by eating peppermint lozenges in which arsenic had been mixed by mistake, instead of plaster of Paris, with which the maker had intended to adulterate them. In the same town, arsenical poisoning by misadventure has again taken place, but, it is to be hoped, not with

fatal results. A chemist, it would appear, sold cream of tartar with which arsenic was accidentally mixed. A family, who took some of this cream of tartar with magnesia, were seized with signs of arsenical poisoning. Arsenic was discovered in their vomit, and in the powders taken by them. No less than seven pounds of this adulterated article appears to have been sold. A second family also were sickened by the compound, but not seriously injured.

"The cream of tartar", we read, "in which the arsenic has been found, was from a stock supplied by a large wholesale house in a distant town; and on Saturday, as soon as it was clearly established that the poison must have been in the cream of tartar when sold by Mr. Potter, steps were taken to apprise the wholesale house of what had happened, so that they might examine their stock of the latter article, with a view to prevent further mischief. At the same time placards were distributed throughout Bradford and other West Riding towns, cautioning persons against using any cream of tartar they might have bought at Mr. Potter's shop since the 25th of April last, and requesting them to forward it to the chief constable of Bradford, as arsenic had been accidentally mixed with it."

MR. COSMO LOGIE, surgeon-major to the Royal Horse Guards (Blue), not being able, we suppose, to obtain through the medical press all the credit for *sarracenia purpurea* as a remedy in small-pox, which, in his opinion, it deserves, blows the trumpet of that same in the *Times*. This process of widely recommending to the ignorance and credulity of the public infallible remedies in specific and incurable diseases is a most objectionable one, and deserves reprobation. It will be in the memory of our readers that it was chiefly through the columns of the *Times* that a few years ago a quack remedy for cancer was pressed upon the notice of the public, to the great injury and torture of the unfortunate; and indeed it is a very notorious fact that in matters of science and in matters of medicine that journal chiefly purveys nourishment of a kind fitted only for the minds of the credulous and the ignorant. Mr. Cosmo Logie ought by this time to have known that the only persons who can decide upon the value of a remedy are his professional brethren; and that to them he ought to have been modest enough to appeal, as the fervent prescriber of a new drug-herb. He ought also to have known that the very objectionable course which he has taken is one which is likely to be followed by much injury to the public and annoyance to the profession. His experience of twenty years' practice ought also to have taught him that the eleven cases of small-pox which have recovered in his hands under the peculiar influence of this pseudo-drug might and probably would have recovered equally well under the influence of barley-water or mint-tea. He ought also to have known that his reason for considering the *sarracenia* a boon is a very weak one. "I consider the remedy," he writes, "a boon to the public; for this reason—it is so easily

managed ; any one can make a decoction or infusion of the root, like tea, etc." If some credulous old wife from the back settlements of Somersetshire had proposed such a remedy as this, in such a form and on the strength of similar proofs of its efficacy, we should have felt no surprise, nor made any remark thereon ; but we certainly cannot allow a letter of this kind, which, as we have said, is calculated to do a great deal of mischief by inspiring false hopes in the minds of the public, to pass by without rebuke. Twenty years of experience in practice should have taught Mr. Logie, as it has taught most men who have been twenty years in practice, that there is a *post hoc* as well as a *propter hoc* in the matter of the effects of remedies ; and that he displays very little attention to the rules of medical logic, who, on the strength of the recovery of eleven men from small pox, proclaims the surpassingly wonderful effects of an infusion which they had swallowed during their sickness. One could hardly have believed that, on the strength of such experience of the thing as this, a medical man in Mr. Logie's position would have put the climax to his credulity by stating : "So impressed am I with the efficacy of this treatment over the old method, that I hope to hear of it in every country gentleman's medicine-chest." Mr. Logie would have done better had he read that page of the history of therapeutics, where is inscribed the history of a thousand infallible remedies for incurable diseases. Experience teaches us that it is the part of wisdom to have the gravest suspicion of the virtue of all newly-proposed and invented remedies ; and to have strong proof before accepting them into our catalogue ; but, above all, does it teach us to receive with the deepest distrust—i. e., only on the surest evidence—infallible cures for specific fevers and incurable diseases.

We some weeks since pointed out what we consider to be unanswerable arguments in favour of commencing the London winter medical session in November instead of October. Our arguments were, of course, directed to the main fact, that the alteration would greatly benefit the student ; the whole question hanging on this particular. Incidentally, also, it was observed that, as October is often a charming month for country life, and not a very attractive or, professionally speaking, profitable one in London, the postponement would be agreeable to the London teacher also. We hear, from good authority, that the proposition is favourably received by the majority of London teachers, but that a few of the elder sort, as usual, shake their heads ominously at the thought of any change. We do not find, however, that any practical attempt has been made to put the question to the proof. What is everybody's business is nobody's ; and it is a very remarkable fact

that nothing is more rare than to see some member of our profession, who is high in position and rich in practice, do a bit of volunteering in the way of professional philanthropy. We recur to the subject, nevertheless, to remind medical lecturers that, if they desire the change suggested, they have now an opportunity of having it brought under the notice of the Medical Council. The Council of Education could not refuse to consider the proposition of a large body of London lecturers ; and the opinion of the Council on the subject would necessarily determine the views of examining boards. If, therefore, there really be any wish on the part of lecturers, we would take the liberty of recommending them at once to attack the Medical Council now assembled. They may safely depend, we should surmise, upon the concurrence of the Irish and Scotch members of Council, who would surely not object to start equal (in time) with their London *confrères* in lecturing.

It is not very long since we noticed the fact that the French Academy had awarded 2,000 *francs* to M. Kœberle of Strasbourg, for two successful cases of ovariectomy. In singular contrast to this illustration of the state of operative surgery on the other side of the Straits of Dover, it is worthy of note that, at the last meeting of the Pathological Society, Mr. Spencer Wells exhibited eight ovarian tumours which he has removed within as many weeks, six of the cases proving successful ; and that, in giving his experience of the operation during the present session of the Society, he said that he had operated during the session on twenty-seven cases, with a result of twenty-three recoveries and four deaths. His total experience he stated to be sixty-three cases, with a result of twenty deaths and forty-three recoveries. The greater success of late he attributed to the greater knowledge acquired by increasing experience. It would be rather an expensive undertaking for the French Academy to reward our successful ovariectomists at the same rate as M. Kœberle.

The Council of the Medical and Chirurgical Society have determined to take steps for the removal of the name of Mr. Evan Thomas of Manchester from the list of their Fellows.

M. RICORD has made a new confession of faith in the Academy. He now admits the reality of the possible transmission of syphilis through vaccination. He also admits that facts lately observed seem to demonstrate the possibility of the inoculation of syphilis by means of the blood of the infected. These facts being admitted, it seems not unreasonable to conclude that, in cases in which syphilis has resulted from vaccination, the blood of the infected person from whom the vaccine matter has been taken has



been mixed with the vaccine matter. At all events, the facts indicate that great care should always be taken in collecting vaccine matter, to prevent any admixture of blood with it.

On Saturday last, a testimonial, consisting of a massive silver candelabrum, with three branches and moveable top to receive a flower-vase, was presented by a number of his former pupils to Dr. George Budd, on the occasion of his retiring from the Chair of Medicine in King's College. The meeting, which was numerously attended, was held in the large hall of the College, and was presided over by the Rev. the Principal (Dr. Jelf). The duty of presenting the gift was performed by Dr. Lavies, who eulogised Dr. Budd in his fourfold character of lecturer, hospital teacher, consulting practitioner, and friend. An elegant blotting-book and envelope-case were also presented to Mrs. Budd.

THE meeting of the Fellows of the Royal College of Surgeons for the election of members of Council will be held on July 2nd. There will be three vacancies, caused by the retirement in rotation of Mr. Caesar Hawkins and Mr. Tatum (both of whom are eligible for re-election), and the resignation of Mr. Coulson. Fellows of the College, who are desirous of seats in the Council, must lodge the requisite documents with the Secretary not later than Wednesday next. Among the gentlemen spoken of as probable candidates are Mr. Thomas Turner of Manchester, Mr. Bishop, Mr. S. Lane, Mr. Curling, and Mr. Hancock.

THE following general order has been issued in reference to the Queen's late visit to the Netley Hospital:—

"General Order, No. 825. Horse Guards, S.W., 14th May 1863. His Royal Highness the Field-Marshal Commanding in Chief has received the Queen's commands to express the satisfaction Her Majesty derived from her visit to the Royal Victoria Hospital at Netley, on the 8th instant; when Her Majesty was highly pleased to observe how carefully and amply the comfort and requisite attendance upon the sick soldiers were provided for. Her Majesty was particularly gratified by the order, cleanliness, and regularity that pervaded the establishment throughout.—By command. (Signed) J. YORKE SCARLETT, Adjutant-General."

WE have for some time past observed in the lists of naval appointments a comparative absence of the names of medical men. We suppose, and sincerely hope, that the cause of this is, in the main, the want of applicants. Our medical brethren in the navy still labour under great injustice. In fact, the orders which have been from time to time issued for the purposes of improving the position of naval medical officers have not been carried out; so that, in fact, their grievances still remain unredressed. The army

medical men have, by perseverance and the assistance of the press, in great part obtained their rights; and we have no doubt that if equal pressure be exercised upon the Admiralty, naval medical men will soon be placed in an equally favourable position. Nothing will sooner effect this object than an absence of applicants for naval medical appointments.

The Congrès Scientifique de France will this year hold its session at Chambéry, from the 10th to the 20th of August. The programme of medical questions is as follows:—*Cretinism*: What is the use of hospitals for cretins? *Cemeteries*: Has experience shown that any influence has been produced as regards epidemics, etc., through the neighbourhood of cemeteries? *Marshes*: Do the marshes of Savoy produce pathogenic effects, etc.? *Medical Education*: Is medical science in France advanced by the multiplication of centres of instruction? *Hydrology General. Special Hydrology. Judicial Payments to Medical Experts, etc.*

By an imperial decree, a prize of 50,000 francs was offered in 1858, by the Emperor Napoleon, for the most useful application of the voltaic pile. The period of five years having expired, the Minister has appointed a commission to examine the discoveries of the different competitors, and see if they fulfil the required conditions. The commission is formed of M. Dumas, MM. Pelouze, Regnault, Rayer, Serres, Becquerel, Baron Dupin, Baron Séguier, Général Morin, Général Probert, and M. Deville. M. Jamin, Professor at the Polytechnic, will act as secretary.

Dr. Aymini of Turin, the journals tell us, having for his *collaborateur* the President of the Sub-Mediterranean Telegraph Company, has constructed an electrical apparatus by the application of which he can reduce to a fine powder vesical calculi in the bladder, a special fluid being previously injected. The success was complete in three cases operated upon in the presence of several medical men, after three sittings each of twenty minutes duration. The inventor threatens Paris and London with a visit, in order to exhibit his apparatus.

M. Devergie lately presented to the French Academy a child in whom syphilis had been developed as a consequence of vaccination. The case was very imperfect and unsatisfactory.

SENSITIVE BAROMETER AND THERMOMETER. At a recent meeting of the Manchester Literary and Scientific Society, Dr. Jonle exhibited a thermometer of remarkably delicate construction. It shows a variation of temperature amounting to no more than a few ten-thousandths of a degree. He has also exhibited a barometer, by which he states that he is enabled to observe the effect of a variation in elevation of "less than one inch."

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*  
Worcester, April 21st, 1863.

#### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Annual.]	Philosophical Institution, Bristol.	Thursday, June 18, 4.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Medical Institution, Liverpool.	Wednesday, June 24th, 12 noon.
EAST ANGLIAN. [Annual.]	Yarmouth.	Friday, June 26th, 3 P.M.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 12TH, 1863.

RICHARD PARTRIDGE, ESQ., F.R.S., President, in the Chair.

ON THE PHYSIOLOGICAL ANATOMY OF THE LUNGS.  
BY J. NEWTON HEALE, M.D.

THE following points in connection with the physiological anatomy of the lungs were described as the result of investigations made by the author.

1. Longitudinal channels are to be found in the pleura. These are pervious to air, and are connected with the minutest air-passages in the substance of the lungs by tubular passages in the subpleural cellular tissue. They are surrounded by a vascular plexus, derived from the pulmonary system of blood-vessels.

2. As relates to the manner in which the air is distributed throughout the lungs, a remarkable difference is to be noticed in what is ordinarily called the bifurcation of the trachea in the human subject and in other mammalia. In the latter a large trunk is given off from the windpipe before it reaches the spot which is usually called its bifurcation. This trunk goes to the upper of the right lung. The left bronchus is, therefore, in those animals, the second alternate branch which proceeds from the main air-pipe. Each bronchial tube, instead of splitting up equally into lesser tubes, passes towards the margins of the lobes in a continuous direction, though diminishing in size. It gives off its branches in an alternate manner, and each of the subordinate tubes pursues a similar course. When they have arrived at a certain degree of diminution, a set of membranous tubes, differing in some respects from the bronchial tubes, and also from the air-cells, but intermediate in character between the two, are sent off from the terminal bronchial tubes. To these membranous tubes the author attached the name of pedicles. The true pulmonary tissue is quite distinct in its anatomical peculiarities from those of the bronchial tubes, however small these may be. The ultimate parenchyma of the lungs is made up of little bodies, to which the author gave the name of

"leaflets." The pedicles connect the terminal bronchial tubes with the leaflets; and many pedicles from different terminal tubes enter each leaflet. This peculiarity in the leaflet causes a very minute anastomosis to take place between the different terminal bronchial tubes, which could not occur if the ordinary description were correct.

3. The author did not profess to have contributed any fresh facts relating to the lymphatics or to the nerves as to their purely anatomical characters.

4. The author preferred to give the name of sustinent arteries and veins to the blood-vessels usually denominated bronchial. He considered that the latter word implies that they have some peculiar relation to the bronchial tubes, and more especially to the bronchial membrane. Every sort of vascular action throughout every part of the lungs, by which any damage to its tissue is remedied, is accomplished through the sustinent vessels exclusively; although the peculiar plexus by which the whole of the mucous surface is covered, and by which the bronchial mucus is supplied, is not contributed by the so-called bronchial arteries. While the duty of repairing the tissue of every part of the lungs devolves upon the sustinent vessels, that of bringing the venous blood furnished by the right side of the heart into contact with the air is entrusted solely to the pulmonary vessels. The purpose for which the vascular plexus is spread out in the mucous membrane is entirely connected with the atmospheric influences, and the large surface which that membrane affords is thus turned to account, and the plexus itself is consequently in exclusive relation with the pulmonary system of blood-vessels. Modern authors, with the exception of Dr. Harrison, of Dublin, concur in believing that there is some kind of anastomosis between the minute branches of the pulmonary and the sustinent vessels. That gentleman, with great truthfulness and candour, acknowledges that he has not been able to satisfy himself that the presumed anastomosis has not been the result of the rupture of one or both sets of vessels in the act of injecting them.

Dr. HEALE had found that the vasa vasorum of the pulmonary vessels are supplied entirely by the sustinent arteries; and that when the latter have been fully distended, and some degree of violence has afterwards been used, the minute capillaries in connection with the sustinent arteries which are spread over the interior of the walls of the larger pulmonary vessels have sometimes been made to burst, and a false communication into the canal of one of the pulmonary vessels has thus been made. A channel for the injection having been once established by an accident of this nature, it becomes gradually enlarged in proportion as the injection is afterwards made to flow through the rent, and an unlimited quantity of injection may then be made to flow through the artificial passage. The pulmonary and sustinent vessels cannot be made to communicate with one another by any other means than this.

Sustinent veins accompany the bronchial tubes, returning the residual blood supplied by the sustinent arteries to the internal parts of the lungs; and other sustinent veins ramify in the subpleural tissue, and collect the blood from the exterior of those organs.

The sustinent veins are furnished with valves, and with branches of anastomosis. These last facts are of some importance, not with regard to the lungs only, but also with reference to the blood-vessels which discharge in other viscera a function similar to that of the sustinent arteries.

5. Modern authors describe the *pulmonary arteries* as accompanying the bronchial tubes; as dividing again and again, becoming more numerous than the tubes; as giving off branches of supply to the various tissues; as anastomosing with the so-called bronchial arteries; and their residue as being ultimately distributed to the air-cells. But, according to Dr. Heale, the pulmonary

arteries never give off branches of supply to *any* tissue. They never form any anastomosis either among themselves or with any other blood vessel. They do not become more numerous than the bronchial tubes, since each of these is accompanied by one, and never more than one, pulmonary artery, which pursues in relation to it a definite and invariable course; and the final distribution of every portion of the pulmonary artery, down to the minutest fragment, is precisely and entirely alike. The whole of it is split up so as to form the remarkable anastomosing plexus in the leaflets. The pulmonary veins commence in the interior of the leaflets by *tufts* of capillaries. The veins formed from these commencements are placed, in the first instance, at some distance from the bronchial tubes; but as they increase in size they come into contact with them. A remarkably vascular plexus, composed exclusively of pulmonary vessels, occupies the whole surface of the mucous membrane. This is derived as an offshoot from the plexus in the leaflets, and is reinforced in the larger tubes by blood-vessels furnished from the leaflets which cling to the tubes externally, and send perforating branches to the plexus in the membrane. Some *ramusculi* are also placed externally to the tubes. They collect the blood from the plexus in the membrane, and convey it to the larger pulmonary veins. There are, therefore, in the first instance, two distinct sets of minute pulmonary veins. One of these, after leaving the leaflets, makes its way at once towards the left auricle, without undergoing any further exposure to the air. The other is spread over the mucous membrane, and derives the benefit of the atmospheric influence which the surface of that membrane affords, and ultimately joins the other portion. The anatomical distribution of the pulmonary vessels indisputably proves that their physiological function is exclusively in relation with the air supplied by the bronchial tubes, and that it is totally independent of any purpose having relation to the construction or repair of any part of the *tissue* of the lungs.

(The paper was accompanied by numerous drawings and diagrams).

Dr. HEALE, at the request of the President, drew attention to the apparatus which he employed. In injecting the pulmonary arteries and veins with different colours, both should be injected simultaneously, so that the two fluids should meet in the capillaries. If the arteries by themselves were injected first, the fluid passing through the capillaries into the larger vessels beyond would prevent the proper injection afterwards of the veins, and *vice versa*. No anastomosis existed between the so-called bronchial vessels and those of the pulmonary system, as the capillaries of the first could be injected in every part of the lungs without any of the injection reaching any of the other vessels.

#### DESCRIPTION OF A FÆTUS BORN WITHOUT HEART, BRAIN, LUNGS, OR LIVER. BY W. H. DICKINSON, M.D. CANTAB.

This being, like all others of the same character, was a twin. Both umbilical cords were attached to a single elongated placenta. The imperfect fœtus was devoid of any vestige of head or neck. The upper extremities were present, but were in some respects imperfect. On the anterior surface was a small prominence, which appeared to represent the tip of the tongue. The umbilical cord was surrounded at its fetal extremity by a small membranous bag, which contained a coil of intestine. The lower extremities were only slightly different from their usual state. The body was generally swollen and oedematous. The spinal column was deficient from the second cervical vertebra upwards. No trace of any cranial bones could be discovered. The clavicles were absent. The integuments were of unusual thickness, owing to a general infiltration of serous fluid. In the cavity of the trunk lay the lower two feet of the intestine, which commenced by a caecal extremity, and two large

kidneys. The ureters, the bladder, the urachus, and a pair of undescended testicles were found in their normal relations. The other viscera were absent. The umbilical cord contained a large vein and artery. The artery divided on entering the belly into two large branches, one of which passed into the right thigh and side of the pelvis. The other division served for all the rest of the body. It swept upwards to the position due to the aorta on the left side of the spine, and gave off vessels for the left thigh, for the left side of the pelvis, and for the kidneys. It terminated between the shoulders by dividing abruptly into two large branches, which went to each upper extremity. The veins were arranged in an almost parallel manner. There was no communication between the two sets of vessels corresponding to the foramen ovale. The entire encephalon and the upper part of the spinal cord were wanting. The sympathetic ganglia were large, but not numerous. A chain of eight lay along the side of the vertebral column. Numerous filaments maintained the connection between the sympathetic ganglia and the spinal nerves.

Since there was no communication between the veins and arteries of the fœtus answering to the foramen ovale, but the veins throughout the body were simply continuous with the umbilical vein, and the arteries with the umbilical artery, it was inferred that either in the cord or in the body of the monstrosity the usual direction of the blood must have been inverted. If it passed, as usual, from the mother down the umbilical vein, then it must have been continued into the tissues by the veins of the fœtus. On the other hand, if the course of the circulation were not thus reversed in the fœtus, the artery of the cord must have brought the supply from the placenta.

This question was discussed, and the author finally adopted a suggestion of the late Dr. Young, which had been worked out by Sir Astley Cooper, that the circulation in such monstrosities is due to the impulse of the heart of the healthy fœtus, which always accompanies them, and which is conveyed through anastomosing vessels between the two cords upon the surface of the common placenta. The blood thus reaches the imperfect fœtus through its umbilical artery, and is thence distributed to its tissues.

#### WESTERN MEDICAL AND SURGICAL SOCIETY.

SEVENTEENTH ANNUAL MEETING, FRIDAY, MAY 1, 1863.

A. W. BARCLAY, M.D., President, in the Chair.

*New Officers.* The reports of the Council and auditors having been read, the following officers were elected for the ensuing year:—*President:* A. W. Barclay, M.D. *Vice-Presidents:* L. T. Cumberbatch, Esq.; M. Baines, M.D.; J. Lane, Esq.; Prescott Hewett, Esq. *Treasurer:* M. Baines, M.D. *Honorary Secretaries:* W. Milner, Esq.; C. Hunter, Esq. *Honorary Librarian:* Thos. Dickinson, Esq. *Members of Council:* T. Cahill, M.D.; F. E. Anstie, M.D.; H. P. Bannister, Esq.; A. Godwin, M.D.; G. Pollock, Esq.; T. Keen, Esq.; H. W. Fuller, M.D.; J. Rouse, Esq.; P. Martyn, M.D.; C. Vasey, Esq.; and J. Way, M.D. *Auditors:* W. Marceet, M.D.; and J. Whitmore, Esq.

*Empyema: Paracentesis: Death.* By P. MARTYN, M.D. The patient, a boy aged 6 years, had from his infancy been subject to cough. The present illness commenced with feverish symptoms of a typhoid character, without any apparent chest-symptoms, beyond the cough, till the fourteenth day, when the breathing became quick, and he first complained of pain in the chest. There were now signs of much effusion in the left pleura, complete dullness existing over the greater part of the side, with almost entire absence of vocal resonance. The left side now measured half an inch more than the

other; but there was no bulging between the ribs. On the 16th of March, no improvement resulting from diuretic medicines or blistering, and the breathing getting more rapid and difficult, with orthopnoea, Mr. Pollock concurring, the trocar was inserted a hand's breadth below the axilla; a teacupful of thick pus escaped, and the breathing was easier the next day. Two days after, a larger trocar gave vent to about twelve ounces of matter; and the symptoms were again relieved till the 24th, when more fever set in, and the matter had become more offensive. Death took place on the 26th. No *post mortem* examination could be obtained.

*Perforation of the Stomach: Sudden Death.* By P. MARTYN, M.D. This was in a young female, aged 19, who suddenly at her tea was seized with pains in her stomach and attempts to vomit. The pulse, half an hour after, was rapid; the face flushed; the belly excessively tender; and there was great pain all over the abdomen. She died in thirteen hours. The stomach, which was shown to the Society, had a large opening in it, more like a rent than a rounded ulcer, in the posterior wall. The mucous coat at other parts was thickened and inflamed. This patient had been under treatment for ulcers of the stomach during some months.

*Oxalic Acid Poisoning.* Dr. MARTYN exhibited the stomach of a case of oxalic acid poisoning. The patient, a female, aged 44, who had been addicted to spirits, had taken the poison in solution. The stomach had the usual black appearance, and the duodenum was highly inflamed.

*Pytialism from the Use of Toys coloured with Red Pigment.* By J. WAX, M.D. A small unglazed cup, coloured with red paint, was exhibited by Dr. Wax, from the use of which a child eighteen months old had suffered with profuse salivation, enlargement of the submaxillary glands, sponginess of the gums, fissured tongue, ulcers and herpetic patches outside the cheek. A sister of the patient had the same symptoms to a less extent. Upon examination, the red paint on the cup gave evidence of mercury.

*Case of Suppressed Small-Pox.* By J. WAX, M.D. Dr. Wax showed a kidney and a portion of the mesentery from the patient, a child two years old, who died from the undeveloped variola. There was great engorgement of the kidneys and of the mesenteric glands. The other viscera were healthy. Four days before death, the patient was in good health. Symptoms of fever were followed by minute florid papules on the face, limbs, and trunk. These still existed on the third day, without a tendency to become either vesicles or pustules. Death was preceded by bleeding from the ears and petechiae, and took place apparently from exhaustion. There was no coma or convulsion. Two children of the same family were simultaneously attacked with variola, which ran the ordinary course. All the children had been vaccinated in infancy.

## HARVEIAN SOCIETY OF LONDON.

APRIL 16TH, 1863.

HENRY W. FULLER, M.D., President, in the Chair.

*Rheumatic Gout.* Dr. DRYSDALE mentioned that he was at that moment treating two cases of the disease named rheumatic gout. In neither case was there any history of rheumatism or gout in the patients. In one case, that of a young woman aged 22, the first phalangeal joints of both hands were greatly swollen, and pain was excruciating. He had found great difficulty in alleviating her sufferings.

The PRESIDENT observed, that the disease called rheumatic gout had, in his experience, usually appeared in individuals of a strumous habit, and of whose families

several members had died of phthisis. He thought the treatment of the disease should be the same as the treatment of scrofula.

*Urinary Suppression.* The PRESIDENT then brought before the notice of the Society a case of urinary suppression, which had lately occurred in St. George's Hospital. The patient, a healthy looking man, on declaring that he had not passed water for several days, was believed at first to be an impostor; but, on being taken into the hospital, his statement was found to be correct. The man lived some days, becoming gradually emaciated, and died poisoned by the state of the blood. *Post mortem* examination disclosed a triangular shaped calculus filling up the pelvis of each kidney; the kidneys themselves were healthy. Previous to death, he complained of pain in the loins, and was afflicted with incontinence. The skin was parched.

*Rickets.* By F. COCK, M.D. The author observed, that this is especially a disease of the poor and ill-fed classes. It is due to malassimilation; the bones being arrested in growth, and their ends thickened; and there is infiltration of the lymphatic glands, liver, spleen, brain, and kidneys, with an albuminoid material which increases their bulk. The precursors of these changes are profuse perspiration of the head and chest, whilst the lower extremities are dry and hot. The whole body is tender, and the child screams when touched. Even voluntary movements produce pain: the child, therefore, remains quite quiet. Appetite is bad; the motions are frequently loose, of ash colour, and fetid. The head is large; the fontanelle open; the vertex flat; the forehead square; the orbits large. The bones of the face are comparatively small; the scapulae are softened; the clavicles curved. Teething is late. Cartilage-cells calcify before the matrix at the epiphyses. The spongy bone-tissue is filled with a red pulp. The periosteum is thickened and very vascular. The animal matter appears to be altered, as the bones sometimes fail to yield gelatine on boiling.

With regard to the deformity of the chest, so important to the physician, the back is flat, the ribs bent at an acute angle where the lateral and dorsal regions unite. The rickety chest is widest at this point, as from it the ribs pass forwards and inwards to the point where they unite with their cartilages. The cartilages curve outwards, before turning to unite with the sternum. Thus a groove is formed on each side of the sternum, just outside the junction of the ribs and cartilages, from the first to the tenth rib.

Let us suppose the chest-walls reduced to membrane; in such a case, the diaphragm would not act. If, again, the chest-walls were perfectly rigid, the diaphragm would not descend further than air entered the thorax. When the orifice of the larynx is normal, and the diaphragm contracts normally, whilst the chest-walls are softened, as in rickets, at each inspiration there is recession of the most yielding portions of the thoracic parietes. The softened part of the rib recedes, and the above mentioned furrows take place. In proportion as the ends of the ribs are forced inwards, the sternum is carried forwards. Atmospheric pressure causes this deformity, and vesicular emphysema and pulmonary collapse are thus produced. The emphysematous portions of the lung lie directly beneath the cartilages, and the collapsed portions under the projections of the ribs inwards, at the point where they join their cartilages. The softened ribs, instead of being drawn outwards at each inspiration, are forced inwards; and thus the lobules of the lung are not only not expanded, but compressed between the enlarged ribs and the deeper expanding tissue. This compression causes the collapse.

The emphysema is thus produced. At each inspiration, the sternum and cartilages are thrust forward by the receding ribs; and, as little or no air enters the lung-tissue beneath the enlarged ends of the ribs, so

more air than is natural enters the portion beneath the cartilages, thus producing emphysema there.

We can readily understand that such children die under an amount of chest-complaint which would not prove fatal to non-rickety children. The rickety child can scarcely breathe at ordinary times; but, when measles or bronchitis supervene, he is rapidly suffocated, thus producing a great mortality from such diseases among the children of the poor.

As to treatment: if the child be under eight months old, milk, diluted with a fourth part of lime-water, and to which a teaspoonful of cream is added, is the best food. When the child is older, beef-tea, bread, fresh eggs, and farinacea are advisable for diet. The child must be kept clean; ventilation and light of the apartment must be studied; exercise out of doors and warm clothing must be used. If the stools be offensive, croton oil, with carbonate of soda and prepared chalk, should be used. Meat, when given to a rickety child, may require to be pounded in a mortar, as the teeth are defective. Cod-liver oil, quinine, and iron are also of much service in the treatment of rickets.

A bandage over the abdomen, to prevent the descent of the diaphragm too far, was advised, with splints on the legs to prevent walking. In the catarrhs of rickety children, no antimony, bleeding, or lowering remedies, should be used; but ipecacuanha wine and cod-liver oil.

Dr. DRYSDALE made a few remarks on the antecedents of rickets. It was, as Dr. Cock had remarked, preeminently a disease of the poor and ill-fed classes. An eminent man had made a remark illustrative of this view. "An artisan commences to have a family whilst in receipt of good wages: his first two children are strong and healthy. The man, however, begins to be straitened in his circumstances; and the children which follow, being worse fed, are often rickety and misshapen." In the parish of St. Giles, according to Dr. Buchanan, the locality named Short's Gardens has a mortality, among children under five, annually of 166 in 10,000 inhabitants; whilst in the adjoining district round Bedford Square, there are 33 deaths out of 10,000 inhabitants—i. e., five times as many in the former locality as in the latter. Of these superfluous deaths, many are no doubt owing to the supervision of rickets, and the consequent deaths from zymotics. Drunkenness, overwork, low wages, and, as strongly insisted on by Dr. Copland, general enfeeblement in the parents, are frequent antecedents of rickets.

Dr. BALLARD thought the idea of many authors, that there are several distinct diatheses, such as rickets, struma, and tuberculosis, was erroneous. All these diseases, he thought, arise from malnutrition; and he contended that all these diseases might arise, and continually do arise, from fruitless sucking during infancy, which habit brings on diarrhoea and diseases of the intestinal mucous membrane, thus preventing the food taken by the child from being assimilated. He contended that any child which has more than two or three motions a day is in danger of becoming rickety, and counselled the keeping of delicate children rather constipated than relaxed. He condemned in strong terms the routine practice of giving grey powder to children, as a fruitful cause of green motions and even of rickets. As to the lime-water, recommended by the author, he considered its value to consist in its astrigent quality, thus preventing diarrhoea.

The PRESIDENT agreed with Dr. Ballard in considering the above mentioned diseases as all referrible to one cause—namely, malnutrition. Diarrhoea is certainly injurious in weakly children; but fruitless sucking is not the only cause of this diarrhoea, by any means. What, for instance, causes it in spoon-fed children? The true explanation of rickets and scrofula is a failure in the vital powers, and is either derived from the parent, or engendered by the food. The treatment, of course, is

founded on the pathology, and ought to be analeptic. He had not been able quite to agree with the author's view of the causation of collapse and vesicular emphysema in rickets.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 1ST, 1863.

H. OLDHAM, M.D., President, in the Chair.

*Tubular Fœtation with Twins.* Dr. TYLER SMITH presented a specimen sent to him by a medical friend.

Some discussion having arisen between Dr. Barnes, Dr. Oldham, and Dr. Tyler Smith, regarding the relative ages of the twins, it was agreed that the last named gentleman and Dr. Braxton Hicks should be asked to examine and report upon it.

*Gastrotony in Tubal Pregnancy.* Dr. OLDHAM directed the attention of the society to the possibility of performing gastrotony in some cases of tubal pregnancy where death was about to result from internal hæmorrhage. The main difficulty was the diagnosis; which, however, in sudden tubal rupture was well marked. The danger was so great that it justified any expedient which might have a hope of success.

Dr. BARNES had witnessed two cases in one month; both of them were diagnosed during life, and in one the expediency of gastrotony had been discussed. In the early stages, he thought the difficulty of getting at the sac very great; but after the third or fourth month the operation would be not only feasible but expedient.

*A Variety of Chronic Pain in the Back.* A paper on this subject was read by Dr. GENIVIS.

*Case of Amaurosis following Parturition.* By H. E. EASTLAKE, L.K.Q.C.P.I. This phenomenon had occurred on seven previous occasions under the same conditions, but it did not appear after the first labour. The patient was married, and 34 years of age. The blindness, which was total, occurred in both eyes suddenly about the third day after the birth of each child, and lasted on an average from three to five weeks. The patient had never lost more than the normal quantity of blood; she had never taken ergot; there was no suppression of the milk or lochia, nor was the urine albuminous. A careful ophthalmoscopic examination had been instituted, but the evidence adduced was entirely negative. Dr. Eastlake regarded the case as unique; and concluded his paper by stating that the only author who had described any case at all similar was Beer, in his *Lehre der Augenkrankheiten*.

*Case of Cæsarean Section.* By J. G. SWAYNE, M.D. The woman operated on was a dwarf, over 40 years of age; her height was only four feet and half an inch, and the deformity of the pelvis was congenital. She was unmarried, and did not apply for medical advice until the time of labour, when she was first seen by Mr. Henry Grace, of Kingswood, near Bristol, and brought by him to the Bristol General Hospital. Here Dr. Swayne saw her, and advised the Cæsarean operation, which was accordingly performed by Mr. Coe, the senior surgeon to the hospital. The section was made in the usual manner by an incision in the linea alba. The child was extracted alive; but the mother died forty-two hours after the operation, from peritonitis. The pelvic deformity was chiefly occasioned by the very peculiar form of the sacrum, the anterior part of which, instead of being concave, projected forwards towards the symphysis pubis, and thus reduced the antero-posterior diameter of the pelvic cavity to one inch and four-fifths. The child is now living.

Mr. STENCER WELLS wished to know whether the opening in the uterine wall had been left to close spontaneously, or had been closed by sutures. He was not aware whether sutures had been used in any case; but

it had struck him that the escape of blood, or of the secretions from the uterine cavity, into the peritoneal cavity, might be one cause of mortality after the Cæsarean section; and if so, that sutures might be useful. It was evident that the ordinary interrupted sutures could not be used, because they would have to be left in the spots where they were applied; but it would be easy to use the uninterrupted suture so that it might be withdrawn through the uterine cavity and vagina. It would only be necessary to leave both ends long enough, and not tie any knot. There could be no difficulty in doing this, if it were thought desirable; and it might possibly prove to be a means of lessening the mortality after the Cæsarean section.

Dr. GREENHALGH said that four cases of Cæsarean section had occurred in his own practice, besides which he had witnessed three cases in the practice of others. In two of his own patients, who had arrived at the full period of pregnancy, it was necessitated by extreme distortion of the pelvis; one patient had mollities ossium, and survived the operation three weeks, and then died from rupture of the transverse colon; the other had rickets, and lived only four days. In both cases the children were born alive, and continued to live. In all the cases the uteri contracted shortly after the removal of their contents, more rapidly in those where the incision was made in the body, and less so in one case where the opening was effected in the neck of the uterus, on which account Dr. Greenhalgh did not approve of Mr. S. Wells's suggestion of bringing the cut edges together by sutures. He (Dr. Greenhalgh) regretted that in more than one case the operation was not undertaken until much valuable time had been lost, and until after great and ineffectual attempts had been made to deliver, which placed the patients in a bad condition for any operation, more especially for the one under consideration. No practitioner was justified in performing this operation with a view of saving the child where delivery could be safely effected by craniotomy. Still, if any patient, who had had one or more children destroyed by craniotomy, desired from conscientious motives, after having had all the difficulties and dangers to herself and child from this operation placed before her by several eminent accoucheurs, to risk this operation with a view of saving her child, as in one of Dr. Greenhalgh's cases, the practitioner would be fully justified in undertaking its performance.

Dr. BARNES made some observations upon the case referred to by Dr. Greenhalgh. In the view of the case and the principle of treatment which guided Dr. Greenhalgh he quite agreed. He was, however, more disposed at first to persevere in attempts to deliver the woman by the natural passages. He was chiefly influenced in this direction by the fact that the child was premature. He hoped that if a leg could have been seized and brought down, the body and head might have been drawn through, flattened out between the tumour and the pubic bones; and that the tumour itself, which although very firm, was not osseous, might yield a little. In this they were disappointed. It was impossible to seize a leg. The course at first entertained by Dr. Greenhalgh, and ultimately adopted, was proved by the *post mortem* examination to be right. The suggestion made by Mr. Spencer Wells to sew up the wound in the uterus made in the Cæsarean section Dr. Barnes did not approve. He thought accoucheurs would prefer to rely upon the contractile property of the uterus. The blood and other matters did not escape through the wound, but found a ready outlet through the cervix and vagina.

Dr. GRAILY HEWITT remarked that there were two aspects under which it was necessary to consider this grave question—the decision as to the performance of the Cæsarean section, and what cases were likely to present themselves in actual practice. The first class of cases were those in which the delivery of a live child in the

natural way was impossible, and the operation was had recourse to in order to save the child. In the second class of cases, the operation was resorted to because delivery of the child was found to be impossible under any circumstances. With regard to the first class of cases, it was quite evident that the circumstance determining the decision would be the importance attached to the life of the child compared with that of the mother, respecting which it was well known that differences of opinion existed. In respect to the second class of cases, in which the Cæsarean section was had recourse to for the reason that the fœtus could in no other way be extracted, there were doubtless some cases in which the amount of distortion and narrowing was such that no operative attempts, however well directed, would succeed in bringing away the uterine contents; but he believed that some of the cases which had been thought hopeless, except by recourse to the Cæsarean section, would be found capable of being relieved by the cephalotribe. He concurred in the observations which had fallen from Dr. Greenhalgh as to the selection of the proper time for the operation of Cæsarean section. There could be no doubt that the operation was successful in proportion as it was undertaken early: this was shown by statistics. On the Continent the Cæsarean section was more frequently undertaken. Winckel had operated in thirteen cases, of which eight recovered; this showed what might be done with the operation under favourable circumstances.

Dr. BARNES had some knowledge of the application of the cephalotribe. In the first case of Cæsarean section which he had seen, which occurred in Paris at the Clinique d'Accouchements twenty years ago, the cephalotribe had been strenuously used all night, yet the Cæsarean section had to be resorted to at last. The deformity was not greater than in this case of Dr. Swayne's, and there was more room at the sides of the aperture of the brim. In Dr. Greenhalgh's case, the application of the instrument would have been simply impossible. The cephalotribe was a bulky instrument; it took up a good deal of room where there was none to spare. He did not think the cephalotribe would prove of much service in diminishing the number of cases in which it would be necessary to resort to the Cæsarean operation.

Dr. OLDHAM considered it important to make the incision into the uterus as low down as possible, regarding wounds towards the fundus more dangerous than those towards the cervix. His experience of severe operative midwifery rather led him to think that Cæsarean section might be performed oftener than had been generally deemed right.

Dr. SWAYNE stated that no sutures were used to bring the edges of the uterine incision together, and that entire dependence was placed on the contractility of the organ for effecting that purpose. It was generally considered that sutures were not to be used on account of the danger of uterine inflammation. Mr. Coe, however, regretted that he did not give ergot of rye previous to the operation. Dr. Swayne mentioned that, just before the meeting, his attention had been directed to the particulars of a case of Cæsarean operation which had been lately performed by Dr. Dyce of Aberdeen. The woman operated on was a dwarf, and the case was in all respects similar to his own, except that the pelvis was slightly larger. In Dr. Dyce's case, unsuccessful attempts had been made to extract the child before the Cæsarean section was resorted to. Dr. Swayne said that this case justified the course he had taken in at once advising the Cæsarean section, without making any previous attempt to deliver by craniotomy.

On the *Galactagogue Properties of Faradisation*. By THOMAS SKINNER, M.D. He illustrated the effects by the records of eight cases, in which the secretion returned after one or two sittings. The effect was permanent, and was produced by a galvanic-coil machine, using from three to six cells of Smee's battery. The current



was applied both direct from the axilla to the nipple and intermammary, for about ten minutes for both breasts, and was of no greater intensity than bearable.

A paper by Dr. SHORTT, "On the Medical History of Women in Southern India", was also read.

## Correspondence.

### THE PREVALENCE OF SMALL-POX.

LETTER FROM JOHN JONES, ESQ.

SIR,—The present alarming state of the metropolis, arising from the prevalence of small-pox, demands strict inquiry into the causes which have produced such a lamentable occurrence. It is notorious that the compulsory Act, from which such great results were anticipated, has proved a failure. Dr. Watson, in his *Lectures on the Principles and Practice of Medicine*, observes: "The so-called compulsory Act was indeed passed in 1853; but, as no public officer of any kind was appointed whose duty it should be to warn or provide against offenders, the Act has become a dead letter."

In judging of the causes of failure in the compulsory Act, we must be uninfluenced by preconceived notions arising either from legislative enactments on the one hand, or individual interests on the other. The principal cause of failure has no doubt been the false economy adopted by the Poor-law Commissioners, who have, in accordance with the Act, empowered the guardians to appoint union surgeons exclusively public vaccinators, for the purpose of adding to the inadequate remuneration they receive for the performance of the onerous duties of their office. Thus, instead of the co-operation of the medical profession generally being secured in carrying out the details of such an important measure by giving them a personal interest in promoting its success, apathy and indifference have been the natural consequence; more particularly as the surgeon appointed public vaccinator is alone paid, and feels himself authorised, as directed by the guardians, to invite all persons indiscriminately to bring their children to be vaccinated on the days appointed for that purpose.

The following additional causes prevent the satisfactory working of the compulsory Act.

1. Prejudices arising from an apprehension that serious disorders might be communicated through the medium of bad matter; and the opinion very generally prevailing, that public vaccinators are not sufficiently careful to vaccinate *only* with matter that can entirely be depended upon.

2. In consequence of this prejudice, parents are backward in complying with the requirements of the compulsory Act, and in many instances will not have their children vaccinated, excepting with matter taken from parties with whom they are well acquainted.

If the privileges of public vaccinator were allowed to every legally qualified medical practitioner, parents could employ their own medical attendant, and there would be a general cooperation in the profession for effecting an object of such vital importance as that contemplated by the compulsory Act, and would afford the best security for the entire extinction of this loathsome malady, which vaccination has been abundantly proved to be capable of doing.

Although it is an acknowledged fact that security against small-pox afforded by vaccination is not so great as was anticipated by Jenner and its early supporters, yet doubtless complete protection is the *rule*; but it is certain that many exceptions to this rule have taken place, and are daily taking place amongst us. The disappointment, however, arising from this cause is very much lessened by the important fact that small-pox

occurring after vaccination is much milder and of shorter duration even than the inoculated small-pox.

A question has been raised of the highest practical importance: Whether the protective influence of cow-pox diminishes by lapse of time, and at length wears out? This question involves another: Whether a repetition of the operation at some distant periods adds to the security against small-pox?

With respect to the first question, there is ample evidence that sometimes, at least, the protective influence is only of a limited continuance. So strong is the conviction on this subject, that revaccination has been generally supposed to be desirable, if not absolutely necessary to give full security against the infection of small-pox. Revaccination might not only add to the security against small-pox, but might be considered a test whether the first vaccination has been successful or not. When the punctures produced by revaccination do not observe the usual course—the vesicle, rapid in its progress, being as forward in two or three days as the proper vesicle should be on the eighth or ninth day—we may fairly infer that the first vaccination was successful. But if revaccination is followed by the usual vesicle, and observes the gradual and regular course which characterises the true vaccination vesicle, we may conclude that the first operation was *not* successful, and would not have afforded security against small-pox; and, therefore, that revaccination in such cases would be required as a test.

The following case, which occurred in my practice some years ago, is quite in accordance with the foregoing observations.

CASE. Mr. S., a farmer, between 30 and 40 years old, had been vaccinated when a child. The eschar was visible on the arm. He was seized with the usual symptoms of small-pox, after exposure to infection. The eruption was distinct, but very thick and crowded. On the decline of the eruption, secondary fever occurred, but not severe. Convalescence was gradual and uninterrupted.

Mrs. S. was vaccinated when a child—revaccinated on her husband becoming affected with the small-pox. The appearance of the vesicle was exactly as if she had not been previously vaccinated; indicating, therefore, the propriety of revaccination. She was in constant attendance on her husband, without being affected by the infection.

Two daughters, 10 and 12 years old, were removed from home during their father's illness. They had been vaccinated in infancy, and were now revaccinated. The vesicle was in each attended with diffuse and irregular inflammation, not having the usual appearance of the true vaccination vesicle; thus indicating that in them the first vaccination had been successful.

The test thus afforded by evaccination might be considered of great importance, if proved by the observation of other practitioners to be founded on fact.

I am, etc., JOHN JONES.

Derby, May 18th, 1863.

### IMPORTANCE OF PROPER NOURISHMENT IN THE PURULENT OPHTHALMIA OF INFANTS.

LETTER FROM THOMAS H. SMITH, ESQ.

SIR,—In your impression of May 2nd, are some admirable Practical Observations on the Treatment of the Purulent Ophthalmia of Infants, by Mr. Wordsworth, to which I would just add one other practical hint founded on the results of a case which I attended from Nov. 3rd to Dec. 12th, 1861.

The very same remedies, in the very same proportions, as recommended by Mr. Wordsworth, were perseveringly

used, and several times my little patient seemed all but well; but again and again the affection returned.

I varied the strength of the alum and nitrate of silver lotions; I used also a lotion of one grain of corrosive sublimate, with six of sal ammoniac, in eight ounces of water, as recommended by Mackenzie; I tried sulphate of copper, etc.; and also gave quinine and iron to the mother, and half a grain of quinine two or three times a day to the child; and this failing, Battley's bark had a fair trial; but though the conjunctiva continued clear, the discharge would not cease.

I several times asked about the supply of milk, and was always assured that it was abundant.

At last, after five or six weeks, to my intense mortification, I got a note from the mother, saying she was sure everything that the ordinary method of treatment could do had been done, and that, urged by her friends, she had consulted Mr. —, a homœopath, and that he had at once ordered a wet-nurse for the child.

The truth flashed across me in a moment: the mother was not a good nurse, and though her supply was abundant, the child was not sufficiently nourished, on account of the poor quality of the milk. Had I ordered a wet-nurse earlier, or even supplemented the child's nourishment with ass's milk, and used precisely the same remedies, I should not have lost my patient, and given the homœopath such an easy triumph: for the eyes, with better food for the child, were well in a fortnight.

The practical hint from this case is, if after carefully using the proper remedies (seeing yourself that the lotions are effectually applied), the disease do not give way, or return again and again, especially if the child continue puny, look well to its nourishment; and, even if you are assured that the mother has plenty of milk, do not be satisfied, and suspect that the quality is inferior, if the child give evidence of want of thriving; for with a really good breast of milk, the disease is in general very easily cured.

If the parents cannot afford a wet-nurse or ass's milk, goat's milk is a good substitute, or cow's milk, diluted with one half water and sweetened with sugar of milk.

I am, etc.,

THOMAS HENRY SMITH.

13, John Street, May 9th, 1863.

### HYSTERICAL DECEPTION.

LETTER FROM T. R. HEYWOOD-THOMSON, M.D.

SIR,—On the evening of February 13th, 1858, I was called in great haste to see a young lady, who was supposed to have taken a poisonous dose of laudanum. She had been found in her bedroom, lying in an state of apparent insensibility, with an almost empty phial marked "laudanum" by her side. On examining the patient, the complexion, expression of face, and pulse, were natural; there was no contraction of the pupils; no stertorous breathing; yet she seemed to be insensible, and when addressed only uttered a sort of moaning whine. Judging from the odour, taste, and colour of the small quantity left in the phial, I came to the conclusion that it was a make-believe case of poisoning, to excite sympathy in some quarter; and stated this to the family, pressing to know if any *affaire de cœur* or estrangement had caused it. Her uncle frankly admitted that he had had, a few hours before, a serious disagreement with the young lady, who was to leave the house in disgrace; stating as a reason, that he had discovered, beyond all doubt, that she had long carried on a systematic course of lying and theft to implicate other members of the family, and that several servants had been discharged on suspicion. When it was fully proven against her, she went out, procured some laudanum, and returned to her bedroom, where she was found as I have described. Certain tremulous movements of the eyelids led me at once

to suspect hysterical imposture; cold water was freely used, and injections of assafœtida; and the family were impressed with the necessity for keeping a strict watch over her movements.

On the 17th, four days afterwards, no alteration had taken place; there was the same amount of insensibility; the pulse, features, and complexion, still being natural. To allay the anxiety of the family, I requested that Dr. C., a friend of the uncle, should be called in; and, after careful examination, he coincided in my view that it was a case of hysterical deception.

This state of matters continued until the 24th, when the apprehensions of the family again induced me to get Dr. C. to examine her; but her persistence in the deceit threw him off his guard, and he began to fear that possibly there might be some obscure cerebral change to account for the symptoms, and that she might be in a dangerous condition.

Notwithstanding the responsibility involved in retaining and acting on my own views, I did so on the following grounds; viz., that despite her apparent insensibility, she seemed to know very well all that was going on around her; that despite the asseverations of the attendants that she took no food except an occasional spoonful of water or gruel, she neither lost flesh nor seemed to suffer; and that she had sense enough left to shew a great aversion to cold water and assafœtida. Besides all this, it was manifest, from the statements unwillingly given by some of the servants, that food disappeared, and deposits took place in the utensils, if those in attendance happened to fall asleep at night.

On the 25th, seeing that the mistaken sympathy of those around her was keeping the case obscured, a trustworthy, strict nurse was sent for, who was ordered, on no account, to leave the room, or to sleep while with her; the day watching being kept up by the family. This change at once aroused my patient; she passed the early part of the night in continual moaning and shouting, keeping the nurse in a constant state of anxiety and alarm; when, having worn the nurse fairly out, she pretended to go to sleep, the wearied nurse no doubt following her example. The consequence was that, between the worry of the patient and the interference of the servants, who felt sure that we did not understand the case and "were killing the poor girl," the nurse begged to be sent home. I now began to fear that my hysterical patient was going to beat me by her tactics; and that some other plan must be tried.

Fifteen days had now elapsed on the 28th, during which, according to the statement of those around her, she had been in a state of insensibility; was not seen to have got out of bed; was not known to have taken any food, except an occasional spoonful of water or gruel; and yet strange to say, all admitted that by some mysterious process portions of solid food disappeared from the trays at night, and certain deposits were found in the utensils.

On the 29th, the case becoming rather trying, I requested her uncle to come to her bedside; and, as previously arranged, he expressed to me his deep regret to see her in such an alarming state, and that he quite forgave her. I then informed him, in her hearing, that I feared I had made a sad mistake in my estimate of her case; that it must be some terrible disease of the brain; that the case required the constant attendance at her bedside of two doctors and several nurses; and, as that was quite impossible in any place except a public hospital, I would make arrangements to remove her the next morning.

The ruse succeeded. On returning in the evening, I found my patient had most wonderfully recovered her consciousness; would answer questions; take food; and next morning, she was in her usual health, to all appearance, notwithstanding a pretended state of insensibility and abstinence, reaching to nearly sixteen days.

A few days afterwards, her uncle, at my suggestion, sent her home to N——; and I said to him, that I had made notes of her case, because I felt sure that something of an unpleasant nature would turn up, and my evidence as to her state of mind might be required to save her from disgrace.

About ten months afterwards, her relative called upon me to say, that my singular patient had died under the following circumstances. She had conducted herself well for some months after going home, but was at last found out at her former tricks, stealing and lying, and incriminating all round her; that on discovery she went to her bedroom, where she was found, some hours afterwards, dead; and that the *post mortem* examination, made by a friend of the family, did not discover any disease or cause of sudden death.

My impression will always be, and so it has been of members of the family, that she purposed to play off her former game of pretended poisoning, but unfortunately carried it further than she intended.

The subject of this sad though singular story was a well educated healthy-looking robust girl, about 23 years of age. She was surrounded with every comfort and luxury requisite to make her life happy. She had a tendency to hysteria, which evoked a morbid desire after excitement by the incriminating of others, and then calling on the sympathy of friends, when discovered in her wrong doings.

I doubt not that the lamentable scenes displayed at the trial *Bromwich v. Waters* will be the means of inducing others to lay their notes of cases of hysterical deception before the profession. I am, etc.,

THOMAS R. HEYWOOD-THOMSON.

Aigburth, Liverpool, May 11, 1863.

### THE ADAMS DEFENCE FUND.

LETTER FROM J. B. WALKER, ESQ.

SIR,—In reference to the remarks in the last number of your JOURNAL, on the subject of the heavy legal expenses connected with the case of *Russell v. Adams*, I beg to state that these expenses are still going on in consequence of the bankruptcy proceedings, and until these terminate the total costs cannot be ascertained.

On the 27th April, Mr. Mackrell stated, in a letter to Mr. Adams: "The payments out of pocket will be about £500, as nearly as we can roughly estimate; and I am not able to give you any nearer calculation than that the costs will be from £900 to £1000."

This, together with Mr. Wild's statement in the Bankruptcy Court ("The total expense incurred by Mr. Adams in his defence would be £1000") is all the information we at present possess.

The committee will be summoned as soon as I have any report to make as to the progress of the subscription; and by that time I hope a detailed statement of the expenses will be rendered. I am, etc.,

J. B. WALKER,

Hon. Sec. to the Committee.

17, Clifton Gardens, Maida Hill, W., May 27, 1863.

**EXTRAORDINARY LONGEVITY.** The obituary of *The Times* of the 20th inst., contains some rare instances of very advanced age, as among others the deaths of five gentlemen and three ladies are recorded whose united ages amounted to 686 years, giving an average of 85 years and nine months to each, the youngest being a male aged 79 years, and the eldest, of the opposite sex, being 95 years of age.

**INFANTICIDE.** If the "wilful murders" and "found dead" in ditches, ponds, etc., are added together, it will be found that 297 children in London, and 624 children in England and Wales, under two years of age, were murdered in the eighteen months ending June 1862.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 19th:—

Burford, Henry Hummerston, Hamilton Terrace, St. John's Wood  
Clarke, John Chaundy, Brill, Bucks  
Gee, Samuel Jones, M.R.Lond., Oxford Street  
Goss, Tregenna Biddulph, Newington Place  
Henderson, Roderick William, Lower Hallford, Middlesex  
Hyatt, Brownlow North, Shepton Mallet  
Johnson, Robert Maxwell, Kaffaria  
Jones, David, Bala, North Wales  
Jones, William, Carnarthen  
Jones, William, Pwllheli, Carnarvonshire  
Mahony, Edward, L.S.A., Richmond Road, Dalston  
Mathews, John, Brecon, South Wales  
Miles, George, Gillingham, Dorset  
Myers, Charles John, Tottenham  
Nichols, Robert Thomas, M.D.St.And. and L.S.A., Greenwich  
Norgate, Louis Augustus, East Dereham, Norfolk  
Sheen, Alfred, M.D.St.And., Leicester  
Smirthwaite, Sagar Veevers, Burnley, Lancashire  
Thomas, Evan, Liverpool  
White, Charles, Newbury, Berkshire  
Williams, David Thomas, Llangeitho, Cardiganshire  
Wright, Joseph Brampton, Great Yarmouth

Admitted on May 20th:—

Adamson, Arthur Ernest, Dublin  
Battersby, Charles Henry, Dublin  
Butt, William Frederick, Gloucester  
Davis, Henry Robert, Addison Road, Notting Hill  
Dukes, William Probit, Brixton  
Evans, David, Barnouth, North Wales  
Goodsir, Thomas Henry, Hull  
Hawkes, Anthony Mann, Gloucester Street, Queen Square  
Kempthorne, Henry Law, Wedmore, Somerset  
Kierlander, William Coleridge, Calcutta  
Langston, Thomas, Manchester  
Lawton, Frederick, Chiddingfold, Surrey  
Lawrie, John Douglas, Bradford  
Matthews, Alfred John, London Road, St. John's Wood  
Mence, William Henry Dison, Cambridge  
Nicholson, John, Silloth, Cumberland  
Price, Charles Richard, Bayswater  
Rogers, Maurice Cohen, New Burlington Street  
Thomas, William Robert, Manchester  
White, Thomas Charters, Upper Eccleston Place, Belgravia

**LICENTIATES IN MIDWIFERY.** The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on May 27th:—

Allkin, William John, Denton, near Manchester: diploma of membership dated May 6, 1863  
Bateman, Wm. Adolphus Fredd, Richmond, Surrey: May 8, 1863  
Dermott, Fitzherbert, Melbourne, Australia: April 24, 1863  
Ellerton, John, Wakefield, Yorkshire: January 28, 1862  
Fox, Cornelius Benjamin, Truro, Cornwall: May 7, 1863  
Greatkex, Adolphus Burnell, Holborn Hill: April 24, 1863  
Johnson, Robert, Bellaghey, co. Derry: June 28, 1863  
Jordison, Robert Lloyd, South Ockendon, Essex: Nov. 18, 1862  
Lawrence, Frederick George, Malmshury, Wilt: April 30, 1861  
Lumley, Bartholomew, Corbridge, Northumberland: June 4, 1861  
Mackintosh, Hugh, Richard Duncan, Cheltenham: April 22, 1863  
Moore, John New, Moreton-in-the-Marsh: April 22, 1863  
Moore, Thomas, Wilmslow, near Manchester: Nov. 18, 1862  
Reynolds, John, Truro, Cornwall: April 21, 1863  
Tily, James, Hitchin, Herts: April 25, 1862  
Ward, Henry Seekamp, Horncastle, Lincolnshire: July 31, 1862  
Watts, Arthur John, Harrow Road: November 18, 1862

**APOTHECARIES' HALL.** On May 21st, the following Licentiates were admitted:—

Alderson, Frederick Henry, Ipswich  
Ideson, Joseph James, Colne, Lancashire  
Jordison, Robert Lloyd, South Ockendon, Essex  
Maurice, Benjamin, Redlands, near Bristol  
Sanderson, Marwood, Rochester Street, Vincent Square  
Shrapnel, Joseph Needham Scrope, Ventnor, Isle of Wight

### APPOINTMENTS.

\*BEALES, Robert, M.D., appointed Justice of the Peace for the Borough of Congleton, Cheshire.  
BROWN, David D., M.D., appointed Assistant-House-Surgeon to the South Staffordshire General Hospital.  
BURNIE, Thomas, L.R.C.P.Ed., appointed Junior Resident Surgeon to the Birmingham General Dispensary.

CHATER, Sidney, Esq., appointed Surgeon to the Metropolitan Dispensary.

\*COE, Robert W., Esq., re-elected Surgeon to the Bristol General Hospital.

COWAN, John B., M.D., appointed Professor of the Practice of Medicine in Anderson's University, Glasgow.

HASLEWOOD, John A., Esq., elected House-Surgeon to the Morpeth Dispensary.

\*KEMP, Charles G., Esq., appointed Dentist to the Leicester Infirmary.

PENTLAND, Robert, L.K.Q.C.P.I., appointed Medical Attendant to the Constabulary, Drogheda.

PERVIS, John P., Esq., appointed Surgeon to the West Herts Infirmary.

ROBERTS, William R., Esq., appointed House-Surgeon to the Birmingham and Midland Hospital for Children.

\*WILLIAMS, A. Wynn, M.D., elected Physician-Accoucheur to the St. George's and St. James's Dispensary.

#### POOR-LAW MEDICAL SERVICE.

ASHE, Isaac, A.B., M.B., to the Castleblayney Dispensary District of the Castleblayney Union, co. Monaghan.

COLEBROOKE, Henry, M.D., to the Southborough District of the Tonbridge Union.

COOKE, Richard E., Esq., to the Workhouse of the Southwell Union, Nottinghamshire.

CRISWELL, Nathaniel E., Esq., to District No. 4 of the Ashford West Union, Kent.

Joy, William, Esq., to the Igburgh District of the Swaffham Union, Norfolk.

ORE, John A., Esq., to the Fleetwood District of the Fylde Union, Lancashire.

TUKE, Joseph S., Esq., to the Week St. Mary District of the Stratton Union, Cornwall.

#### ARMY.

CLARKE, Assistant-Surgeon J., M.D., 10th Foot, to be Staff-Surgeon, *vice* D. R. Rennie.

DOUGLAS, Staff-Assistant-Surgeon C. M., M.D., to be Assistant-Surgeon 24th Foot, *vice* R. Sutherland.

REED, Staff-Assistant-Surgeon B., to be Assistant-Surgeon 10th Foot, *vice* J. Clarke, M.D.

RENNIE, Surgeon D. F., M.D., 31st Foot, to be Staff-Surgeon.

RENNIE, Staff-Surgeon D. L., to be Surgeon 31st Foot, *vice* D. F. Rennie, M.D.

SCUTELAIND, Assistant-Surgeon R., 24th Foot, to be Assistant-Surgeon 5th Lancers.

#### ROYAL NAVY.

BREEN, T. J., Esq., Surgeon (additional), to the *President*, for the Naval Reserve.

CHRISTY, W. C. B., Esq., Surgeon, to the *Esk*.

COATES, Matthew, Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

MANNING, F. N., Esq., Acting Assistant-Surgeon, to the *Esk*.

MOORE, G. M.D., Surgeon (additional), to the *President*, for the Naval Reserve.

#### YEOMANRY CAVALRY.

MARTIN, A. R., Esq., to be Surgeon West Kent Yeomanry Cavalry.

#### VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BROWNE, C., Esq., to be Assistant-Surgeon 1st Administrative Battalion Surrey R.V.

#### DEATHS.

McNAB, Wm., Esq., Surgeon, at Ware, Herts, aged 61, on May 23.

RAWBONE. On May 24th, at King's Road, Chelsea, Maria, wife of George Rawbone, Esq., Surgeon.

WESTMINSTER HOSPITAL. All opposition being withdrawn, Dr. Gibb walks over the course as candidate for the appointment of assistant-physician to this hospital.

WESTERN MEDICAL AND SURGICAL SOCIETY. Dr. A. W. Barclay has been elected President of this Society for the ensuing year.

WEIGHTS AND MEASURES. Mr. Ewart has obtained leave to bring in a bill for decimalising our existing system of weights and measures, and for establishing an accordance between them and those of foreign countries.

POLITICAL PRISONERS. Amongst the numerous political prisoners now undergoing a trial (as it is called) at Rome, we find the names of Balthasar Ferri, a Roman, aged 50 years, surgeon at the St. Jacques Hospital; and of Stanislas di Mauro, a Roman, aged 23 years, surgeon at the Consolation Hospital.

DEVON AND EXETER MEDICAL BENEVOLENT SOCIETY. Dr. W. H. Ackland, of Bideford, has been elected President of this Society for 1863-4.

NON (?) COMBATANT SOLDIERS. We read in the accounts of the late battles on the Rappahannock, that "Dr. Foot, of the 82nd Pennsylvania, left a wounded man he was dressing, snatched a musket, and rallied several of the men. These pickets, or skirmishers, kept up a fire on the rebels until all our wounded and stores were got across the river."

DONATIONS. The Marquis of Westminster has given a further donation of £200 to the funds of the Royal Orthopædic Hospital. The funds of the Royal Hospital for Incurables have been augmented by the contribution of the sum of 500 guineas by Mr. and Madame Goldschmidt, this sum being the proceeds of the grand concert recently given by them at St. James's Hall.

ROYAL COLLEGE OF SURGEONS OF IRELAND. A large number of the members of the medical profession and other visitors assembled at the Royal College of Surgeons on the 21st inst., to witness the inauguration by the Lord-Lieutenant of the bust of the late Prince Consort, which has been placed in the Examination-hall, redecorated and furnished for that special object, and to be henceforth called "The Albert-hall." Dr. Mackesy, president of the college, addressed the Lord-Lieutenant, who replied in suitable terms, and publicly declared that the hall be thenceforward called "The Albert Hall."

UNQUALIFIED MEDICAL PRACTITIONERS. An inquiry has been opened in Spitalfields respecting the deaths of Emma Fitchett, aged 37 years, and her newly-born male offspring, who it was alleged had died from the unskilful treatment (during her confinement) of a man named Forde. Forde admitted that he had given a certificate that the child was still-born. Mr. Blackwell, the parish surgeon, who made a *post mortem* examination of the body, said the lungs were diseased. There were two ruptures of the bladder, which might have been caused by violence; the ruptures were the cause of death. The deceased was in a very weak state of health. The coroner said the case was of such importance that he should adjourn the inquiry till Friday morning.

SURREY COUNTY HOSPITAL. The committee of the Surrey County Memorial Hospital have at length determined upon proceeding without delay with the building which is to be erected on a plot of ground close to the town of Guildford. In answer to the advertisements for tenders no fewer than thirty-three large building firms competed, the highest offer being £15,254, and the lowest £10,629. The committee have accepted the lowest tender but one—for £11,303. At present the committee have only money in hand and promises to the extent of about £7,300, which includes £500 off red by a gentleman on condition that two like sums should be contributed. It is now determined to make the hospital much more complete and perfect than was at first contemplated, and hence the original estimate, which was something under £8,000, has been much exceeded. The plans were submitted to Miss Nightingale, at whose suggestion numerous useful and practical improvements have been adopted. The committee have resolved, they say, upon "constructing a building which shall be at once as good and perfect in itself as human foresight can provide."

THE PAST WINTER. The registrars' returns which have now been issued for Scotland as well as for England, show that the lowest temperature recorded in the returns collected by the Registrar-General were, as far as England and Wales are concerned, 16° 2' at Lampeter, Cardiganshire, and in Scotland 9° 9' at Drumlanrig, Dumfriesshire. Both were in November. The cold of that month fell with severity on and near the south coast, for though at Ventnor the thermometer last winter went but one degree below freezing point, it

marked 23° at Worthing, 21° at Bournemouth, and 19.8° at Hurlspierpoint. Further north many of the returns show the cold not so great; the lowest temperature in the whole winter at the Royal Observatory, Greenwich, was but 24.8°, at Barnstaple 27°, Aldershot camp 23.8°, Leyton 24.1°, Grantham 24.4°, Royston 24.2°, Diss 25.5°, Norwich, 27°; Llandudno, 26.3°; Scarborough 28°. The variation in the mean daily range of temperature may be seen from a few instances. In the first quarter of 1863 it was but 7.5° at Torquay; at Ventnor, 8.1°; Worthing, 10.1°; Royal Observatory, 14.1°; Downside College (near Bath), 12.1°; Grantham, 9.9°; Derby, 14.6°; Bedford, 16.3°; Aspley (Woburn), 7.1. At Scarborough it was but 8.8°, and at Bournemouth 16.2°, which, with the exception of Bedford, is the greatest range in all the 62 returns. Still greater were the variations in the amount of ozone. At Cockermouth the mean amount in the first quarter of 1863 was only 0.8, at Carlisle it was 4.6, and at St. Paul's Parsonage, near Silloth, 7.9. It was 4.3 at Torquay, 5.1 at Worthing, 5.6 at Bournemouth, 6.7 at Osborne. It was only 0.9 at the Royal Observatory and at Aldershot, and 0.6 at Gloucester, but 4.7 at Nottingham, and 5.1 at Wisbech.

**DUBLIN HOSPITALS REPORT.** The sixth report of the Board of Superintendence of Dublin Hospitals has just been printed. The hospitals are nine in number, which receive grants from Parliament. The Westmorland Lock Hospital, for the reception of women of an unfortunate class, is described as much improved. The average daily number of beds occupied throughout the year was 86½, and the patients remained in hospital an average of 34 days. The House of Industry Hospitals are the Hardwicke, the Whitworth, and the Richmond, which accommodate respectively the following average number of patients throughout the year, 55½, 64, and 96½. In Stevens's Hospital the average number was 184, and 2,414 cases were treated to a termination during the year. The average number of beds daily occupied in the Meath Hospital was 65 in the infirmary, and 15 in the fever wards. The Cork Street Fever Hospital provided for 90 daily. The management of the Rotunda Lying-in Hospital is favourably mentioned; 978 labour cases and 178 chronic patients were received during the year; the average daily number of beds occupied by the former was 26; the number of lying-in cases was less last year than any year since 1778, which is ascribed to the prevalence of fever in the hospital. In the Coombe Lying-in Hospital 389 labour cases and 35 chronic were admitted during the year; and in a populous and very poor district of the metropolis 1,199 cases have been attended to during the year. St. Mark's Ophthalmic Hospital received 223 patients during the year. The Governors observe in their last report that this hospital is at present one of the most perfect sanitary institutions of its kind, and the Board states that the admirable arrangements made for internal and external patients fully warrant this testimony. The last is the Hospital of Incurables, into which 24 were admitted during the year. The rate of mortality in the several hospitals is as follows:—Lock Hospital, 0.86 per cent.; Hardwicke, 8.5; Whitworth, 6.14; Richmond, 3.52; Stevens, 2.81; Meath Infirmary, 3.74—fever, 7.66; Cork Street, 5.70; Rotunda Lying-in Hospital, 8.13—unusually great, in consequence of fever; Coombe Lying-in Hospital, 2.7.

**A SAD AFFAIR.** The *Levant Herald* of May 6, contains the report of a disastrous fire which occurred at the house of Dr. Galati, a Greek physician at Pera. The fire was first perceived by Dr. Galati himself. The native servants escaped by the roof, without assisting the others, but before Dr. Galati himself, his wife, an English nursery-governess, and two sisters-in-law, who all slept on the third floor, could do so the flames had reached the lobby and prevented egress to the roof. In this emergency the nursery-governess caught up the child

that slept with her, and, wrapping a counterpane round it and herself, she jumped out of the window into the crowd, which had by this time gathered in the paved court below. An Ionian attempted to catch her, but his arm was broken by the shock, and the poor girl and her burden fell with nearly the full momentum of their weight upon the flags. Her arm and skull were both fractured, and the child was killed on the spot. In the meantime, Dr. Galati endeavoured to induce his wife to escape with a second child—an infant three months old—by being lowered out of the window by means of a rope of bed-sheets. She, however, appears to have induced him to precede her by this means of escape, but he had hardly got clear of the window-sill when, either she proving unable to bear the weight, or he to hold on—his hands, face, and feet having been already greatly burnt—he fell head foremost to the ground. The child was killed instantly, and the skull and both arms of Dr. Galati himself terribly fractured. Seeing this from the window, and driven by the flames—which were now visible behind her even to the crowd below—Mrs. Galati threw herself into the court, and, falling without break of any kind on the stones, was, like her children, killed on the spot. The charred remains of the two sisters-in-law were afterwards found in the ruins.

## Varieties.

**A VERY SENSIBLE REMARK.** That there is a tendency in this country as well as abroad, to multiply unnecessarily the number of preparations used in medicine, cannot, we think, be denied, and we have on previous occasions referred to this as a great and growing evil. The composition and mode of production of many of these medicines are known only to those who introduce them. They are nostrums in the strict sense of the word, sometimes with what appear to be scientific names, but which are often very inapplicable. In other cases the names may correctly represent the nature of the preparations, but the mode of production may be doubtful, or the preparation at any rate is redundant, and calculated only to complicate, and not to advance, according to any rational system, the practice of medicine. Are we not thus tending to a system of quackery, which is calculated to produce a most injurious effect, alike upon the state of pharmacy and pharmacutists, and upon the science of medicine? We are not to ascribe this result to improved education, or the manner in which the qualification of pharmacutists is provided for. It is not the nature or amount of the knowledge possessed by our members that is at fault, but the practical application which is made of it, each individual endeavouring to establish a set of formulæ of his own, and making these a means of advertisement, instead of contributing to a common stock of knowledge, from which a general Pharmacopœia may be constructed, comprising all that is necessary, but avoiding needless complications or additions." (*Phar. Journal.*)

**FRENCH AND ENGLISH PHARMACEUTISTS.** In France they have a system of pharmaceutical education, more complete, perhaps more perfect, and certainly more general than we have in this country. The student there before entering upon the study of pharmacy, must have previously taken a degree in Arts. Besides a term of apprenticeship, he is required to devote two or three years to systematic, scientific study, and his knowledge is tested from time to time by strict examinations. The French pharmacist is in these respects fully educated for his position, and no one is allowed to occupy the position without having what is considered to be the requisite qualification. Then there are strict laws against the adulteration of drugs, and for regulating generally

the mode of conducting a pharmaceutical establishment, so as to secure the safety of the public. Some of these laws even aim at the suppression of quackery. They have been referred to in illustration of what has been thought to be required in this country. In commenting upon the low state of pharmaceutical knowledge and education here, and the imperfect state of our laws affecting adulteration, the sale of poisons, and the supply of patent medicines, it has not unfrequently been said, "They manage these things better in France." (*Phar. Journal.*)

**THE NEW METAL THALLIUM.** In 1861 Mr. Crookes, of London, was occupied in examining a seleniferous deposit from a sulphuric acid chamber at Tilkerode, in the Harz mountains; and, availing himself of the new method of spectrum analysis, he found that this matter contained something which gave a totally distinct spectrum from any then known, and he consequently inferred the presence of a new element. He had only a very small quantity of material to operate on, and yet, by the exercise of skill and perseverance, he succeeded in extracting from it a metal hitherto unknown, which he exhibited at the International Exhibition last year, labelled as follows:—"Thallium, a new metallic element, discovered by means of spectrum analysis." Of the metal itself there was about five or six grains in the state of powder; but various compounds of it were also exhibited. At first Mr. Crookes was doubtful whether it belonged to the metals proper; but in September, 1861, he had become convinced of its metallic nature, and showed it to several persons as a new metal. The first publication of this fact was at the opening of the Exhibition, May 1. Of that there is no doubt. On May 16th, 1862, M. Lamy exhibited to a society at Lisle, in Belgium, a specimen of thallium in the form of a small fused ingot, weighing about seventy or eighty grains. M. Lamy had at his disposal ample means of investigation and a copious supply of raw material from the sulphuric acid chambers of his father-in-law, and he availed himself of these opportunities in a manner very creditable to himself. He adopted Mr. Crookes's original name of thallium, and thus acknowledged the claim of that gentleman as the discoverer. Thallium receives its name from the Greek word *θαλλός*, a green leaf, as it produces a remarkable green band on the spectrum, suggestive of the colour of young vegetation. It has a bright metallic lustre, which it speedily loses in the atmosphere from oxidation. In colour it closely resembles cadmium, and it produces a fleeting mark on paper similar in appearance to that of black lead. It is much softer than lead, and is, indeed, the softest heavy metallic body yet discovered. It may be easily cut with a knife, and even indented with the finger-nail. It melts at a somewhat lower temperature than lead. It is volatile at a bright red heat, and burns with an intensely brilliant green light. Its specific gravity is 11·9, or a little higher than that of lead. Its atomic weight is about 203, or nearly double that of lead. It is one of the most diamagnetic bodies known. In electric conductivity it is a little inferior to lead. It readily oxidises by exposure to the air, but not in water, deprived of air. It forms two, and perhaps three, basic oxides and an acid oxide. The protoxide is yellowish, easily fusible, volatile, soluble in water, and strongly alkaline to test paper. Many of its salts are beautifully crystallised, especially the sesquichloride, sulphate, nitrate, and chlorate. Mr. Crookes maintains that thallium belongs to the lead and silver group of metals; whereas Lamy regards it as one of the alkaline metals. This metal appears to be very widely distributed over the world, though in relatively small proportion. It chiefly occurs in the common mineral, iron-pyrites, and in no ore has Mr. Crookes succeeded in finding more than ten ounces to the ton. It has been also met with in native sulphur, and in certain sulphuretted ores of

mercury, zinc, cadmium, and bismuth. Many specimens of commercial copper contain it in very sensible quantity; and this is a point well deserving the attention of our great copper smelters, as thallium renders the copper brittle and otherwise deteriorates its quality.

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M. Dr. E. R. Harvey, "On an Epidemic of Typhoid Fever at Wing, Bucks"; Mr. J. F. Marson, "On the Use of *Sarracenia Purpurea* in Small-Pox."—Entomological.—Asiatic.  
TUESDAY. Photographical.—Ethnological.  
WEDNESDAY. Obstetrical Society of London, 8 P.M. Mr. J. Marshall and Dr. Graily Hewitt, "Case of Tubal Pregnancy"; Mr. J. R. Cooke, "Case of Simultaneous Uterine and Intra-Uterine Pregnancy"; Mr. I. Baker Brown, "Sequel to a Case."—Geological.  
THURSDAY. Antiquarian.—Linnæan.—Chemical.—Royal (Anniversary).  
FRIDAY. Royal Institution.—Archæological Institute.

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

P. T.—Dr. Farr declares small-pox to exist now almost by suffrance; and he suggests the holding of coroners' inquests in cases of death from small-pox, in order to fix on the proper persons the blame of a criminal negligence as fatal in its consequences as the ordinary offences of manslaughter.

S. T.—It is a well admitted fact, that the greater the number of remedies (so-called) which we have in the treatment of the disease, the more reasonably may we conclude that our art is proportionably defective in the cure of such disease. Such an abundant materia medica indicates clearly enough that we know not what effectual remedy to lay our hands upon.

ERRATUM IN DR. MURCHISON'S WORK ON CONTINUED FEVER.—SIR: My attention has been directed to a misprint in my work *On Fever*. At page 471, where the characters of the eruptions of typhus and enteric fever are contrasted in a tabular form, the distinguishing characters under the head of No. 8 have been accidentally printed in the wrong columns. It is the eruption of typhus which appears on the fourth or fifth day of the fever, and that of enteric fever which rarely appears before the seventh day. Although these facts are clearly indicated at pages 117, 131, 457, and 470 of the work, a casual reader, who merely referred to the table in question, might carry away an erroneous impression. As the point is of some importance, I beg those of your readers who possess the book, to make the necessary correction. A note, pointing out the error, will be inserted in all copies of the book sold after this date. I am, etc.,  
London, May 18th, 1863. CHARLES MURCHISON.

RAPID DELIVERY.—SIR: A few weeks ago, you published a case of Dr. Blakely Brown's, of very "Rapid Delivery." It reminds me of one I attended a few years ago, which is perhaps worth appending, as such cases are not without interest in a medico-legal point of view.



On October 25th, 1852, I was summoned in haste to the next street, and being at home, and the house almost within stone's throw of my residence, I was there in a minute or two. I was immediately ushered down to the W.C.; but, before I could arrive there, from the lusty cries proceeding from the spot, I knew what had happened. And sure enough, in the pan, hanging by the umbilical cord, a full-grown male infant was expanding its lungs most vigorously. It was the mother's second pregnancy. She had fallen in the family-way whilst nursing, and thought she was only about seven months gone. She was on a visit to London, and quite unprovided with any baby-linen. She had taken in the morning a dose of castor oil, thought the bowels were only going to act, and in a pain or two the child was born.

Now, had this not been a W.C., but one of the old fashioned "Temples" still often met with in the country, the child would very probably have been lost, either by the umbilical cord breaking, or the entire ovum with the placenta being precipitated into the gulf below, and then an accusation of infanticide might have been brought against the poor mother; and the fact of being unprovided with baby-linen would have rendered it more difficult to convince a jury of her innocence.

I am, etc.,  
THOMAS HENRY SMITH, M.R.C.S.

**PUBLIC GRATUITOUS MEDICAL SERVICE.**—SIR: As no steps have yet been taken by the Association to abate this monster professional evil, not even the steps which, on my suggestion, were approved by the Council and Metropolitan Counties Branch, I am induced to forward you an illustration of the fourth method I suggested for discontinuance of this system. It is my reply to several requests, lately received, for assistance in canvassing, etc., for gratuitous appointments. I am, etc.,

SEPTIMUS GIBBON.

[COPY.] "3, Finsbury Square, E.C., May 9th, 1863.

"My dear —: Personally, I should have pleasure in canvassing to secure your election at — Hospital; but, as I hear it is a gratuitous appointment, I am reluctantly obliged to withhold any little assistance I could have rendered. In order to discourage the acceptance of unpaid medical labour, which I hold to be as unprofitable, if not actually injurious, to the poor as it is to the profession, I have made it a rule not to canvass, give testimonials, etc., for such posts. I have also recommended the like course of action to the members of the British Medical Association. If this were done, and other measures taken by the majority of the profession to discontinue the so-called charity of public gratuitous medical service, the benefit to every grade of the profession would be immense.

"Yours very truly, "SEPTIMUS GIBBON."

**RE-VACCINATION.**—MR. N. B. WARD, who has had much experience as a vaccinator, thus gives his opinion on the subject of re-vaccination:—

"Having been a vaccinator of the National Vaccine Establishment for forty years, and having during that period vaccinated above 43,000 persons, I feel justified in expressing my entire conviction that vaccination *properly performed* is as effective a preventive of small-pox as small-pox itself is.

"Two points of inquiry have always engaged my attention—the one, as to the occurrence of small-pox after vaccination; and the other, as to the number of persons re-vaccinated. The information given me can, of course, only be considered as approximative to the truth; but I believe that less than a hundred cases of secondary small-pox (none of them fatal) have been taken place, and that not more than 3,000 out of the 43,000 have been re-vaccinated, proving to my mind most satisfactorily the delusion of the idea that the protective powers of vaccination are diminished or worn out in the course of time.

"I have no faith in limited protection, or in limited liability, and have always imagined that one perfect vaccination was sufficient; but, inasmuch as one cannot always be aware of disturbing causes which might interfere with its efficiency, it is, I think, desirable to have a second vaccination to test the security of the first. But it is of no moment whether such second vaccination takes place after the lapse of a fortnight, or of any given number of years.

"Should the second vaccination present the usual modified conditions observable after successful vaccination, the patient, I believe, never requires the operation to be again performed, but is safe for life."

**COMMUNICATIONS** have been received from:—MR. HENRY LEE; MR. PAUL BELCHER; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY OF LONDON; MR. J. R. LANE; MR. SAMUEL A. PARKER; THE HON. SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; DR. W. H. DAY; THE REGISTRAR OF THE MEDICAL COUNCIL; MR. C. F. MAUNDER; MR. R. O'CONNOR; DR. MAYO; DR. PARKES; DR. KIDD; MR. WALKER; MR. J. C. ROOPE; DR. T. BUZZARD; MR. C. WILLIAMS; and MR. STONE.

#### BOOKS RECEIVED.

1. On Imperfect Digestion. By A. Leared, M.D. London: 1863.
2. Excessive Infant Mortality. By M. A. Baines.
3. Practical Lithotomy and Lithotripsy. By Henry Thompson, F.R.C.S. London: 1863.
4. The Progress of Ophthalmic Surgery. By J. Z. Laurence, F.R.C.S., M.B.

#### ADVERTISEMENTS.

**Bath and Bristol Branch.—The**  
ANNUAL MEETING of the above Branch will be held at the Philosophical Institution, Bristol, on Thursday, June 18th, at 4.30 p.m.

The Annual Dinner will be at the Volunteer Club, at 6.30 p.m. Dinner Tickets, 5s. each, exclusive of wine.

HENRY MARSHALL, M.D.,

Hon. Sec. to the Bristol District.

8, The Mall, Clifton, May 20th, 1863.

**Lancashire & Cheshire Branch.**

—The Twenty-seventh ANNUAL MEETING of this Branch will take place at the Medical Institution, Liverpool, on Wednesday, the 24th of June next, at Twelve o'clock, noon. President-elect, J. R. W. VOSE, M.D.

Notices of Papers or other Communications to be sent to the Honorary Secretary, as early as possible.

A. T. H. WATERS, M.D., Hon. Sec.

27, Hope Street, Liverpool, 27th May, 1863.

**West Somerset Branch.—The**

ANNUAL MEETING will be held at The Squirrel Hotel, Wellington, on Wednesday, July 1st, at 2 p.m.: C. P. COLLINS, Esq., President-elect, in the Chair. Gentlemen who intend to read Papers or communicate Cases, are requested to send notice to the Honorary Secretary.

W. M. KELLY, M.D., Hon. Sec.

Taunton, May 19th, 1863.

**Classical and Mathematical.—**

Dr. STEGGALL prepares Gentlemen for their Examinations in Classics and Mathematics at all the Medical Boards, viz., the Preliminary Examination at Apothecaries' Hall; the Matriculation Examination of the London University; Preliminary and Fellowship Examination at the Royal College of Surgeons, etc.

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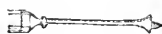
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Medical Times and Lancet, November 3rd, 1860. The most efficient little instrument ever invented. Made "only" by W. MATTHEWS, Surgeons' Instrument Maker to King's College Hospital, 8, Portugal Street, W.C. Catalogues of Instruments and Osteology gratis.



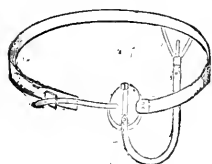
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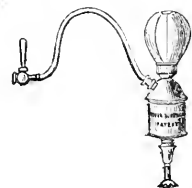


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"I have seen and made use of your DOUBLE ACTION SYRINGE, and think very highly of it.—Wm. FERGUSON, Professor of Surgery at King's College, and Surgeon to the Hospital."

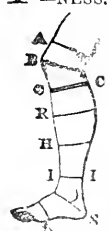


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## Remarks

ON

## EXTREMES IN PRACTICE.

BY

THOMAS MAYO, M.D., F.R.S.

THE tendency in medical practice to adopt extreme views in favour of methods of treatment—extreme, I mean in the sense of being in advance of our actual knowledge, whether inductive or deductive—is a well known fact, and must be an obstacle to sound medical progress. Now, a very important instance of the varying extent to which medical practice runs at different epochs, with no adequate difference of concomitant circumstances, is offered us at the present day, by the exclusion from practice or diminished use in practice of depletory measures, and principally abstraction of blood.

Without endeavouring to bring back the mischievous excesses in depletion of a former day, I think I may do some service in cooperating with others, who, I know, are anxious to steer a middle course in regard to this class of measures; and this I shall endeavour to do by pointing out or investigating the instances in which the total absence of depletion in illness is questionable or the performance of it desirable.

That a procedure involving *primâ facie* some diminution of vital force, is *primâ facie* undesirable under disease which is itself a depressing agent, must be admitted; and it is equally unquestionable, that this principle has been amply borne out by mischievous debility ensuing in unnumbered cases on depletion. Let us see what, if any, are the special instances in which the veto on depletion thereby suggested would be questionable or confessedly undesirable. "I do not bleed in pneumonia," was said to me by a very deserving physician of the present day. The remark was unguarded in its unconditional extent; for there are cases, such as in the number of this JOURNAL for April 25 is given by Dr. Newman, in which free venesection was performed with a result which could scarcely be impugned.

"I admitted," says Dr. Newman, "into the physicians' wards in the Salop Infirmary, a man, aged 30. He was suffering from most intense dyspnoea; the face was almost livid; the heart acting violently, and pulse hard and rapid; the skin burning. Not a sound could be heard in the lower half of either lung; there was vesicular murmur above. The history was that of exposure to extreme cold, with resulting shivering and fever, two days before admission, and extreme pain in the lumbar region. The immediate abstraction of thirty ounces of blood relieved him immensely; the breathing became much less difficult; the lividity disappeared; and the condition of the man at once improved. It then became evident that he had double pneumonia with partial consolidation of each base, and a tedious convalescence ensued."

This case (and I could adduce many more) tells us that full depletion is sometimes required, and borne, in pneumonia; and I would advise any one who wishes to estimate the possible advantage, as well as the mischievousness, of sanguineous depletion in pneumonia, to examine with this view the cases of the disorder reported in the *Clinique Médicale* of Andral. I was myself formerly surprised to find how little notice this diversity of results obtained from that great physician.

Pneumonia is not cured by blood-letting, and it may be rendered fatal by excess of it. But a moderate loss of blood early in the disease has sometimes the power of determining favourably both its type and its duration. In bronchitis, a small early abstraction of blood is sometimes advisable; and many an old man who would have borne with advantage a very moderate loss of blood by leeches at the outset of this disease, dies for want of it, or from its infliction when its performance is too late. Head-disease is open to very important distinctions, suggestive of the occasional use of the lancet or cupping-glass, distinctions which, in the present day, are liable to be neglected in favour of a stimulating practice; with which, I may observe, the removal of some blood may often be advantageously combined.

A young lady was sent down to me, when resident at Tunbridge Wells, as a fit subject for the chalybeate waters of that place. She had intense neuralgia in a limited space over the longitudinal sinus; a full person, a florid face, and a very small pulse. I thought the chalybeate treatment appropriate to this case, and was surprised to find it totally unsuccessful. Finding some heat on the affected surface, I then applied some leeches to it, with no immediate effect. I next resumed the chalybeate waters, under the use of which she now promptly and entirely lost her neuralgic pain.

The following case occurred in the infirmary of St. Marylebone while I was physician there. I will give it in the statement made to me by Dr. Allen, the resident medical officer. It is instructive, both in relation to the large amount of blood taken and the apparent successfulness of the practice.

"I was sent for," Dr. Allen observes, "in the night of the 11th of November, 184—, to Joseph Taylor, in the workhouse. I found him quite insensible; pupils much contracted, pulse about 60 and very low, the extremities cold. The right side of the body was affected by convulsive movements, which occurred at intervals of three or four minutes, and lasted the same length of time. I could not easily ascertain how long he had been in that state. For the last three or four days, he had been complaining to those about him of pain in the head. I gave directions for his removal to the Infirmary. When he arrived there, he was in a state of partial collapse; the face and extremities of the pallid blue colour; the pupils still contracted and insensible to light; the contractions of his limbs were recurring with much force. As he appeared a strong muscular man, a vein was opened. The pulse, which I have described as low and feeble, improving under this measure, the bleeding was continued until he had lost about fifty ounces; a considerable quantity being also spilled on the floor in consequence of the spasms, on which this loss of blood seemed to take no effect. As soon as the pulse began to give way, the vein was closed. The symptoms, however, continued in

every respect the same, except that the natural heat of the body had been in some degree restored. Recourse was then had to cupping on the temples. When he had lost about six ounces (when the brain was depleted), the convulsions suddenly ceased, and the pupils began to contract irregularly. In a short time, he started up in bed, endeavoured to mutter something, and looked about him in a bewildered way. The cupping was continued until he had lost about twenty ounces; he was then sensible, but could not give a collected answer."

These symptoms did not recur. The patient was brought under the influence of mercury by one of my colleagues, whose patient he was, and in the space of a month had entirely recovered. This man, I ought to observe, had recently lived well, and drank rather freely.

The above case is, as I have said, instructive from the boldness and apparent successfulness of the practice. Those who would (reasonably) object to this practice, as somewhat too heroic, may be led to apply the principle without its exaggeration where some depletion seems requisite. Such seemed to me the requirement of the following case, which I extract from my own note-book.

"In June 182—, I was sent for, early in the morning, to the Hon. Mrs. P—, a lady of a nervous temperament, and of a habit neither full nor spare. She was described as subject to head-attacks, which were sometimes removed by stimulants; but in their severest forms required depletion. She had, in the preceding night, been much frightened by the sudden death of a servant. Some pain at the vertex came on, and gradually increased through the night to an excruciating degree, accompanied by a sense of weight and by sickness. When I saw her, she complained of these sensations and of extreme coldness, which appeared to be creeping and increasing upon her. The pulse was small, the visage contracted, the legs and thighs moved spasmodically. I first relieved her and somewhat lessened the coldness by a little brandy and water. Then, as the other symptoms were rather increasing than decreasing, I directed that fourteen ounces of blood should be taken. The blood flowed at first unwillingly, afterwards freely; and as it flowed, she expressed a sense of diminished pain and returning warmth. Soon after, the spasms and pain somewhat returning, I allowed about eight ounces more to flow. All the symptoms were from this moment relieved. In about thirty-six hours from the time at which I first saw her, this lady was perfectly well, without any other additional measure than a mild aperient."

There is a large class of cases in which the prominent symptoms are heaviness, tightness, and often a sense of fullness in the head, a deficient secretion of bile, and some depression of the animal spirits. In these cases, the treatment formerly adopted was often aided by the abstraction of a small quantity of blood. Men of good appetites and sedentary employments were frequently benefited by it, in addition to some purgative and alterative treatment.

The supply of deficient energy in the circulation of these cases would now be trusted too frequently to stimulants alone. Surely, if the dynamics of life, both in health and disease, depend upon depositions and absorptions, analogy seems to suggest that the medical art may proceed to the restoration of health through removals from the organic structure, as well

as through additions made to it. It is the fashion of a large school in the present day to depend almost exclusively upon the latter class of measures. Let them remember that if one thing more than another distinguishes the practice, which we are agreed to call quackery, it is the exclusiveness, and therefore narrowness, of the views on which it is based. The homœopath knows no remedy for a disease, unless it be something that would produce it in a healthy person.

I have given some weight to the arguments against venesection, in reference to the presumed diminution of vital power implied by disease. According to this view of the subject, it is not irrelevant to suggest that a state not amounting to disease, but tending to it, is perhaps more open to this remedy than disease itself. Many years ago, I was consulted by a lady, aged 30, in excellent apparent health, who complained of and exhibited symptoms of a very slight amount of pyrexia; which, however, had this condition—that it was continuous, and had existed some time. There was some appearance of excess in the circulating system; and I was induced to advise her to lose ten ounces of blood. She assented, and after this relief expressed herself and continued much relieved. But another fact presented itself in this lady's case. She was a married woman, and had given birth to two children; and then three years' had elapsed with no further increase of family. But shortly after the bloodletting she became pregnant, and in rapid succession became the mother of a large family. Certainly, the lancet has in many instances seemed to relieve habitual constipation, and rendered aperients unnecessary after its use.

I have not advanced hypothetical grounds for a theory, on which depletion by bloodletting may be defended or antagonised. The contest between depletory and stimulant practice is, and has long been, much too heated for deductive reasoning. Attentive reference to the annals of experience—in fact, empirical enumeration of reported and observed cases, must precede such a theory as may place us in a safe position as to the respective claims of these two agents. The question, whether the horses are to be whipped or the dirt shovelled out in order that vital dynamics should be successfully maintained, is at present unsettled, as to the conditions in which one or both of these measures may be wanted. I have offered a few hints.

**A COMMON CAUSE OF BALDNESS.** A writer in the *Boston Medical Journal* suggests that the compression, by means of the hat, of the veins which return the blood from the scalp, is a common cause of baldness. He refers, in proof of this, to the much greater proportionate number of persons exhibiting baldness among the class who wear hats, compared with the lower orders who do so more rarely. Again, if we compress the frontal vein of a bald-headed person moderately with the finger, the scalp becomes speedily swollen and turgid: and, on inquiry, we shall find that he experiences an uncomfortable sense of fullness and constriction about the head whenever he wears a hat, especially in hot weather. It is true the hat does not induce baldness in all its wearers, those most liable to it being men of soft and pliable tissues, with large, superficial, and easily compressed veins. A large proportion of them have a long occipito-frontal compared with the bi-temporal diameter of the head—favouring the compression of the frontal and occipital veins.

# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### ST. GEORGE'S HOSPITAL.

REPORT OF A CASE OF CATALEPSY; WITH OBSERVATIONS.

By THOMAS JONES, Esq., Assistant Resident Medical Officer to the Hospital.

MANY persons who have not had the opportunity of witnessing an attack of catalepsy, incline to doubt this disease as ever occurring. A report of a well-marked case, however, I conceive, will tend to remove this incredulity; and it will also contribute towards rectifying the discrepancies in the description as given by different authors; for it is from a series of well recorded cases of true and uncomplicated attacks alone, we can hope to give a correct account of this disease.

CASE. *Male, aged 60, suffered from the effects of strong mental shock for a fortnight; altered vision and hearing three days; sudden tetanic rigidity of all the muscles, which caused him to be fixed in the position in which he happened to be at the time of seizure; subsequently the limbs retained any position in which they were placed; partial loss of consciousness; duration of fit twenty-two hours; no recurrence; good recovery.* Wm. G., aged 60, is of strong bony frame; about six feet in height, with well-formed muscles; complexion ruddy. He is of a melancholy disposition. His passions are readily excited. He says "the least thing excites him, and causes him afterwards great annoyance and pain over the top of the head." His previous health was remarkably good; he was strong and hearty until a fortnight before admission, when he unexpectedly received intelligence of the sudden death of his wife; this caused him considerable mental depression. On two or three days before the present attack he was considerably annoyed by hallucinations of vision and hearing. He saw varieties of colours, and heard various sounds, sometimes the firing of guns. On these days he was noticed by his fellow workmen to be very "absent in his mind" on two or three occasions, remaining in this state two minutes.

While suffering from the above premonitory symptoms, he was suddenly seized, while in the act of plastering, with the trowel in one hand and the brush in the other, about 11 A.M. on May 2nd, with a fit. He stood erect on the scaffold on which he happened to be standing at the time, with his arms outstretched, his legs fixed, the whole body rigid and immovable; his eyes were widely open; he appeared to be quite insensible to all external objects. His arms were found to be so rigidly fixed in the elevated position that it was found impossible to pull them down; and the trowel and the brush were so tightly grasped in the hands that they could not be removed. On two or three occasions, however, while in this state, he deliberately removed the trowel from one hand into the other in order to have it free to get his handkerchief out of his pocket to wipe his nose; having done this, he resumed his statue-like position. He remained in this state for two hours, when he was seen by Mr. Chappell of George Street, who succeeded, after considerable difficulty in bringing down his arms. Notwithstanding a mustard poultice applied to the nape of the neck, and cold cloths to the head, as ordered by Mr. Chappell, he continued in the same condition until 4 P.M., when he was removed into the hospital.

On admission, he was able to walk if pulled along, otherwise he would not advance a single step. He seemed tolerably firm on his feet; for, on pushing him

so as to try to put him off his balance, he would make sufficient exertion to regain his equilibrium. The expression of countenance was most indifferent; the eyes were wide open, but his eyelids would remain in any position in which they were placed. He stared fixedly at vacancy. His attention could not be directed towards any object. His eyelids were sensible to the touch; the pupils were widely dilated, but acted readily under the stimulus of light. His skin was warm. The respiration was very superficial. Occasionally he would take a deep sigh. The pulse was 90; full, intermitting every eight or ten beats. When raised into the erect posture, he would remain so. On raising his arms they dropped. There was some slight rigidity on flexion and extension. The jaws were clenched; but he swallowed water without any difficulty when it was poured into his mouth. He was apparently quite insensible; for in vain we endeavoured to rouse him by calling loudly in his ears; and pinching him did not produce the slightest indication of discomfort.

I galvanised him at once pretty severely; and the muscles electrified contracted firmly. This seemed to cause him some pain; for he made a loud noise, and, on one or two occasions, he stood erect. Galvanism was persisted in for a quarter of an hour; as soon as it was discontinued, he relapsed into the same passive state. But the bystanders thought he seemed somewhat "livelier," and that he required less assistance to walk. Certainly, all the rigidity of the muscles had now passed off.

The cold douche was now tried. The water was directed from some height on his face and head. He did not offer much, if any, resistance. He closed his eyes firmly, and swallowed the water that entered his mouth; otherwise the treatment made but little impression upon him.

The above means having failed to effect much good, he was sent to bed. He walked up the stairs (with assistance) with a firm, steady step, without once making a false one. When in bed, in whatever position he was placed, however uncomfortable, he would remain unmoved. The arms were raised, and they remained elevated; I next raised his head off the pillow, and in that position it remained. At the same time I raised his trunk, and placed it at an obtuse angle with his legs; there it remained with his head in the position previously placed, turned to either side, with his eyes closed or opened just as they were placed. Now he presented a most curious spectacle, in the half-sitting posture, with the head thrown forwards, eyes open, but still appearing lifeless, and his arms outstretched. I can compare him to nothing better than to a tinted statue. He remained in this position, perfectly immovable, several minutes, until his position was again changed. He seemed to have perfect control over his splinters; for when an utensil was conveniently placed he immediately passed urine, which was high-coloured and free from albumen. I ordered an enema of turpentine, with half an ounce of tincture of assafoetida, to be given immediately; and the following draught every four hours:—

R̄ Tinct. valerianæ ammoniatæ ʒj; spirit. ætheris chlorici ʒss; decoct. aloes comp. ʒiv; infusi valerianæ ʒviij.

9.30 P.M. There was considerable rigidity of the muscles. His head could not now be raised off the pillow, nor the body into the sitting posture; otherwise he was much in the same condition. He retained the enema.

May 3rd, 10 A.M. He seemed much better. He spoke for the first time since the attack, about eight o'clock this morning, when he replied in answer to a question asked by the nurse as to whether he wanted the night-stool. From this time, he continued to talk, but still very reluctantly, and did whatever he was asked. He got out of bed without assistance. His bowels had acted

freely. He took his medicine regularly during the night. He had about three hours sound sleep. At present, his aspect was very gloomy. He answered questions slowly; it was with difficulty that anything could be elicited from him. He had perfect power of, and control over, all his muscles. His face was somewhat flushed; pupils dilated, still active; the right was a little larger than the left. Pulse 90, now regular.

On being questioned closely as to his consciousness during the fit, he said that he had a confused recollection of almost everything that occurred. At the first onset of the attack he remembered being immovably fixed to the plank on which he stood; he felt his arms fixed in an elevated position, and his mouth firmly clenched. He could hear distinctly those who talked to him, and he could see them; he felt, however, confused, and mistook one person for another. He remembered the treatment adopted before and after his admission into the hospital. He complained very much of the cold douche and the galvanism: and that the latter caused him great pain, in consequence of which he remembered crying out. He felt that, however unpleasant this treatment was, he could not acquiesce in the fact by speech or any other means. He felt himself better after the galvanism; he fancied he could walk with much greater freedom. He seemed much annoyed that his body, during the attack, was placed in the different uncomfortable and ridiculous positions.

9.30 P.M. He had been less communicative during the day than he was this morning; he had taken his food well, and fed himself. The tongue was clean. The bowels had not been open since the morning. He was now seen by Dr. Fuller, under whose care he was admitted, who ordered the medicine to be continued, and a senna draught to be given the next morning.

May 4th. He complained of headache and depression of spirits. He was able to get out of bed without any difficulty, and walk about the ward. The treatment was continued, and he was ordered to have ordinary diet and a pint of porter.

May 6th. He complained of weakness and occasional pain on the top of the head, which he generally felt after any excitement. With this exception he felt quite well. The tongue was clean; bowels open. There was scarcely any difference in the size of the pupils. The heart's sounds were normal.

May 13th. He had no symptoms indicating a recurrence of an attack. He looked much more cheerful. He left the hospital to-day feeling quite well.

REMARKS. This case suggests various points of interest for consideration.

1. The cause could be very distinctly traced. Evidently the highly excitable nervous temperament, of which he exhibited a good example, strongly predisposed to the attack; but the more efficient cause was doubtless the depressing effects of the mental shock brought on by the unexpected intelligence of the death of his wife. This seems to be the prevailing cause; for in three very well marked cases, which I have been able to find recorded during the last fourteen years, the attack was caused by violent mental impression occurring in persons of well marked nervous temperament.

2. The symptoms which precede cataleptic seizures are not constant in their occurrence or character. In the three cases above referred to, there did not appear to have been any very evident premonitory indications of the approaching attack. In the present case, however, there existed precursory symptoms of very decided character; these were headache, the appearance of different kinds of colours before the eyes, and various sounds in the ears. These symptoms continued off and on for two or three days; therefore, timely and judicious treatment might have been the means of averting the attack.

3. Dr. Copland maintains that *tetanic rigidity* of the muscles seldom occurs; and, when this phenomenon is

observed, he thinks the disease is allied to ecstasy. (*Dict. of Practical Medicine*. Art. Catalepsy.) Dr. Watson also seems to ignore the existence of this symptom in catalepsy, for he observes on this point, "but the limbs are not tied down by spasms." (*Principles and Practice of Physic*. Fourth edition, p. 715.) Now, I believe the description as given by these eminent authors is not borne out by actual observed facts. In the present case, all the muscles of the extremities and other parts were so rigid that they could not be moved for two or three hours; and this state of things recurred once after a period of comparative relaxation of two hours duration. I find this altered motility to be the rule; on referring to the cases, already alluded to, this symptom is mentioned in all. In one, recorded by Dr. Coldstream, there was extreme rigidity—when any attempt was made to move the patient, her muscles instantly became rigid. (*Edinburgh Medical Journal*, April 1854.) In another case, recorded by Dr. Ringland, there were forcible supinations of the hand on the forearm (*Dublin Quarterly Journal of Medical Science*, August 1855); and in the other, described by Dr. Buchanan, he states, "I found the muscles of the arm firm as iron, and the hands clutched tight as in cadaveric rigidity. I felt every part of his body, the muscles of the legs, abdomen, neck, and arms; all were equally fixed, tight, hard, and cold." (*Glasgow Medical Journal*, July 1857.) Thus, in all the cases I have been able to find recorded of pure catalepsy during the last fourteen years, this symptom was well marked in each. The extreme degree of rigidity generally exists about the commencement of the attack, and passes off before the termination. It was interesting to observe in the present case the effect of galvanism in diminishing this rigidity; immediately after this agent was applied, his arms became comparatively relaxed. This tends to substantiate the theory recently propounded, viz., that rigidity depends upon a diminished supply of nervous stimulus.

4. Considering the intensity of the rigidity, and the subsequent condition of the muscles, with the long duration of the attack, it is fair to infer that this was a case of complete attack of catalepsy. But there did not exist total abolition of consciousness; even at the first onset of the attack, he could see, hear, and understand (confusedly) what was being said to him, although he was speechless, and the power of volition was suspended. It is interesting, however, to note that the latter function partially returned before the termination of the attack, for he could walk up the stairs with firmness and a degree of certainty; but still he did not seem to have sufficient control over his muscles to resist his limbs being placed in the different attitudes, however fatiguing. In the three cases to which I have already referred, consciousness was but partially abolished; it is incorrect therefore, to state, as is generally done in treatises on medicine, that complete unconsciousness is the condition of intelligence which is observed in true attacks of catalepsy. Probably, this error was committed from inferences induced from cases mistaken for true catalepsy, such as those suffering from the effects of extreme cold, hysteria, or feigned attacks. It is not unfrequent for me to be called to cases brought in—picked up from the streets—who appear to be quite rigid, the limbs retaining any attitude in which they are placed, and cold; but the application of the cold douche or galvanism invariably effects instantaneous cure, therefore leaving in my mind little doubt as to the nature of the attack. When these persons are questioned, however, after recovery, they generally declare that they were quite unconscious during the seizure.

5. Possibly, the flushed face, the inequality in the size of the pupils, which were observed in this case, would have been sufficient indications for some to adopt the antiphlogistic plan of treatment—in the shape of depletion, blistering, etc. But, considering the depressing



effects of the cause which had been in operation to determine the attack, with the very compressible and intermittent pulse, the case was treated by stimulating enemata, diffusible stimulants, antispasmodics, and nourishing diet. In fact, it was treated on the same principle as any other nervous affection of depressing nature would have been. The utility of the cold douche was very doubtful in this instance; it is a remedy I should not use in another. From what I observed of the effects of the galvanism, I conceive this agent to be of great use in these cases; if it did not shorten the attack, it would certainly have the effect of diminishing the rigid state of the muscles.

## Original Communications.

### DEATH AFTER EATING RAW RICE.

By T. OGIER WARD, M.D., Cowbridge.

INDEPENDENTLY of its interest as a narrative of a rather unusual form of disease, I think the following is worthy of record and of the attention of the profession, as disclosing a widely spread and dangerous habit, originating in the promptings of female vanity.

On March 21st, I was requested to attend E. T., aged 15, a nursemaid, a fine, handsome, well grown girl, who had been seized, while walking with the children, with severe pain in the stomach and left shoulder, shooting through to her back. The attack was so severe that she reached a cottage with difficulty; and thence she was carried home. She vomited some brandy that was given to her, and continued to do so occasionally till I saw her, six hours after the attack of pain. The vomited matter was thrown away, except the last, which consisted of bile, with mucus and a white grain or two. Her face was rather pale, skin warm, though at first she had had rigors, and her feet had been very cold. The tongue was whitish, but clean; pulse moderate in fulness and frequency. She had great thirst and restlessness, with quick breathing, apparently from the severe pain; which, however, was not much increased by pressure over the stomach. Upon inquiring the cause of the attack, I was told she had been eating some grains of raw rice in the morning; and that, though usually very healthy, she had had a somewhat similar attack on the 12th, after her return from festivities at Cowbridge on the 10th. As the stomach seemed empty, with much flatulence, and as her bowels had acted that morning, I gave her some tincture of opium with chloric ether, and aromatic spirits of ammonia, which I repeated every hour. After two doses, the pain and vomiting ceased, and I returned home.

March 22nd. I was called at an early hour to visit her, the vomiting having returned soon after I left, and having continued all night at intervals. I now found her with flushed face, quick pulse, furred tongue, which was not dry, nor was her skin. She was very thirsty, but vomited all she took, as well as quantities of green bile. The pain had now removed to the right side and shoulder, though it still remained in the stomach. She had passed urine once, but no stool since the attack. I now learnt that she had bought half a pound of rice the day before the attack, most of which she had eaten—indeed, she was eating it just before she was taken ill; and that her former illness was caused by eating a pound of raw rice she had bought on the 10th. She had acquired this habit from a former servant, who practised it for the purpose of improving her complexion; and she continued it from choice, her natural tint being very fair. Conceiving the case to be one of obstruction, I gave a dose of calomel and croton oil, and an enema of castor oil and turpentine, which emptied the rectum of

a few scybala. A second enema, after an interval of two hours, returned unchanged; but the vomiting seemed allayed by this and mustard poultices to the stomach.

March 23rd. I found her much the same; but there was some tympanitis with pain and tenderness in the left flank, which felt full, but soft. She had passed urine, but no feces; so I continued the enemata at intervals, with saline effervescing draughts and mercurial frictions over the abdomen, and two five-grain doses of calomel, to allay the vomiting and arrest the impending inflammatory action in the abdomen.

March 24th. I was called to see her at 1 A.M., as she was thought to be sinking. The vomiting had continued till she was quite exhausted. Everything she took by the mouth, except in very minute quantities, was immediately rejected; and the pain and tympanitis were much increased. As the castor oil and turpentine injections had had no effect, except to produce irritation of the rectum, I determined to try tobacco enemata, after having revived her a little with minute quantities of brandy and water and yolk of egg. The enemata were given every three hours; after the third application, she passed a quantity of flatus; and there was a slight appearance of feces, followed in an hour by a spontaneous evacuation, which gave considerable relief, and enabled me to return home.

March 26th. The bowels had acted several times; but, as the feces had been thrown away, I could not examine them. The pain and tympanitis were less, but the thirst continued intense; and the tongue was very dry, red, and sore; but the gums were unaffected, though she had taken several doses of calomel. The vomiting continued on taking liquids, which she persisted in drinking in large quantities whenever she could procure them; so that it was necessary to restrict her allowance. She had some honey and borax for the mouth, and the salines were continued.

March 30th. Menstruation had occurred before its time, and she had been better the last four days, the sickness having abated, though still brought on by large quantities of liquids. The tongue, red and sore, was scattered over with a thick aphthous coating. The thirst continued urgent. The abdomen was less painful. The bowels were rather relaxed, not distended. The fever had abated. The medicines were continued.

April 1st. She had taken cold from getting out of bed and going into the next room undressed, and she had a cough. The treatment was continued.

April 18th. From the time she took cold there was no further improvement in her general state, though the vomiting and purging were less urgent. The fever and thirst continued, with profuse perspirations and hectic flushes. The pulse became extremely rapid, and the cough very severe and frequent, with mucous expectoration, but with no pain in the chest, or any physical signs of tubercular deposit. On the 11th, the mouth was quite well, the mucous membrane being of its natural pale pink colour; but, three days before her death, the aphthæ returned as bad as ever, attended with diarrhoea and pain and tenderness of the bowels. She died on the 17th, presenting every symptom of acute phthisis.

On further inquiry, I find that the habit of eating raw rice and wheat is widely diffused and extensively practised, not only in this part of the kingdom, but even in London, for the purpose of improving the complexion by giving it a more delicate tint. That it has any such power, except indirectly by producing indigestion, I very much doubt; and that it had this effect in the present instance, I ascertained from the girl's mistress, who informed me she was continually making ginger-tea to correct the flatulence from which she suffered. Though new to myself, probably some of the readers of the JOURNAL may have met with instances of the prevalence of this practice, and may be willing to give their experience of its results.

# Transactions of Branches.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

### ON THE ACTION OF MEDICINES, SINGLY AND COMBINED.

By DAVID NELSON, M.D. Edin., formerly Physician to the Queen's Hospital; and Professor of Clinical Medicine, Queen's College.

[Read April 9th, 1863. This paper has also been read before the Midland Medical Society.]

BEFORE entering upon the immediate subject-matter of this paper, it may be as well to premise, that there is no intention of analysing all the articles of the materia medica; but only of touching upon certain points of practical interest, such as may excite reflection, and draw forth such information as the experience and inclination of our fellow members may be pleased to impart.

Including under the designation of medicines everything that is applicable to the healing or reparation of the animal frame, in which light I propose to view them, they are then divisible into two grand orders; namely, the *homologous* and the *heterologous*. The homologous may be said to include all those materials that are either entirely similar to the chemical constituents of the body, or comprise the natural elements thereof; such as water, the atmosphere, and other gases, simple or combined, the solids and fluids of animals, the protein compounds of vegetables, and those metals or other simples that are natural to the framework, as iron, manganese, calcium, silicium, aluminium, potassium, and sodium, with phosphorus, sulphur, carbon, and iodine. The heterologous class, again, consists of all others that are not natural to the body, such as mercury, silver, zinc, arsenic, copper, and other foreign metals; certain mineral and other acids; the various animal and vegetable essences that are not protin compounds, such as the poison fluids of such animals or vegetables; prussic acid, quinine, digitaline, atropine, aconitine, and such others of a like kind, whether separated, like the above, from their coarser adjuncts, or remaining in natural combination with albumen, extractive matter, or woody fibre.

As to the homologous agents, I apprehend that no doubt whatever can exist as to their action as substitutes for wasted material that has either passed or is passing out of the system. Thus, water is absorbed by the veins, either through the mucous membrane or through the skin, and at once takes its place in the circulation as water, or as a simple replacement of the same material that has already exuded from the body but loaded with those excrementitious salts, etc., which it had held in solution. Air has a similarly direct action in oxidising the elements of the blood, and replacing that same oxygen which has just been eliminated from the lungs, etc., but charged with the waste carbon and hydrogen of the body at large. Such a blood-salt as phosphate of soda finds itself forthwith at home, as it were; oils and fats will pass almost unchanged into the organism, to replace their worn-out analogues; and as little doubt can attend the more or less complex assimilation of albumen, fibrine, gelatine, gluten, starch, and other such organic compounds. But sometimes we meet with disputants of a certain school who will insist upon casting doubts as to other materials the entrance of which is a little less obvious, and who will question the direct efficacy of iron, lime, phosphorus, and iodine, and even of the more elaborated and ready-made combinations, such as bile, or choleate of soda, blood, kreatine, and the peptic and other natural fluids.

Water, with certain salts and oxygen, have been just spoken of as matters of direct absorption; the latter, however, having more of a chemical character about its action than the simple imbibition of water. Albumen, oil, fibrine, gelatine, gluten, starch, sugar, kreatine, blood, etc., enter the body through the process of digestion; though the latter, of course, while alive, may be injected directly into the vessels, there to act as in its former channels, as oils and fats also will pass unaltered through the pores of the skin. Iron, lime, phosphorus, iodine, sulphur, and the like, enter partly by digestion, and partly through chemico-vital action; while the biliary and peptic fluids at once take their place in the stomach and intestines as such, and in as direct a manner as water itself; though not so simple in their elementary constitution, nor destined to pass through and out of the system in the unaltered manner that water does.

Now, the objections that we hear stated by sceptics as to iron, lime, and so forth are, that, in the first place, many such preparations as used are quite insoluble; or, if they happen to be in solution, that they are at once decomposed by the acids or alkalies, etc., within the stomach, and so rendered inert; inasmuch as no such coarse materials could permeate the finer membranes and find their way into the blood. Here, however, I would wish to remark, that the facts of medicine are rather to be judged by experience than by theory. We are perfectly aware that there are many substances nearly or even quite insoluble in water, that yet are soluble in albumen, etc.; but, even if we did not know that, we yet have sufficient evidence of substances apparently insoluble finding their way to the recesses of the system, and there producing effects that stare us in the face, and refuse to be disbelieved by any twist of syllogism whatever. While employing such agents as carbonate or phosphate of iron, or phosphate of lime, it has been put to the practitioner whether he conceived such matters could be of any efficiency, considering their insoluble nature. Now it is not that one uses invariably these preparations rather than the sulphate, muriate, or citrate of iron, or the phosphate of lime instead of the phosphate of soda; still there are many occasions when they are preferred for certain reasons of convenience, such as the avoidance of disagreeable flavours, etc.; and the answer has been to point to the practical results of their employment, as seen in the blanched pasty cheeks and white gums turned to red, the bending bones to a state of solidity, and the general cachectic and strumous aspect to one of health and vigour. But, again, such sceptics remark, that perhaps those beneficial changes are more owing to the well regulated dietary and clothing, and pure air and exercise, ordered by the physician, than to the medicinal agents above spoken of. However, if a doubt might arise here in consequence of the results being the same as might be expected from good diet and pure air, it cannot accord with results such as do never arise except from the action of the particular agent employed; and, with this view, we must refer the doubter to such materials as mercurialised chalk, white lead, calomel, and other such insolubles, and to their invariable and unmistakable effects. Whosoever could doubt in these latter instances would be resisting the mandates of the plainest logic, and denying inferences almost as clear as mathematical demonstrations. He would be refusing to acknowledge obvious results, merely because he could not trace the operation of the primary cause, through all its stages on the last effects—a kind of perception, indeed, which is beyond the range of the human intellect; so that the man who declines to accept a sequence, only because he cannot see the link which binds it to its efficient cause, must be content to stand still and do nothing. It is sufficient for all practical purposes for us to see that one order of facts almost, invariably follows or precedes another, be the bond of,

connexion between them what it may. If we can perceive the bond, it is to us a visible entity; but if we do not, it is not the less an entity on that account, nor the less real and efficacious in its operations. Why two and four make six, or why oxygen turns inert sulphur into corrosive sulphuric acid, we do not know in the slightest degree; but we feel that the human mind is so constituted as to be bound to accept such facts as facts; and we can only end as the little fellow did when he was pestered for occult reasons, and declare that so or so is, *because it is*; and so or so does so or so, *because it does*. These are very simple declarations, amounting, indeed, to axioms; but the truth is, that this morbid spirit of scepticism and affected love of severest simplicity, such as has prevailed a good deal of late years (especially amongst those of the mechanical school of physiology, as represented by such as Majendie), is so liable to be carried into intricate labyrinths and dead-locks of reasoning, that we require at times to bring it back to that true natural simplicity which accepts things as they reasonably appear to be, until they are demonstrated to be something else; and which, while it refuses to acknowledge fancies, though they be made to appear plausible, equally declines to reject realities because they happen to be incomprehensible. Such, indeed, is the one broad distinction between solid experience and baseless hypothesis—between the school of fancy and the school of fact; though it is sometimes made to appear as if it were absolutely the contrary, by affecting, on the one hand, to require reasons for that for which no reason can be assigned, and, on the other, so dovetailing a number of hypothetical suppositions into each other, that the whole shall appear a good and perfect theory of the truth.

With regard to the employment of such a natural agent as bile or choleate of soda, it has sometimes been said that it would be decomposed by the action of the peptic liquids; but this I believe not to be the case, judging from the effects produced by its exhibition; or, at any rate, the reaction that occurs between them is not of a destructive character. I believe that these fluids coalesce with each other, and act in concert, as they do within the intestines naturally. I further believe that the foreign bile acts as an excitant to the secretion of fresh bile, and as a real cholagogue; just as urea is admitted to act as a diuretic. The small quantity taken as a dose, and its marked effects, point to this conclusion. At all events, and at least, it certainly helps the inactive liver, and reinvigorates it.

The peptic liquor, another natural agent, I also believe to act not merely as a solvent of the food to the bare extent to which it is taken, but as a gastric stimulant, by allowing the glands of the stomach to rest for a time, and so restoring their vigour of secretion. If it did not thus act, the patient would have to go on with increasing doses; but such is not the fact, for a short course of it will render the stomach independent for an indefinite period, according to circumstances. Objections have sometimes been taken to this agent, on the ground that it does not always succeed in rebuilding the wasted fabric of the sick man, because it is not capable of coping with that emaciation and general atrophy consequent upon pulmonary phthisis, mesenteric disease, and the like. But no less effectual argument could be used upon the subject; for, although the process of digestion may begin, it certainly does not end, within the stomach. To repeat the expressions on this head employed in a clinical lecture of 1849, I may add: "Digestion, in its larger acceptation, means something much more profound and extensive than what occurs merely within the involutions of the *primæ viæ* and the clusters of glands which are more immediately attached to them. These, in fact, are but the first recipients, or producers of the cruder elements of assimilation, and the primary agencies which are brought to bear upon the great

hidden scheme of vital transformation; for not merely until chyle or even blood is formed, but until the more complex structures of the body are actually perfected, can we say that the true and ultimate transformation has been effected. For, even after the first assimilation has been completed by the conversion of the dead elements into nutritive chyle, that chyle has yet to be converted into blood by the lungs; nor would the blood itself be qualified to create or repair the various tissues of the body, unless a peculiar power of appropriative metamorphosis resided within each individual organ and tissue, by which the elements of this common source of nutrition are so reacted upon that an almost endless variety of processes is made to conduce to an almost endless variety of productions throughout the animal economy."

A brief reflection, therefore, upon the above facts, will suffice to determine the limits of the utility of such an agent as the gastric liquor, and to distinguish its judicious exhibition in the hands of the regular physician, from its indiscriminate employment by ignorance and empiricism. Many a valuable remedy has been brought into disrepute by the pretentious vauntings of persons who have sought to represent it as a panacea; and who have quite overstepped the bounds laid down by the reason and experience of those who first commended it to the notice of the world. This prepared peptic liquor, or medicinal gastric juice, will certainly, in conjunction with soda, aid in converting food into chyle; provided the stomach be not so irritable as to reject all food, or even water, or its own secretions; but it is not calculated to do more. The expectation, therefore, that it should nourish the wasted body when the gastro-enteric mucous follicles, the lacteals, and the air-cells, have been disintegrated, is a simple absurdity, such as never could be proposed by any rational being. To exhibit it under such conditions, and report the result, or rather non-result, as a failure of the agent, is, therefore, manifestly erroneous, and altogether beside the question.

The corrective action of potassa and soda is also direct and palpable in acidities of the blood, urine, and gastric, biliary, or enteric juices. Witness the alterations brought about in the acid perspirations of rheumatism, and the acid deposits of the urine, and the vitiated contents of the alimentary canal and liver from excess of choleic, butyric, and other acids, and witness also the speedy subsidence of cardialgia, primary rheumatic pains, and bilious headaches; when they are early enough traced to such acid and acid secretions within the system. Such effects, indeed, are so obvious that they require no comment; but yet they too are limited by the bounds of reason. No one could expect the cardialgia of stomach cancer, or the pain of an inflamed joint loaded with solid rheumatic concretions, to vanish under the simple exhibition of an alkali such as potassa.

Before proceeding to consider the heterogeneous class, I would desire, at this stage, to take notice of the combined action of nutrients and of homologous medicines, in order to show that that excessive simplicity in their exhibition which is aimed at by some modern prescribers—chiefly sceptics and panaceists—is no real simplicity in the proper acceptation of that word; but rather an artificial device, imitating the aspect of rigid purity and truth; yet wanting accordance with the general processes of animated nature. For we have to consider, in the first place, that this bodily frame itself is no simple matter, either in its chemical composition, its organisation, or its vital functions, faculties, and feelings; and that, in keeping with such highly complicated form and action, the food destined for its support is equally complicated in its composition, even to the ultimate molecules or atoms thereof; so much so as to defy all the researches of chemistry, in its endeavours to unravel the thousand and one varying combinations of the primary elements which produce the endless variety of juices, and tissues, and odours, and essences, just as the ten

numeral figures, or the few primary notes of music, can be so endlessly combined as they are. Even the animal flesh diet of the most primitive savages, flesh to flesh as it may seem to be, is yet a very complicated matter—a matter, in fact, all the more complicated to our minds the more we consider it; and no more a simple process than the opposite series of changes from dust to dust. And, as man advances in civilisation—a condition which we must hold to be natural to our race—how much more complicated become the sources of nutrition, which were all clearly provided for the sustenance of populations! What with the pulses, and bread-stuffs, the juices and fibres of quadrupeds, fowls, and fishes, etc., the green vegetables, and fruits, and spices, and beer, wines, and aromatised spirits, all of them containing multitudes of compound atoms, we have an array of dietary certainly very far from simple, yet also certainly much more conducive to health and longevity, when judiciously used, than anything attempted under theories of restrictive living, such as we see built within the narrow inclosures of some crotchety sections of mankind, and not upon this broad basis of nature; and if our grand exemplar Nature thus set us a lesson in regard to food, why should we not follow it especially with respect to those homologous medicinal agents which are, in fact, usually contained within the composite materials of such food; but, from some cause or other, have failed to have been supplied or assimilated, and so led to a condition of disease?

It must be understood as of course, that I am very far from advocating the use of that meaningless medley of agents such as we so often meet with in the old editions of the *Pharmacopœia*, and which must have been devised, either under the impression that when so many matters were jumbled together, some one or more of them might do good; or else for the purpose of concealing from the vulgar ken the real active ingredient for curative purposes. At least, we can but think it something monstrous, and highly indicative of the clinging spirit, or rather dead-weight, or shell of old routine, that upwards of fifty articles should be mingled together, many of them being not only the most disgusting animals, such as skunks, scorpions, earth-worms, and millipedes; but also the most disgusting evacuations of such animals, and that at a period when such names as those of Glisson, Scarborough, Petty, Morton, and even the philosophical Sydenham himself, appear upon the roll of the College. But when we of the present time, under our recent advances in chemistry, have fairly ascertained the modes of action of this and that individual material, and arrived at the conclusion that they are not only chemically, but vitally, compatible in their reactions within the body, I can see no reason for not combining them in such form as the nature of the case may demand, or for doubting which results are attributable to one agent, and which to another. Thus, for example, if we met with a child whose bones were deficient in earthly matter; but who was otherwise in good condition, as to colour, solidity, and plumpness; we might confine ourselves to the use of the phosphate of lime alone, or let it have the soluble supercarbonate of lime and phosphate of soda in its food; but if it were decidedly deficient in colour and firmness, the carbonate, phosphate, muriate, or sulphate of iron, might certainly be added with advantage; and, if emaciated, as well as pale and soft, the further addition of an extra albuminous and oleaginous diet would be desirable. In strumous habits, with glandular swellings, iodine might also be taken at the same time, either as iodide of iron or iodide of sodium; and, complicated as all this might seem to an inexperienced, I conceive that no experienced practitioner could fail to apprehend which results were due to one part of the treatment, and which to another. As such cases are seldom of a simple kind, but usually accompanied with a general degeneration of structure and function, I have

commonly employed such a combination of remedies as the above, exhibiting the phosphate of lime and iron in powder or in biscuits, the phosphate of soda in the food, and, in addition to the ordinary food, allowances of an extra quantity of cream and sugar, with pure albumen, diastase, and liquor of kreatine, or juice of flesh, all constituting a purely reparative or substitutive method of procedure, and the one most consistent with safety.

In albuminuria, as already recorded in the *BRITISH MEDICAL JOURNAL* of 1860, I have certainly found this substitutive mode of treatment of the greatest efficacy, and have accordingly called it distinctively the *Ferro-albuminous Treatment of Albuminuria*. It may, at the first blush, appear theoretical, and, according to my own views just expressed, too simple to be true; but the conclusions are founded upon cases too distinct and unmis-takeable to admit of doubt, and here, at least, very little question can arise as to which element of the treatment performs its respective part; the steel effecting a beneficial change, through the blood, upon the pale degenerate tissues, and the albumen simply replacing that extraordinary waste of a material which is meant by nature to repair the frame, but which, under this morbid condition, is cast forth after the manner of an useless excretion. In the more remarkable cases of Emma Harris, treated thus in 1850; of Emma Rose in 1857; and of Master Pendleton in 1858, as reported in the *BRITISH MEDICAL JOURNAL*, and who are still living to attest the issue, we see decided idiopathic specimens of this formidable and usually mortal malady, and of apparent recovery, altogether referrible to the above-named agents, even though others had to be occasionally used under occasional symptoms. But, here again, resistance is to be given to any such empirical dogma as is contained in the phrase, "Given the name of the disease, here is the remedy." For the mere name of a disease is very far from comprising all the particulars of such disease, as existing in the persons of A, B, C, and D, down to Z. Each case must be viewed largely and rationally, and according to its individual features; otherwise the judgment of a physician were of no use at all. One adjunct must be used here, and another there; but still, throughout the whole treatment, the essential purpose remains firm and consistent; and, as already observed, in concluding the report of those cases, "whereas the bodily frame is formed of certain elements, or of compound radicals acting after the manner of elements, in their attractions, repulsions, and combinations; and, whereas such bodily frame is impaired if one or more such elements or compound radicals be not duly supplied, it follows, as a matter of necessity, that, when they are found wanting or deficient, they ought to be supplied, if possible. It may happen, in some cases, that the very organisation itself is incapable of appropriating such pabulum after being furnished with it; but these come under the head of exceptions, and do not constitute the rule, unless such organisation be worn out by protracted disease or extreme old age. In this special matter of albuminuria, as we see that, in most, if not all, cases, the dreaded characteristic symptom is preceded by actual hæmorrhage, or other causes of drainage of the red particles of the blood, and is, when it takes place, itself a drainage of the albumen; so an extra supply of steel and albumen appears the readiest and most rational method of meeting those evils; and the following deductions, based upon practice as well as reason, may, therefore, be advanced with safety:—

1. When the premonitory symptoms of debility and anæmia have not as yet produced actual renal degeneration, the supply of the deficient elements affords a fair prospect of averting the threatened malady of albuminuria.

2. If the renal disorganisation be commencing, the improvement of the mass of the blood by such means may yet give the constitution the power of arresting the

dire changes that precede, accompany, or supervene, upon the albuminuria.

3. Even if the disorganisation be considerably advanced, such supplies may postpone the fatal issue for a period indefinite.

4. The cases of absolute and complete disorganisation or disglanding, are, of course, beyond the scope of this or any other therapeutic paper, and belong exclusively to the province of morbid anatomy.

This distinctive ferro-albuminous plan of treatment I endeavoured to inculcate, and practised in the Queen's Hospital in 1850, subjected it to further trial for ten years, and the results were published in 1860. Now, in 1863, you may perceive some of our medical periodicals quoting from recent continental experience, what they designate "news", as relating to this very combination. So far there is extracorporeal evidence now afforded to us, that salts of iron, in the presence of albumen and soda, instantly form a chemical union, such as may be designated either an albuminate of iron and soda, or a ferro-albuminate of soda, quite soluble. These continentals assert that physicians have long been puzzled, and are still at a loss how to administer so valuable a remedy as iron in the manner most suitable to the internal organism. Some, they say, have objected to its insoluble forms; some to its combination with this acid; and others to its combination with that; while the more scrupulous have sought to unite it with such an animal acid as the lactic. In this albuminate of iron, however, they hail a combination such as actually exists within the living system itself, and which is, in fact, one of the products on which our life essentially depends. On the other hand, Liebig and others declare that the iron of the blood exists as a carbonate, a lactate, or an oxide, according to its position in the venous or the arterial currents, or in the capillaries; but we, as physicians, however naturally inquisitive on such points, are less interested in determining the precise accuracy of chemical theories, than in settling therapeutical facts. Therefore, whether the steel and albumen play their parts separately, or conjoin to form a sort of animal salt, or compound organic radical within the body; or whether the primary elements of each combine in this or that proportion to produce one or other of the many plesiomorphic constituents of the animal frame—is so far unimportant as compared with the alleviation of disease, and certainly subordinate to that purpose of curation which is the special end of all our studies in the allied sciences.

As regards this custom of reference to foreigners for so-called novelties, to the exclusion of any acknowledgment of the labours of one's nearer neighbours, the matter reminds me of the fact, amongst many others, that certain journals, while they are silent as to some long standing improvements in the treatment of syphilis by our brother Mr. Langston Parker, such as his mercurial vapour-baths, etc., are lavish in recognition of French and German followers of the self-same mode of procedure. But it will always be the same. The poet expresses the ever-recurring truth as regards the masses of mankind when he says, "Tis distance lends enchantment to the view."

Now, in addition to any other remedies of a reparative or substitutive character in albuminuria, scrofula, or any other disease, the peptic liquor may also be employed when there is evidence of a failure in the primary assimilation; but, in all cases whatever, its efficacy is strictly limited to this, its one sphere of action; and even in controlling the symptoms of diabetes, its utility altogether depends on the success with which, in conjunction with the salivary elements or soda, it may transform the amylaceous constituents of the food into natural chyle, and convert free sugar into lactic acid. It works here as a special remedy in concert with others; but not at all as a specific in the ordinary sense of that word; that

is to say, its action is of a clearly known, and not of a vague and mysterious character.

[To be continued.]

## SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

### CASE OF RENAL CALCULUS.

By JOHN DAN BROWN, M.D., Rochester.

[Read April 24th, 1863.]

WILLIAM R., aged 49, a tailor, was first seen by me on March 23rd, 1863. He was suffering from vomiting, constipation, pain in the abdomen and back, frequent pulse, furred tongue, and suppression of urine. Calomel and opium pills, and nitro-muriatic acid with hydrocyanic acid and taraxacum, were ordered, and leeches applied. This treatment, with but slight variation, was continued till the 28th, when lemon-juice was ordered, in the dose of half an ounce every hour.

On the 29th, a warm bath was used, and two blisters were applied to the loins. A diuretic mixture was prescribed. He died on April 1st, without coma.

He was seen on March 28th by Dr. Fredk. J. Brown, and on the 29th by Dr. Drawbridge. The amount of urine passed from March 23rd to April 1st did not exceed one tumblerful—one or two tablespoonsful being voided daily. The urgent vomiting and pain in the abdomen ceased in four days, and the bowels acted, but the pain in the back became aggravated, and hiccup and coldness of surface set in, accompanied by some degree of tumefaction of the abdomen.

The patient stated that a calculus was cut out of his urethra, near the meatus, when he was fourteen years old; and that he had never been troubled since that period with urinary disorder. The present illness commenced a week before he sent for me; but the symptoms were not violent until the date of my visit.

A *post mortem* examination was made. Rigor mortis was present. There was much adipose tissue. There was also deformity of the left lower extremity; viz., dislocation from morbus coxarius when a child.

The *abdomen* showed no signs of inflammation. The right kidney had a cyst on it equal in size to a cherry, and was hyperæmic. The left kidney was greatly enlarged, and contained several ounces of thin pus in different cavities. Four calculi were embedded in the kidney, weighing altogether 566 grains. One calculus was very large and branched, and weighed 508 grains. The composition of the calculi was phosphate of lime. The substance of the kidney was thickened to a great degree by hypertrophy, and extremely indurated. There was no other abdominal disease, except that the descending colon was lacerable, where it was in proximity to the suppurated kidney.

The *thoracic organs* were healthy; except that the right ventricle was thin and somewhat fatty, but not lacerable.

The certificate of death was as follows:—"Calculus of the kidney, several years; Abscess of the kidney, fourteen days."

THE BRITISH ASSOCIATION. The approaching meeting of the British Association in Newcastle is attracting much attention. One of the most important features of the meeting will be a series of papers which are in course of preparation, on the chief branches of local industry. Another feature of the meeting will be excursions to the various mines, ironworks, etc. The committee are desirous of receiving contributions of works of art, pictures, models, and other matters of interest for exhibition from private gentlemen and others disposed to furnish them, and request those willing to aid them to communicate with the secretaries at Newcastle. (*Mining Journal*.)

## Reviews and Notices.

ON MALARIA AND MIASMATA, and their Influence in the Production of Typhus and Typhoid Fevers, Cholera, and the Exanthemata. Founded on the Fothergillian Prize Essay for 1859. By THOMAS HERBERT BARKER, M.D., F.R.S. Edin., etc. Pp. 251. London: 1863.

THE Medical Society of London, in proposing the action of malaria and miasma as the subject of a prize essay, certainly placed a most difficult topic before competitors for the exercise of diligence in investigation and of skill in unravelling mysteries and removing difficulties. To have undertaken such a task as Dr. BARKER has here attempted would be then, under any circumstances, creditable; and it adds to the author's merit, that he, having the disposition, has found the opportunities to make this as well as other contributions to medical science while engaged in the arduous duties of a country practice.

In entering on his subject, Dr. Barker adverts to the existence of a distinction between malaria and miasma, if each word be taken in its correct meaning; but, finding the impracticability of applying such a distinction throughout his work, he proposes to use on all occasions the word malaria, not as denoting a special agent, but

"Taking it in its true and broad sense as signifying 'bad air,' that is to say, air, or a gas, or a compound of gases, which, being absorbed by the lungs, gives rise to certain specific effects or symptoms, which grouped together constitute a disease."

Having briefly noticed the ideas held by the ancients respecting malaria, Dr. Barker proceeds to examine the principal hypotheses which have been put forward in later times. These hypotheses, he observes, may be divided into two classes: those which have arisen from attempts to isolate gaseous poisons presumed to be present in the atmosphere, and to test their effects; and those which have been founded merely on the assumption of the existence of malaria and of certain properties possessed by it. He cannot, however, recognise any other mode of investigating the nature and action of malaria than that which recognises it as a substantive thing, organic or inorganic, and examines rigidly its supposed relation to the effects produced.

The modern hypotheses regarding malaria, which Dr. Barker examines, are classed by him as those which assert

"That malaria exist as inorganic poisons; or as organic poisons; or as modifications of the common atmospheric air under the influences of meteorological conditions, such as season, climate, barometrical pressure, hygrometrical state, temperature, and elasticity; or, lastly, as modifications dependent on geological peculiarities."

The hypotheses that malarious poison is of an inorganic or quasi-organic kind have recognised, as the noxious agent, carbonic acid, according to Dr. S. Metcalfe; and the products of the decomposition of organic matter, according to Vauquelin, Dr. Joseph Browne, etc. Here we see evidence of great diversity of opinion, as well as of indecision as to the precise nature of the poison;

and the same remark is applicable to those hypotheses which have attributed an organic source to the malarious poison. Among these hypotheses may be mentioned that of organic cells or germs, as maintained by Drs. Brittan and Swayne, Snow, R. D. Thomson, and Mr. Grove; that of specific organic exciters of disease, as proposed by Dr. W. Farr; and those which recognise the poison which gives rise to disease, *e.g.* cholera, as a miasm produced by the fermentation of excreted matter. Others, again, as Sir R. Martin, M. Boudin, etc., look for the cause of the development of epidemic diseases in certain physical — *i.e.*, geological, meteorological, and climatic — influences.

Having classified and given an outline of the chief opinions which have been held as to the nature of the disease-producing poison, Dr. Barker proceeds to put forward the conclusions to which his own observations and reflections have led him. In doing this, he does not altogether reject previous hypotheses, but adopts to a certain extent some of them, and endeavours to reconcile those which have been placed in antagonism. This creed is summed up in the following sentences.

"1. Specific epidemic diseases are derived from specific poisons, poisons reproductive in the animal economy, and reproductive possibly out of the animal economy, under conditions favourable to reproduction.

"2. Such specific poisons received into the blood, whether by a wound in the skin, or by absorption from mucous surface, produce the same specific effects.

"3. The amount of poison is of little moment, when taken into consideration with the force of reproduction.

"4. The poisons are diffusible only to a limited extent; for, if they be gases, the diffusion-process in the atmosphere disperses them; while, if they be organic particles, they float but for small distances, and remain active or inactive according to the medium with which they come into contact.

"5. Meteorological influences do not assist in the diffusion of these poisons, but rather in the reproduction of them; inasmuch as those conditions of a meteorological kind which are evidently connected with the prevalence of epidemics, such as high temperature, would rather favour the dispersion and removal of volatile poisons than their concentration and intensity.

"6. As a consequence of the last named position, matters on the earth, exclusive of man, may be a constant storehouse of these poisonous agencies; the poisons may lie dormant for a time, like the seeds of a plant; at favourable seasons they may rise into full activity, and man, subjected to their influence, may become the vehicle of their reproduction and of their further transmission." (Pp. 86-7.)

At this point of the book there are given the results of observations on the relations of various meteorological states to particular diseases; and a series of illustrations, collected by Dr. Barker himself and furnished to him by several professional friends, of the origin and propagation of diseases by infected air. In commenting on the facts here presented, he observes that there seem to be four distinct modes in which the poisons of communicable diseases originate and spread. In some instances, as in typhus and typhoid fevers, the "poisons may arise in decompositions taking place outside the body, which poisons, carried to the body, excite disorders specific in kind, and afterwards perhaps communicable." In other cases, the disease spreads by the transmission of one particular poison from one



person to another, as in scarlet-fever and small-pox. A third class of communicable diseases may be apparently traced to the absorption of matters secreted in the course of common diseases; as exemplified in the development of puerperal fever through the operation of a poisonous secretion infecting the hands in making a *post mortem* examination of a case of simple peritonitis; and in another class, of which erysipelas is an example, it would seem as if the poison lay stored up in dried vegetable products until set at liberty. These ideas as to the mode of the origin and distribution of spreading diseases are doubtless susceptible of criticism and to future rearrangement and simplification: this Dr. Barker admits, but deems it safest, at present, to use the facts as they are presented.

The author next relates a series of interesting experiments which he has made on the action of cess-pool air, sulphuretted hydrogen, sulphide of ammonium, and carbonic acid gas. These experiments, at least most of them, were laid by him before the profession some years ago, and an account of them has been published in one of the previous numbers of this JOURNAL. Regarding these, he observes that

"In filthy localities, in cesspools, in sewers, in decomposing organic remains, poisons organic in character are generated. These poisons are capable of producing certain specific symptoms analogous in many points to symptoms caused by the organic poisons. Thus sulphuretted hydrogen produces intestinal disorder and prostration; while sulphide of ammonium sets up a class of symptoms closely resembling those of typhoid fever.

"These inorganic poisons are not competent for the production of communicable disease; the symptoms they produce being confined to the body in which they (the symptoms) are demonstrated.

"While the specific actions of these two classes of poisons must not be confounded together, their possible connection must not be overlooked. The presence of the inorganic poison in the person of the sufferer may materially intensify the action of the organic poison, and even dictate the type of the disorder. As 0.051 per cent. of sulphuretted hydrogen diffused through the air—a proportion imperceptible to the senses—will affect a healthy animal, and sicken it, and prostrate it; it is a self-evident proposition that the same agent present in the air, and breathed by the fever-stricken person, will intensify his symptoms and influence their course." (Pp. 226-7.)

In concluding this notice, we thank Dr. Barker for the attempt which he has made to elucidate the difficult question of the mode of origin and action of the poisons which give rise to communicable diseases. Whether the conclusions to which he has been led will, one or all, ultimately bear the test of further inquiry, will be a matter for others—and, we hope, for himself also—to determine; but the merit is certainly due to him of attaching himself to no mere hypothetical speculation, but of endeavouring to draw his inferences from the observation of facts. While he still leaves the matter, as regards some points, in sufficient obscurity to demand further attempts for its elucidation, he has followed throughout the only path in which such attempts can be safely carried out. His work will, we have no doubt, be extensively and carefully studied with advantage by all inquirers into the phenomena of malaria and miasmata, and their influence in the production of communicable diseases.

CATALOGUE OF THE PATHOLOGICAL PREPARATIONS IN THE MUSEUM OF GUY'S HOSPITAL. Revised and edited by SAMUEL WILKS, M.D. Lond., F.R.C.P., Assistant-Physician to Guy's Hospital, etc. Two Vols. London: 1863.

MORE than thirty years ago, Dr. Hodgkin published a descriptive catalogue of the preparations contained in the Museum of Guy's Hospital, which was then first formed—and at least considerably enriched by the labours of that distinguished pathologist. The subsequent multiplication of specimens, and the immense advances in pathological science, have rendered a new catalogue necessary; and this task has been undertaken by Dr. WILKS, with the aid of his able colleague Dr. Habershon.

Throughout the work, the original catalogue of Dr. Hodgkin has formed the basis, and has been revised and added to by the authors of the several divisions of the present work.

The first volume opens with a catalogue of the preparations illustrating diseases and injuries of Bones, Joints, Muscles, Tendons, Bursæ, etc.; this has fallen to the share of Dr. Wilks, who has also taken in hand the next division, that on Diseases of the Heart and Circulatory System, as well as that which follows, on the Diseases of the Nervous System, Integument, and Organs of the Senses. The volume is concluded with a list of the specimens illustrating Diseases of the Vocal and Respiratory Organs, revised by Dr. Habershon.

The second volume begins with a Catalogue of Diseases of the Organs of Digestion, revised and enlarged by Dr. Habershon. Dr. Wilks next describes the specimens illustrating Diseases of the Suprarenal Capsules, and of the Urinary and Male Genital Organs; and, in the following section, the Diseases of the Female Genital Organs, including the Mamma and Utero-Gestation; and Diseases of the Peritoneum, including Hernia. The volume is concluded with an Appendix of the preparations added since the remaining portions of the catalogue were published.

In order to render the *Catalogue* more useful to those who wish to refer to it and to examine the specimens, an analytical index is prefixed to each part, where the various forms of disease to which the organs are liable are classified. In the case of the Bones, the index is double; being arranged in one part according to the separate bones, and in the other according to the diseases.

The editor, in his preface, takes occasion to combat an erroneous opinion which seems to be entertained by some as to the object of such a collection as a hospital museum. "We have", he says, "repeatedly seen investigators pass through the museums of London, in order to discover the frequency of the occurrence of a particular form of disease." Now, as Dr. Wilks shows, it is not the purpose of a museum to collect all specimens of every disease, but to exhibit such merely as are fairly sufficient for illustration. An absence of specimens of a disease or injury may generally be taken as evidence of its rarity; but even here it is probable that much often depends on the ease or difficulty of procuring specimens; as in the case referred to by Dr. Wilks, of united fracture of the base of the skull, of which (as he believes) there is no specimen in the London museums.

After a careful study of the preface, and with due

attention to the cautions therein laid down, students of pathology will find this Catalogue of the Pathological Preparations in the Museum of Guy's Hospital exceedingly useful to them in their researches.

REPORTS IN OPERATIVE SURGERY. By R. G. H. BUTCHER. Series the Eighth. Dublin: 1863.

THESE contributions to practical surgery include the histories of five cases; and for the most part the subjects are those that have already occupied the attention of that able surgeon, Mr. BUTCHER.

The first case is new—Elephantiasis Arabum, affecting in the most formidable way the lower extremity, successfully treated by ligature of the femoral artery. The remedy applied here appears to have had a most satisfactory effect, confirming in a marked manner the experience of Professor Carnochan of New York, who first suggested this mode of treating an almost irremediable disease. Mr. Butcher met with unusual difficulties in isolating the femoral artery, deeply buried in hypertrophied structures. The vein, an inch in width, obscured everything. The artery was, however, by dint of careful surgery, tied without injury to the vein—the graphic narration of the difficulties that attend on the separation of the artery from its accompanying vessel in ligature of the femoral, and the mode in which they should be overcome, being well worthy of consideration.

The second case is a Successful Case of Excision of the Knee-Joint. Here, after stating that which we believe, in reference to this proceeding, will be found to be thoroughly correct—"that the operation has been far too confidently adopted, and that the general proportion of its failures arises from operating on diseases or on patients unfitting for its use"—an onslaught is made on the writer of the article "Resection", in the *System of Surgery*, where the "Butcher's" saw is described as "rather liable to bend, and the blade is apt to get loose". We confess to sympathising with Mr. Butcher when he describes this article as "feeble" and "meagre". Indeed, it seemed to us, when we read the *System*, that the author of the article in question possessed as little actual experience in the great surgery of resection of joints as he did in the usefulness of an instrument that, beyond all question, is one of the simplest, most elegant and facile of modern invention.

The succeeding cases refer to Extirpations of the Upper Maxilla on account of vast tumours, and are especially interesting from the successful use of the actual cautery in arresting the immediate and subsequent hæmorrhages that took place.

The series terminates by the narration of one of those complicated cases of hare-lip in which all the resources of surgery were satisfactorily brought to bear.

It is impossible to peruse Mr. Butcher's writings without being struck with the eminently practical character of his mind. As a surgeon, in a difficult case, mainly depending for the successful issue on the after treatment, we see him doing everything himself, and eminently abundant in resources in the face of difficulties. The reader is carried along with him in his love of surgery, increased by a command of language at once suggestive and pic-

turesque, and which is so characteristic of those men who have made and who yet maintain the reputation of the Irish school of surgery.

## British Medical Journal.

SATURDAY, JUNE 6TH, 1863.

### OUR LUNATICS IN FOREIGN ASYLUMS.

MANY of our readers will doubtless be surprised to hear that English lunatic patients are not unfrequently sent from England and consigned to the lunatic asylums of Belgium, France, and Germany, out of reach of English commissioners of lunacy. Dr. Robertson, in the *Journal of Mental Science*, calls attention to this subject. He tells us that, according to information which has reached him from different quarters, this practice is on the increase. The fact itself was referred to in the Parliamentary Committee of 1859; and it was then stated by Lord Shaftesbury, that there was no legal check to prevent such a transportation of lunatics out of England. He also added, with regard to the superintendence exercised over foreign asylums, that

"There is very considerable nominal inspection and authority exercised over them. All those things appear upon paper, and, if you read the accounts of the system under which lunacy is governed in France, you would think that nothing could be more perfect; but when one comes to examine into the matter, I think it is very doubtful whether it is so. I had heard a great deal about foreign asylums; but, when I examined into them, I thought them wonderfully inferior to our own, and very deficient in things that we in this country consider to be absolutely necessary."

The chief inducement for sending insane patients abroad is, it would seem, the comparatively low charges of the Belgium and German private asylums; and there is also another inducement, Dr. Robertson adds—viz., "the vain hope of thus keeping the presence of mental disease in the family a secret". From £40 to £50 is considered a high rate of charge in the middle-class Belgian asylums. In Germany, £100 is considered high.

We think this matter should be known to the profession; for it really would appear as if the patients thus transported are often consigned to an inevitable doom, and always to great misery. Dr. Robertson says that he has known instances in which one *life-payment* has been made for the perpetual incarceration of the patient, and asks, What chance of a cure in such a case as this? Some of the restraints which the wisdom of our legislature has placed over the management of the unfortunates in this country do not exist in Belgium and Germany. Lunacy commissioners here, for instance, have the power of inquiring as to payments made for the care of lunatics; and the Court of Chancery requires that a fixed

portion of its ward's income shall be expended on him; but there appears to be no regulation of this kind abroad. Dr. Robertson says that he has heard of cases where false accounts have been rendered to the friends, and receipts given for sums greatly in excess of those paid; and he also points to the miserable life which the poor lunatic must pass in an asylum where no one speaks his language and understands his habits, and where he is subjected to no proper supervision. He suggests that, by negotiation through the Foreign Office, a visitation of English patients in foreign asylums might be arranged, and would enable the commissioners to lessen the evils attending the system of foreign lunacy treatment of English subjects.

We cannot doubt that Dr. Robertson has good grounds for the statements which he makes; and that he does not throw out certain dark hints to be found in his paper without a reason for doing so. He hints that a doubtful case of mental disease might be more readily dealt with abroad than in this country; and states, on "undoubted authority", that "the present French government occasionally send noisy political adversaries for temporary treatment in the Bicêtre". He also believes that certificates signed in England are valid for France; and that thus a patient may unknowingly be kidnapped and consigned to a French private asylum—"not a pleasant abode, or one from which escape or release is readily got". Dr. Robertson refers to a fashionable novel of the day as if the details in it touching this matter were not mere matter of fiction, but actual facts. He writes:

"The plot of *Lady Audley's Secret*, as all the world knows, ends by consigning 'my lady' to a private asylum in Belgium, where she finally dies. Considerable skill is shown in the manner in which Lady Audley's moral guilt is so far subordinated to her mental type as to leave the impression that while, doubtless, the wisdom of a British jury would at any hour have found her guilty, there is yet enough in the case to enable the specially retained psychologist to counsel this transfer of the offender—the would-be murderess and incendiary—to the living death of a foreign private asylum. The specialist thus consulted concludes his visit to Lady Audley by writing a letter to his friend M. Val, the proprietor and medical superintendent of a very excellent *maison de santé* in the town of Villebrumense. 'We have known each other,' he adds, 'many years; and he will no doubt willingly receive Lady Audley into his establishment, and charge himself with the full responsibility of her future life; it will not be a very eventful one. From the moment in which Lady Audley enters that house, her life, so far as life is made up of action and variety, will be finished. Whatever secrets she may have will be secrets for ever. Whatever crimes she may have committed she will be able to commit no more. If you were to dig a grave for her in the nearest churchyard, and bury her alive in it, you could not more safely shut her from the world and all worldly associations. But as a physiologist and an honest man, I believe you could do no better service to society than by doing this; for physiology is a lie if the woman I saw ten minutes ago is a woman to be trusted at large.' I must refer to the chapter 'Buried Alive' for a capital description of the

journey to and arrival at the Belgian *maison de santé*; my present object being not a critical review of this clever novel, but the more serious inquiry, *Can such things be?* Is it possible thus to kidnap and consign to a living tomb in a foreign land a patient with, let us assume, partial mental disease of a curable form?"

One special practical conclusion must present itself to the mind of every one who peruses these lines, and it is this; viz., the great want, so often pointed out, of middle-class lunatic asylums in this country. It appears that it is just the very class of persons who require the cheaper kind of accommodation who are consigned to these foreign abodes.

#### DISEASED MEAT AND ITS EFFECTS.

We have more than once objected to the sweeping assertions which are often made concerning the injurious effects produced on the body of man by "diseased meat." We have asked for proofs of the fact. We fully subscribe to the propriety and necessity of authority interfering in the sale of corrupted food; and it is evident that in a matter of this kind there is no fear of authority interfering beyond what is required. But science must be cautious, for the sake of her reputation, in making assertions which she has it not in her hand to prove. We apprehend that at this present moment a medical witness would cut a very poor figure in the witness-box if he attempted, under cross-examination, to maintain as a positive fact all the assertions above alluded to. Put to the test of proof, his position would be found very faulty. Professor Gamgee, who has paid great attention to this subject, in a late number of the *Veterinary Review*, complains "That the greatest difficulty we have had to contend with has been to convince those who have been informed as to the mass of diseased meat that has been sold, that such food is really poisonous." He goes on to say, that it is only of late that attention has been paid to the subject. "It is but recently that it has been pointed out that anthrax is far from unknown in the United Kingdom, and malignant pustule ranks amongst the diseases of man in Britain." He also insists on the "unwholesomeness of the milk of epizootic apthæ." He refers to a case in which pigs had "contracted epizootic apthæ from taking boiled milk"; and, though once sceptical of the fact, now finds it confirmed by the following incident:

"On a farm near Edinburgh, a cow was suffering severely from epizootic apthæ. The dairy-maid took the milk of this animal into the kitchen, and a custard pudding was made with it. Every person that partook of the pudding suffered from colic and diarrhœa precisely like the children referred to by Mr. Watson in our impression for August last. Two new cases are reported this month amongst our 'Original Communications.'" (*Veterinary Review*.)

Again, Edinburgh students have told him of beef-steaks and other meats which have produced in them

severe colic, diarrhœa, etc. He has known "students change their lodgings entirely from the repeated symptoms of sickness that followed after each meal cooked for them by their landladies." Dr. Douglas Maclagan, again, had been often, as analyst to the crown, requested to analyse meat and meat-pies suspected to have contained poison; but in no instance did he find poison. He also tells us of a beefsteak which caused violent colic and purging in two persons who had ate of it, and in the servant also who ate of it on the following day.

Professor Gamgee adds in conclusion:

"It must be admitted that there is some ground for alarm. We do not preach what we do not believe, and have excluded from our 'bills of fare' pork, unless fed on a friend's farm; we have carefully watched the quality of meat brought in, and made it a standing rule never to eat any food at all underdone. The state of our meat trade is a disgrace to any civilised country, and we still believe that it was injudicious for a medical journalist to declare that diseased meat did not hurt those who could 'get enough of it.' As time rolls on, it will be rendered very evident that such a conclusion was not warranted by facts."

Great credit, and the thanks of the community are due to Professor Gamgee for the earnestness with which he has for so long pursued the subject. Our only desire is, in referring to the subject, that it should not be spoiled by an overstatement of the case.

### THE MEDICAL COUNCIL.

At the meeting of the Council on May 27th, after the appointment of a Committee to decide what farther steps should be taken with regard to the *British Pharmacopœia*, and the reception of the Registers of Students, the following letter from the Royal College of Surgeons of England was read.

"Royal College of Surgeons of England, 4th May, 1863.

"Sir,—I am desirous to acquaint you, for the information of the General Council of Medical Education and Registration, that the Council of this College, on the 13th June last, appointed a Committee to consider

'Whether any, and if so, what alterations it would be proper to make in the Regulations of this Council relating to the education and examination of candidates for the diploma of Member of the College, so as to bring them more in accordance with the recommendations of the General Medical Council in reference to general and professional education.'

"That this Committee addressed letters to the Fellows and Members of the College holding appointments in the hospitals, infirmaries, and other charitable institutions of England and Wales, and to those engaged in large general practice, in order to ascertain what opportunities are available throughout the country for practical instruction in medicine and surgery, and what is their opinion on the best mode of commencing professional education. The whole subject of the College Regulations was examined carefully at repeated meetings of the Committee and of the Council. As the circumstances of those who intend to adopt the medical profession, and the opportunities of instruction within their reach, are extremely various, the Council are of opinion that the course of education cannot be subjected to any absolute and inflexible rule without great disadvantage,

and even much unnecessary hardship in particular cases.

"In the opinion of the Council, the leading principle in the education of those whose life will be devoted to the treatment of accidents and diseases should be to make it as practical as possible, especially at its outset. The minor duties of surgery, especially in the manipulative department, and the usual course of injuries, diseases, and their treatment, can be understood in great measure without previous theoretic training; they are matters of great interest in themselves, calculated to excite and keep up the attention of the student, and to make him feel the advantage, or rather the necessity, of that clearer insight which is to be derived subsequently from scientific teaching in the schools. He thus becomes acquainted with those ordinary duties of his profession with which he will be principally occupied from the very commencement of his active career, although in plain truth they cannot be learned in a great school. The Council would think favourably of the arrangement, if the early portion of the medical education could be carried on at home, under the influence of domestic life and associations, or in the house of a competent master, so that the danger of sending an inexperienced youth into the world without guidance, and especially into a great metropolitan medical school, should be reduced to the smallest possible amount.

"The Council, therefore, are of opinion that an option should be left to parents and guardians as to the time and manner in which that portion of study not spent in medical schools should be employed, and accordingly propose to continue their Regulations on the subject.

"They have at the same time introduced modifications into their rules, calculated to provide against irregularities and abuses, and to insure the continued and efficient prosecution of the studies now required.

"Copies of the Regulations, as thus amended, are herewith inclosed.

"I have the honour to be, sir, your obedient servant,

"EDMUND BELFOUR, *Secretary.*"

The letter was ordered to be referred to the Education Committee; as was also one from the President of the Royal College of Surgeons of Edinburgh. This letter set forth that the College had at first adopted the whole of the recommendations issued by the Medical Council; but, seeing that other licensing bodies did not adopt that part of the recommendations which required the preliminary examination to be passed before the commencement of professional studies, and that the Council took no steps to enforce the adoption of this recommendation, the College had suspended its regulation on this matter until further notice. The President of the College went on to say:

"In regard to requiring the examination in general education to be passed before commencing attendance at a medical school, the College, without expressing any opinion upon the merits of the question, is ready to enforce such a regulation, in the event of all the Colleges, Universities, and other licensing bodies engaging to do the same, from and after a certain date, and in such a manner as shall leave no room for doubt.

"In regard to professional study, the College has avoided ambiguity, by simply fixing the number of sessions of attendance at a regularly constituted medical school, as not less than four winter sessions, or the alternative of three winter and two summer sessions; and I have to suggest to you that, by adopting a similar formula, the General Medical Council would avoid the difficulty which—as experience has shown—arises from

the use of a phrase so ambiguous, and so liable to evasion, as that of 'professional study'.

"I may be permitted to add, that the proceedings of the Medical Council above referred to have occasioned not only embarrassment to the College, but disappointment of the hopes entertained in the College of an improvement in medical education through the influence of the Medical Council. Unless the Council will confine its recommendations (as distinguished from the mere expression of what it considers desirable) to what it is able to enforce, and will show its intention to enforce them without fail or delay on any of the bodies which shall have failed to adopt them at the specified time, it is obvious that the influence of the Medical Council for good to the profession must be seriously impaired."

A letter was also read from the Registrar of the Royal College of Physicians of London, stating that an additional examiner in surgery had been appointed; and that it had been resolved to admit graduates of the University of Athens to the College examination, and to receive certain certificates from Codrington College in Barbadoes, and from the Cape of Good Hope, as evidence of general education. This letter was also referred to the Education Committee.

A letter was then read, which had been addressed to the Registrar by the Director-General of the Army Medical Department. The object of the communication (dated March 14th, 1863) was to acquaint the Registrar that Dr. Gibson had been directed by Sir G. C. Lewis to refer the question, whether the Fellows and Licentiates of the College of Surgeons in Ireland were entitled to practise medicine as well as surgery, to the Medical Council. A motion in the affirmative was proposed by Mr. Hargrave and seconded by Mr. Syme; but, on the debate on the motion being resumed the next day, it fell to the ground, Mr. Syme, by permission of the Council, withdrawing his name as seconder. On the motion of Dr. Corrigan, seconded by Dr. A. Smith, a reply was agreed on to be forwarded to the Director-General, stating that the question had already been before the Medical Council and before the law-officers of the Crown for Ireland; and that the decision on each occasion had been against the power of the College to license in medicine.

"If the opinion of the law-officers of the Crown in Ireland be correct, the Royal College of Surgeons of Ireland has not power, and is not competent, to grant a diploma or degree in medicine."

A long report was read from a committee of the King and Queen's College of Physicians in Ireland, "on the communication of the General Council relative to Preliminary and Professional Education." We give the principal portions of it.

"They" (the President and Fellows of the College) "consider that the mere 'opinion' or 'recommendation' of the General Medical Council—as to what should be required in education and examination—will be of no avail to insure competent education and efficient examination in the present circumstances of the numerous qualifying or licensing bodies in the United Kingdom; for, as the incomes of many of them are dependent more or less on the fees received for licences and degrees,

each licensing body is deterred from raising its standard of education and examination to what it may consider adequate, by the apprehension that, in so doing, such standard may exceed the requirement of some other licensing body; and that thus candidates may desert the body requiring the higher standard to obtain a qualification elsewhere on easier terms. This apprehension has not only prevented improvements in education and examination, but it has led to a downward competition, that has of late years caused a progressive deterioration in the standard of preliminary and professional education and examination.

"The College is of opinion that this great fundamental defect can only be met, in the present state of the law, by the General Medical Council laying down a definite scheme of preliminary and professional examination for the several medical licensing bodies; and in the event of any of those bodies not adopting such scale, that then the General Council should have recourse to the powers vested in them under clause 20 of the Medical Act, and apply to the Secretary of State to have such college or corporation removed from the list of recognised licensing bodies."

After some further objections to the recommendations of the Council, on the ground of the want of a guarantee of efficiency and uniformity in the examinations of the various bodies whose testimonials are received, the College suggested that the Medical Council should originate a scheme of what they considered to be a sufficient preliminary education and examination.

"The College would suggest the following as the subjects of preliminary or general education and examination; viz., English composition; French or German, translated into English; Latin, ditto; Greek, ditto; logic; physics, including elementary mechanics; optics, hydrostatics, pneumatics; mathematics, including arithmetic, to end of decimal fractions; algebra, to end of simple equations, involving one unknown quantity; Euclid, first three books.

"There still remains a class of students, though it is hoped their number will rapidly diminish, who may not have gone through a sufficient portion of an university arts' course, or undergone any other examination, for whom it will be necessary to provide a preliminary examination.

"With regard to these, the following plans are submitted for consideration:—

"I. That examiners, to be appointed by the respective Branch Councils of England, Ireland, and Scotland, which severally represent the licensing bodies of their respective divisions of the United Kingdom, should, at certain stated periods, forward, with due notice, to an authorised person in the several cities or towns in which recognised medical schools are established, printed examination papers, under regulations such as are now adopted in examinations in the Civil Service Department; or

"II. That at stated periods the students of this class should attend at London, Dublin, or Edinburgh, to undergo a like examination as in the Civil Service.

"The College desires to express its preference for the first of these plans.

"Before quitting the subject of preliminary or general education, the College desires to draw the attention of the General Medical Council to an inconsistency in the list of bodies proposed to be recognised in Ireland as competent to grant 'testimonials of proficiency' by their ordinary examinations. The matriculation examinations of the three Colleges of the Queen's University; viz., the Queen's Colleges of Belfast, Cork, and Galway, and of the Apothecaries' Hall of Ireland, are excluded, al-

though comparatively extended, and with a very moderate fee annexed; while the entrance examination of the Dublin University is the only testimonial recognised, which is not so extended as the others, and for which the fee is so heavy as almost to amount to a prohibition."

The College further recommended that the preliminary examination should be divided into two parts: "the first, comprising English, Latin, Greek, and arithmetic, previously to the student's beginning any professional study; and the second, containing a modern language, logic, mathematics, algebra, and physics, at the end of the first and second year's professional study, to be undergone previously to his admission to the first professional examination."

They also thought it desirable that the professional examination should be divided into two parts; and that the General Council should lay down a course of professional, as well as of general education and examination; and, after advising that a portion of the second part of the examination should be strictly practical, the report stated that

"The College attaches much more value to efficient examination than to any code of education or courses of attendance on lectures or hospital practice; for they believe it will be admitted, that under the present system the required certificates can frequently be obtained without any sufficient evidence of regular attendance on the part of the student, or any proof whatever of his having acquired any professional knowledge during such attendance."

The report also pointed out the circumstances which, in the opinion of the College, rendered competition as to fees between the licensing bodies in Ireland unfair.

"In Ireland, there are at present four public bodies granting degrees or diplomas in medicine and surgery; viz., the University of Dublin, the Queen's University, the King and Queen's College of Physicians, and the Royal College of Surgeons. Of these, the two former—viz., the Dublin University and the Queen's University—are in possession of large endowments granted by the state in former years, or of a large annual parliamentary grant; while the other two—viz., the King and Queen's College of Physicians and the Royal College of Surgeons—receive no aid from the state, and are wholly dependent on the fees received from candidates for examination."

A memorial was next read from the Company of the Apothecaries' Hall of Dublin, in which it was stated that the doubts raised by the Council as to the sufficiency of the Company's license to enable its holders to practise medicine, had prevented it from being recognised by the Army Medical Department. The memorial also cited the opinions of the Right. Hon. Joseph Napier and of Sir R. Bethell in favour of the Company; and concluded by stating

"That the Company are induced thus briefly to restate their case, and from it to make another appeal to the General Council, with the hope that they will be led to see that it is a matter not of favour, but of simple justice, to recognise the license of the Company as a 'qualification in medicine,' and that having accepted the course of study and examination to be gone through in order to obtain this qualification, and having finally ad-

mitted the licentiates of the Apothecaries' Hall of Ireland to the *Medical Register*, the Council cannot judicially deny to them the title which is common to all other persons similarly circumstanced, to present themselves at the competitive examination for the appointment of assistant-surgeon in Her Majesty's Service.

It having been agreed to enter the memorial on the minutes, a motion was made by Dr. Leet, and seconded by Mr. Syme, in favour of the admission of licentiates of the Apothecaries' Hall of Ireland to registration as practitioners in medicine; but the debate was adjourned to another day.

On Friday, May 29, the following documents were brought up and received: The Report of the Finance Committee; and a Tabular Statement shewing the conformity or nonconformity of the regulations of the Bodies in Schedule A with the recommendations of the Medical Council, and the reasons for nonconformity given by the respective bodies.

Two memorials were received from the medical officers of the Devon and Exeter Hospital and of the West of England Eye Infirmary, the object of which was to induce the Council to recognise the value of the practical instruction available throughout the provinces under the guidance of country practitioners and of the medical officers of provincial hospitals. We shall give these documents in full in our next number; but in the meantime we may say, that the memorialists have made out a very good case in favour of utilising the means of practical instruction which undoubtedly exist to a large extent in the provinces.

On Saturday, May 30, the Council commenced business by appointing a committee to consider the legality of a requirement of the Poor-law Commissioners of Ireland, "that every candidate for medical employment under them shall produce a licence in midwifery, in addition to licences in medicine and surgery."

The Council then, having resolved itself into a Committee on Education, resumed a debate on a motion which had been brought forward on the previous day by Dr. Andrew Wood—

"That, inasmuch as the regulations of the Royal College of Surgeons of England do not require the commencement of medical study to be at a medical school, they are not in accordance with the recommendations of the Medical Council, and not such as to secure the possession of the requisite knowledge and skill for the efficient practice of surgery."

To this the following amendments were proposed:

1. "That this Council do submit a case to Her Majesty's Attorney-General and Solicitor-General, with the view of ascertaining whether, under the provisions of the Medical Act, this Council possesses the power of issuing regulations in relation to the general and professional education of medical students, the enforcement of which will be mandatory upon the different Licensing Bodies enumerated in Schedule (A) of said Act."

2. "That the second recommendation of the Report on Education be reconsidered, viz.: That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school,



and that no qualifying body be held to have complied with the recommendation of the Council, which shall allow the examination in general education to be passed after the commencement of professional study."

Both amendments, and the original motion, were negatived: so that nothing was done in reference to the conduct of the College of Surgeons.

The Council passed the following resolution, in reference apparently to the memorial of the medical officers of the Devon and Exeter Hospital.

"That the Medical Council, whilst appreciating the great value of the practical opportunities afforded to the student, who is a pupil to a regular member of the profession holding the appointment of surgeon to an hospital, general dispensary, or union workhouse; and whilst considering that a year spent in such pupilage might be regarded as one of the four years of professional study recommended by the Council, is of opinion that such year of pupilage, apart from the practical and systematic study of the elementary and ancillary sciences of medicine, should not be conducted during the first year, but at some period during the subsequent years of professional study."

The Council negatived two resolutions which were proposed, to the effect

1. "That all students pass an examination in general education, if possible, before they commence their professional studies.

2. "That students may in particular cases be registered for the first time who have passed only a part of their examination in general education, but that that examination must in all cases have been completed previously to the commencement of the second Winter Session."

At the meeting on Monday, we understand that a copy of proposed amendments to the Medical Act, and other important documents, were brought up and received. As, however, we have not been able to obtain an authenticated report of the proceedings of the Council subsequently to Saturday, further accounts must be postponed.

## THE WEEK.

A CORRESPONDENT calls our attention to the fact that Dr. Clay of Manchester, in a letter to a Manchester paper (which has appeared in our pages), appends the letters M.D. to his signature. We find, on referring to the last edition of the *Medical Register*, that Dr. Clay does not possess a diploma of Doctor of Medicine; or, at least, that he did not possess one at the time of its publication. We have already freely expressed our opinion on this subject of titles; and we have, we believe, given the general feeling of the profession in stating that the assumption of the title of Doctor of Medicine, in other words, the addition of M.D. to his name by any person who does not possess a diploma in medicine from an university, is a most unwarrantable act. We sincerely trust that Dr. Clay has obtained a diploma since the last edition of the *Medical Register* was published. The wrongful assumption of titles is, indeed, an offence against the laws of the country.

We beg, in fact, to call the attention of all offenders in this way to the 40th clause of the Medical Act. We there read:—

"Any person who shall wilfully and falsely pretend to be, or take, or use, the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

The words of the Act are clear and explicit enough; and we have no hesitation in saying, that if the Medical Council do not take cognisance of offences of this nature, when properly brought under their notice, it is neglectful of one of its most important duties. Who is to enforce the obligations of the Act, if not the Medical Council? It is not to be supposed that any single member of the profession will play the Quixotic part of prosecuting, for the benefit of the profession at large, offenders against the Medical Act and against professional morality. Much rather, however, would we have it, that no member of the profession should put himself in the way of being liable to any of the penal clauses of the Medical Act. It is impossible that the appending of M.D. to his name by any one not possessing the degree of Doctor of Medicine can in any way add to his respectability or credit.

A PROPOSAL made by several medical gentlemen of Oldham to the Board of Guardians, which was noticed in the *JOURNAL* of the 23rd ult., has been rejected. The proposition had for its object the more effectual carrying out of vaccination. They suggested, says the Oldham paper, that the

"Powers at present entrusted to a limited number of medical men in the union, of performing the operation at the public expense, should be extended to themselves and to any resident medical men who might desire to be so authorised. By this plan, instead of being at the trouble, which, little as it is, many people will not take, of going direct to certain appointed medical officers, they would find themselves solicited, and in a manner compelled, to subject their children to the operation by the very medical man who might attend the family on the occasion of the birth of a child, and who would, to a great extent, possess their confidence and friendly regard. They offered to undertake the responsibility at the same sum per case as that received by the existing public vaccinators. But the memorial was not favourably received. The memorialists, it was said, 'only wanted to extend their business'; and the further consideration of the matter was deferred to another day. What appeared to be a very efficacious plan for insuring vaccination has been rejected for no better apparent reasons than those indicated; and the proposers of it allowed to retire without thanks for their trouble."

THE expenditure of the Medical Council during the past year, 1862, was £4822. Its income was £4661. The excess of expenditure over income was, there-

fore, £160. This bad balance-sheet is attributed to the fact of £600 advanced to the *Pharmacopœia* Committee. The estimated accounts for the present year, 1863, of course, show a balance in favour of the Medical Council.

WE are glad to find, from the following paragraph in the *Chester Courant*, that Dr. Waters has received a most solid and satisfactory testimonial from the general public in his neighbourhood:—

“EXPRESSION OF SYMPATHY WITH DR. WATERS. On Monday last, a sum exceeding £300 (exclusive of the medical subscription), collected to defray the expenses at the late trial, was presented to Dr. Waters, with the following address, beautifully engrossed on vellum, and signed by nearly 700 residents of the city and neighbourhood:—“We, the undersigned, concurring in the justice of the verdict pronounced by a jury of his country, desire to express our warmest sympathy with Dr. Waters, and our undiminished confidence in his high moral and professional character.”

We believe that this is the first medical trial in which the general public have so come forward. We understand that their aid was completely unsolicited, and that no person canvassed either for the subscriptions or signatures. Amongst the names attached to the address are those of the bishop, the dean, the two members, Lord Grosvenor, clergy of all denominations, and persons of all classes. The whole profession will rejoice to hear of this sunshine which has fallen on Dr. Waters.

THE *Lancet* is angry and perturbed because the Medical Council will not accept its urgent demand for the admission of reporters, and *therefore* once again exercises its speciality of abuse upon this JOURNAL. We ventured lately to offer suggestions why the admission of reporters to the Medical Council might be injudicious, and we have reason to believe that those suggestions were not without influence on the minds of some members of the Council. Here is the way, consequently, in which they are received by our defeated contemporary. “The presence of Dr. Burrows’s name on the side of exclusion explains the tone recently adopted in this matter by his very humble servant and toady of the press.” We repeat these lines, because we think it is right the profession at large should on such occasions have prominently brought under their notice the kind of mind, the measure of honourable sentiment, the level of morality, and the decency of language which are, for its purposes, adopted by a journal which boasts that it regulates the honour of the medical art. We ask the gentlemen of our profession to meditate upon the real character of a journal which, pretending to be guided by members of an honourable profession, condescends—recklessly and wilfully, for its purposes, and without a shadow of reason or proof—to the fabrication of imputations utterly false and groundless, and delivered in the

language of this raffism. The profession can judge whether such things as these are more consistent with honourable professional conduct, or with the arts of a mere trade.

THE *Éloge* on Professor Adelon is to be pronounced in the Faculty of Medicine by Professor Tardieu.

M. Legouest, army surgeon, professor at the Val de Grace, gives us an account of suicides committed in the army. They are, he says, almost invariably effected by gunshot; soldiers “blow their brains out”. This attempt at suicide frequently fails; the pistol or gun introduced into the mouth or under the chin, or pointed at the head, often causes only mutilation. And it is remarkable that, when the failure occurs, the patient becomes most anxious to preserve his life, and will bear long and painful operations in order to attain a cure. M. Legouest never met with a case in which, however disfigured, the suicide attempted a second time to destroy his own life. The men generally kill themselves in a standing or in a lying position, rarely while seated. They use a gun or a pistol, according as they are foot or horse soldiers. When standing, they generally place the weapon under the chin, and throw the head back; the consequence of which is, that the bullet often passes through the face, instead of entering the cranium. When lying down, the head is less reversed, and so the shot is generally more effectual. The pistol more often fails than the gun. To use the gun, the head is thrown forwards, in order to look for the trigger, which is pressed by the toe, or pulled by a string, etc. Even those who put the muzzle of the gun into their mouths sometimes fail, either through drunkenness or haste, or want of skill in directing it. Then, again, the bullet may be deviated from its course by impinging against bones, etc. Sometimes, and especially with the pistol, it happens that the ball has rolled out, and the powder only been exploded in the mouth. M. Legouest gives details of the different effects produced by these gun and pistol shots.

The following is a *résumé* of the views of M. Magne, Director of the Alfort Veterinary School, concerning the effects of consanguinity, and on the necessity for crossing the breed in families. The effects of consanguinity are more marked and more rapidly exercised in man than in animals. Affections common to the human race and to domestic animals, which appear in man after marriages of consanguinity, also appear in animals after similar connexion of consanguinity. We cannot yet tell whether consanguinity acts by altering the constitution, or whether by facilitating the transmission of diseases and natural deformities. In consequence of the numerous and various causes of diseases to which man and animals are subjected, crosses in union are

always necessary for the maintenance of health. Such crosses are often useful for the preservation in animals of qualities produced by domesticity. And, again, as consanguinity propagates and aggravates diseases, even if it do not produce them, the crossing of families offers a security which parents anxious for the happiness and interests of their children will not neglect, even though it be demonstrated that union between parents has in itself nothing injurious.

MM. Chauveau and Marey have, as is well known, experimented extensively on the living horse. They assure us that, notwithstanding the complicated character of their operations on the living heart of the animal, the organ during the experiments performed its functions naturally. *L'Union Médicale* doubts this. It asks: "Can a horse thus fixed for experiment be in a physiological state? MM. Chauveau and Marey assure us that the poor horse, who has a catheter in his jugular vein, another in his carotid, a caoutchouc ball in his right auricle, another in his right ventricle, and a third one in his left ventricle—in whom the chest has been opened for the introduction of a fourth ball in the fourth intercostal space—that the poor beast is quiet, eats his corn cheerfully and with appetite, and shows no signs of pain nor disturbance arising from the presence of all these foreign bodies in his heart! This is rather much. We know that, of all the animals devoted to the cruel experiments of vivisections, the horse is the most patient and the most resigned; but are we to believe in his insensibility under the knife of the vivisector? What! This animal, who is rendered furious by a fly, who is excited by the touch of a spur, and maddened by the whip, is without organic and moral reaction under the tortures of vivisection! What is set down as resignation and insensibility is, in truth, terror. The animal is frightened; and the proof is, that he almost always trembles."

The *Wiener Medizin. Wochenschrift* gives a summary of an interesting Report of the Vienna Lying-in and Foundling Hospital for the year 1861, which has just been published. Puerperal fever is, it appears, still rife in the hospital. It has been distinctly proved, we are told, that the washing of the clothes in chloride of lime is unavailing to prevent the spread of the disease; and that there is no truth in the assertion that puerperal fever results indirectly from handling by those engaged in dissections of the dead body. The highest mortality, it appears, coincided with the presence of other epidemics. Neither the prevention of examinations by the students, nor the use of chemical disinfectants, etc., put an end to the epidemic of puerperal fever. It was shown, moreover, that puerperal diseases were frequently present in women before their admission into the hospital. The epidemic of 1861, after that of 1854, is the most severe which has been observed

in the decennial period. In 1861, there were admitted into the Lying-in Hospital 8,731 pregnant women, who gave birth to 4,332 males and 4,112 females—in all, to 8,450 living children, and 306 dead children. Of these, 103 were twins. 366 mothers died (4.2 per cent.); 791 were attacked with puerperal diseases (9.1 per cent.), of whom died 321 (40.5 per cent.) Of the children, 453 died (5.3 per cent.) The Foundling Hospital in 1861 received 9,656 children, 3,078 of whom were sickly when admitted. The number of deaths in the establishment was 10.02 per cent. of those nursed, and 53.48 per cent. of the sickly. Of the children, 155 died with ophthalmia, 46 of inflammation of the lungs, 85 of diarrhoea, 32 of measles, and 33 of syphilis. The statistical tables further tell us that the Maternity, since its establishment in 1784, has received 292,205 mothers and 279,915 children; and that the Foundling Hospital attached has received 356,895 children, of whom 78.25 per cent. died. At the close of the year 1861, there were 293 children in the Foundling Hospital, and 15,935 under superintendence outside the hospital. The expense of the Maternity in 1861 was 99,278 florins, being at the rate of 66.48 kreutzer per day per person. The expense of the Foundling was 690,629 florins, each child in the hospital costing 69.09 kreutzer, and outside the hospital 11.46 kreutzer.

The death of M. Renault has been announced to the Academy. M. Renault had received a commission to investigate the typhus attacking the cattle in the Pontine Marshes. He there contracted a deadly fever, and died at Bologna. It is said that he died of disease contracted from the cattle. M. Renault was born in 1805. He was Inspector of Veterinary Schools, and formerly professor at the Alfort School.

**CALIFORNIA VEGETABLES.** Cabbages weighing 15lbs. are wonders in New York market; in San Francisco they are common. Whole fields of cabbage heads weighing 20lbs. each have been grown. One cabbage, which did not make a head, grew to be seven feet wide, throwing out leaves three feet and a half long on each side. In many cases the cabbage has been converted into a perennial evergreen, tree-like plant, by preventing it from ever going to seed. Several of these are growing in that State with stalks from two feet to six feet high, and a foliage that grows through winter and summer. In 1857 one squash vine on the ranch of James Simmons, in Yuba County, produced 130 squashes weighing in all 2,604lbs. In the same year J. Q. A. Ballou, at San Jose, grew two squashes weighing 210lbs and 204lbs, respectively. The largest California onion weighed 47oz. avoirdupois, and measured twenty-two inches in circumference. The largest red beet weighed 118lbs, was five feet long and one foot in diameter. It was three years old. The first year it grew to weigh 48lbs., and because of its large size was reserved for seed; but it disappointed its owner, and instead of producing seed the next year, merely kept on growing, and reached the size of 86lbs, and following year got to 118lbs. Such beets can be grown in abundance. (*California Farmer.*)

## Progress of Medical Science.

### THE CALABAR BEAN AND ITS EFFECTS ON THE EYE.

Dr. D. Argyll Robertson, from some experiments on this newly introduced agent, finds that the local application of the Calabar bean to the eye induces,—1. A condition of short-sightedness. That this is present, and the cause of the indistinctness of distant vision cannot be doubted, as it is relieved by the use of concave glasses. The fact that objects appear larger and nearer than natural may be attributed to the induced myopia. 2. It occasions contraction of the pupil, and sympathetically dilatation of the pupil of the other eye. We further observe that atropine possesses the power of counteracting its effects; and, *vice versa*, that it is capable of overcoming the effects produced by atropine. The first symptom noticed is dimness of distant vision, and shortly after the pupil becomes contracted; the symptoms also subside in the same order, first the derangement of accommodation, and then the affection of the pupil. The effects of the Calabar bean on the pupil might be produced either by causing contraction of the circular fibres of the iris, or by paralysing its radiating fibres. Dr. Robertson believes that the contraction of the pupil is due to increased action of the sphincter pupillæ; chiefly on the ground that the other effects produced by the Calabar bean can only be explained by an induced contraction of the ciliary muscle; and as the sphincter pupillæ and ciliary muscle are both supplied by the ciliary nerves, he regards it as a stimulant to the ciliary nerves. In favour of this view we have the feeling of straining in the eye shortly after the physiological effects are produced. The alteration, too, in the accommodation of the eye exhibits much of the character of a spasmodic action. It has also been observed that the accommodation of the eye is not usually affected in cases where contraction of the pupil is due to lesion of the sympathetic. This substance is applicable in all instances where atropine is used to render the examination of the eye more perfect or more simple. This includes two classes of cases; those in which dilatation of the pupil is either necessary or desirable to aid ophthalmoscopic examination, and those in which paralysis of the ciliary muscle is necessary, in order to ascertain the state of the accommodation of the eye. In cases of retinitis, with photophobia, Dr. Robertson thinks it might be advantageously employed to diminish by contraction of the pupil the access of light to the retina; more especially in cases of this disease where the pupil has been dilated for the purpose of ophthalmic examination. The cases, however, in which he expects this remedy to produce the most beneficial effects, are those in which paralysis of the ciliary muscle occurs as a consequence of long continued debilitating disease. Cases of this kind are occasionally reported as following attacks of typhus or other fevers. The dimness of vision that forms a frequent sequela of diphtheria appears also to be due to this cause, judging from the symptoms detailed by Dr. Begbie, in an admirable paper on diphtheria, recently published in the *Edinburgh Medical Journal*; therefore, in these cases, good effects may be expected from the use of the Calabar bean. In cases of ulceration at the margin of the cornea, leading to perforation, or even when prolapsus of the iris has just occurred, as well as in cases where the iris has a tendency to protrude through a corneal wound, the contraction of the pupil induced by this agent might prove serviceable by drawing the iris away from the circumference. (*Edinburgh Medical Journal*, March 1863.)

STATISTICS OF SYPHILIS. The following statistics are taken from a review of Professor Boeck's analysis of

cases of syphilis treated in the hospitals of Christiania in Norway:—

"By Hahnemann's soluble mercury have been treated 348 males and 110 females for the *first* primary affection; average time of treatment, males 58 days, females 68 days. Total number of individuals treated by same remedy for *first* primary attack is therefore 449, rendering the average time, disregarding sex, 60 days. For *second* primary affection by the same remedy 24 individuals have been treated 1247 days, which gives mean time of 51 days. Total number of primary cases treated by Hahnemann's soluble mercury is consequently 473; average time of treatment 59 days.

"Have been treated by calomel for *first* primary affection 385 males, mean time 59 days; and 81 females, time 71 days. Total number by calomel for *first* primary 466; mean time of treatment, 61 days. Have been treated by calomel for *second* primary attack, 33 cases; mean time, 53 days. Total number of primary affections treated by calomel, 499; mean time of treatment, 60 days.

"Have been treated by protiodide of mercury for *first* primary, 46 males; mean time, 60 days; and 20 females; mean time, 85 days. Total number of individuals treated for *first* primary affection by protiodide of mercury, 66; mean time of treatment, 66 days. For *second* primary attack, 10 have been treated by same remedy; mean time, 54 days. Total number of primary cases treated by protiodide of mercury, 76; mean time of treatment, 66 days.

"*La cure de Dzondi* has been used in 19 cases of *first* primary, necessitating 329 days of treatment; mean time, 69 days. Same remedy applied to 8 individuals for *second* primary needed 480 days; mean time, therefore, 60 days. Total number of primary affections treated *par la cure de Dzondi*, 27; mean time of treatment, 67 days.

"It will be seen from this *exposé* that in every instance where mercury has been employed, against the *second* primary affection, the average time of treatment has been much shorter than when used for *first* primary, and therefore it may be taken as a rule that, where mercury has been adopted in treating the *first* primary affection, the time of treatment for the *second* primary affection when equally treated by mercury will be shorter. Now, let us see how the disease can be managed without mercury.

"149 cases under sulphate of magnesia, jointly with some external remedies for *first* primary, have given 49 days as mean time of treatment. Have been treated by the same agent 26 cases; mean time, 31 days. Total number of cases treated by sulphate of magnesia, 175; average duration of treatment, 35 days.

"Iodide of potassium for *first* primary has been used in 20 cases; mean time, 74 days. The same remedy for a *second* primary attack has been employed in two individuals only; mean time, 28 days. Total number of primary cases subjected to iodide of potassium, 22; average duration of treatment, 42 days.

"344 have been confined solely to the application of external remedies, giving 42 days as the average time. 72 cases treated in this way for *second* primary; mean time, 31 days. Whole number of primary affections submitted to external remedies, 416; mean time of treatment, 40 days.

"But M. Boeck has not been bound in his industrious research to merely computing the respective durations of treatments. Another question of high importance impressed him, which was to know if any treatment whatever is capable of preventing constitutional syphilis, and if so, what is it? Here following are the statistics on this point:—Among 1008 treated by mercury, 242 became affected constitutionally (24 per cent.); in 522 treated without mercury, 77 affected, *i.e.* 14 per cent. had secondary syphilis.

"The different mercurial preparations have given in this regard results as follows:—Of 449 under Hahnemann's soluble mercury, 112 had secondary (24 per cent.); 95 in 466 treated by calomel (20 per cent.); 25 in 66 of those put on protiodide of mercury (37 per cent.); 6 in 19 by *la cure de Dzondi* (31 per cent.); 18 in 149 by the administration of sulphate of magnesia (12 per cent.); 4 in 20 under iodide of potassium (20 per cent.); 55 in 344 treated solely by external means (16 per cent.)."

"It is to be inferred, then, from this statistical synopsis that mercury, far from doing good in primary syphilis, has been positively baneful. The time of treatment under its agency has been shown to be longer, and the influx of secondary symptoms by no means prevented, checked or modified." (*Amer. Med. Times.*)

**CHLOROFORM AND COMA.** M. Flourens has lately been experimenting with a view to determine the distinction between the coma produced in an animal by a meningitis, and the sleep produced in an animal by means of chloroform; and at a late meeting of the Académie des Sciences, he communicated a paper giving the results of his experiments. He remarked that in the comatose state from meningitis, the animal was under the influence of complete prostration, but did not sleep; that it kept its eyes shut, yet would open them on the slightest occasion; that it was able to see, hear, and feel, and was moreover constantly shivering; whereas an animal under the influence of chloroform really slept; it snored, and did not open its eyes; it could neither see, hear, nor feel. The brain of an animal which has died of coma is covered with red spots, denoting congestion; the brain of the animal that dies from the effect of chloroform presents no such red spots, the vessels of the dura mater alone being gorged with blood. Hence, in the case of coma, the congestion is intracerebral; in death from chloroform, the congestion is extracerebral. This should, therefore, M. Flourens remarks, serve as a caution to those who may administer chloroform, since there is but a step from extracerebral to intracerebral congestion.

**TREATMENT OF CHAPS AND CHILBLAINS.** *The Bulletin Médicale du Nord de la France* registers the following formula, which M. Testelin has found useful in cases of chilblains uncomplicated by ulceration:—"Tincture of iodine, 3ij; chlorinated solution of soda, 3vj. This liniment should be laid over the seat of the disease, and afterwards dried by exposure to the fire. M. Testelin states that the remedy effects a cure in three or four days. For the treatment of chapped hands the same practitioner has frequently resorted to the application of honey heated in an oven, and deprived of its viscosity by the removal of the froth formed under the influence of heat. It should be applied over the hands whenever they are washed, and spread with gentle friction. The author asserts that he has thus succeeded in curing chaps, and in preventing their return, in servant maids whose hands are frequently exposed to the contact of water, and who usually suffered from this inconvenient affection throughout the winter. He prescribed the same remedy with entire success in Brussels to a clear-starcher, although this person did not for a single day discontinue her employment.

**INFLUENCE OF OZONISED AIR UPON ANIMALS.** Dr. Ireland gives the following conclusions:—1. Ozonised air accelerates the respiration, and, we may infer, the circulation. 2. Ozonised air excites the nervous system. 3. Ozonised air promotes the coagulability of the blood, probably by increasing its fibrine. In the blood, however, ozone loses its peculiar properties, probably entering into combination with some of the constituents of the circulating fluid. 4. Animals can be subjected to

the influence of a considerable proportion of ozone in the air for hours without permanent injury; but in the end ozone produces effects which may continue after its withdrawal, and destroy life. (*Edinburgh Medical Journal.*)

**CINCHONINE AS A SUBSTITUTE FOR QUININE.** Dr. W. F. Daniell says that, so far as his experience extends with reference to the employment of cinchonine in the treatment of febrile and other miasmatic diseases of Western Africa, it has proved a decided failure, owing to the headache which has uniformly attended its administration. When he was in medical charge of the troops in Sierra Leone, a large quantity of cinchonine was furnished to the hospital with the view of testing its remedial properties, and also of ascertaining whether it would answer as an economical substitute for quinine. It was, therefore, given to both European and negro patients, who were suffering under the milder forms of remittent and intermittent fevers, and free from any local congestions, in the ordinary doses in which the sulphate of quinine was used. The results of the trial were, however, of such an unsatisfactory character, from the pain and cerebral congestion induced, that the medicine had to be discontinued. It was subsequently combined with calomel and morphia, but without any sensible diminution of the cerebral disturbance. When conjoined with the latter, delirium sometimes set in, which was only relieved by the application of blisters to the neck. (*Phar. Journal.*)

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*  
Worcester, April 21st, 1863.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Annual.]	Philosophical Institution, Bristol.	Thursday, June 18, 4.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Medical Institution, Liverpool.	Wednesday, June 24th, 12 noon.
SOUTH-EASTERN. [Annual.]	Bull Inn, Rochester.	Wednesday, June 24.
MIDLAND. [Annual.]	Board Room of the Infirmary, Derby.	Thursday, June 25th, 2 P.M.
EAST ANGLIAN. [Annual.]	Yarmouth.	Friday, June 26th, 3 P.M.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.
NORTH WALS. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 7, 1 P.M.
SOUTH MIDLAND. [Annual.]	Infirmary, Peterborough.	Thursday, July 9th, 1 P.M.

### LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-Seventh Annual Meeting of this Branch will take place at the Medical Institution, Liverpool, on Wednesday, June 24th, at 12 o'clock, noon. President-elect, J. R. W. Vose, M.D.

Notices of papers or other communications to be sent to the Honorary Secretary, as early as possible.

A. T. H. WATERS, M.D., *Hon. Sec.*

27, Hope Street, Liverpool, May 27th, 1863.

## Special Correspondence.

### LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE profession, and I may add the public also, have sustained a great loss by the death of our esteemed associate, Dr. Duncan, Medical Officer of Health for the borough of Liverpool. His health had been failing for some time, obliging him frequently to transfer the active duties of his office to his substitute Dr. Cameron. At the time of his decease, which occurred suddenly on the 23rd of May, he was on a visit to some relatives at Elgin, in the north of Scotland; and so little was any immediate danger apprehended, that the day before he was making preparations for his return to Liverpool to resume his duties. Dr. Duncan graduated at Edinburgh in 1829, and settled in practice in Liverpool about a year afterwards, having been elected physician to the dispensaries, an appointment which afforded abundant opportunities for the pursuit of sanitary inquiries, to which he devoted himself with unceasing industry and perseverance. The result of his labours in this important and useful department of medical science was first made public in an elaborate and highly meritorious essay *On the Physical Causes of the High Rate of Mortality in Liverpool*, which was read before the Literary and Philosophical Society, and published by them in 1843. This pamphlet attracted so much attention, and comprised so many forcible and convincing proofs of the importance of sanitary reform; that to it may be mainly traced the origin of the sanitary movement which has taken place in this country. In his own words, taken from his Report of the Health of Liverpool for 1858,

"Liverpool was the first town in the kingdom to set the example of sanitary improvement, taking precedence even of the government measure in this respect; and that on this account, as well as in regard to the peculiar difficulties to be overcome and the large sacrifices which have been made for the purpose, it is justly entitled to a generous consideration."

The chairman of the Health Committee, in paying a tribute to the memory of the deceased, said that it was chiefly through his exertions previously to the year 1846 that the sanitary act of that year was passed. The effect of the operations of that act under his able direction has been to reduce the annual rate of mortality in this borough from thirty-nine to twenty-seven in a thousand; and to him, therefore, is due the credit of having been mainly instrumental in rescuing Liverpool from the unenviable notoriety of being the unhealthiest town in the kingdom; and it may be truly affirmed that the public have seldom lost a more talented and faithful servant than Dr. Duncan.

In addition to the dispensaries, Dr. Duncan was for a short time connected with the Northern Hospital, and was subsequently elected physician to the Royal Infirmary, which office he resigned in 1847, on his appointment as Medical Officer of Health by the Home Secretary, on the recommendation of the local authorities. He was the first medical officer appointed in this country under the new act, being thus officially confirmed in his

position as the pioneer of sanitary improvement. His salary was originally fixed by the Health Committee at £300 *per annum*, with the privilege of private practice; but on a remonstrance from the Home Secretary, it was raised to £750, with the understanding that his whole time should be given to his official duties.

Although beyond his special acquirements in sanitary science, Dr. Duncan was a well-informed and accomplished physician, he was not at any time very extensively engaged in private practice; yet he was by no means wanting in attachment to his profession as a scientific pursuit; and until recently, when his health failed him, and his official duties absorbed so much of his time, he took a prominent and active part as a member of the Medical Institution, as well as of the Lancashire and Cheshire Branch of the Association. During life he enjoyed the respect and esteem of his professional brethren, and his death has caused universal regret.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 26TH, 1863.

RICHARD PARTRIDGE, Esq., F.R.S., President, in the Chair.

EXTREME DEFORMITY OF THE NECK AND ARMS, TREATED SUCCESSFULLY BY GRADUAL EXTENSION, EXCISION, AND ADJACENT AND REMOTE TRANSPLANTATION. BY JOHN WOOD, ESQ.

THE subject of the case was a little girl, aged nearly 9 years. In consequence of an extensive burn, the chin was drawn down to within an inch of the sternum by a broad and prominent band of hard, tough cicatrix, the mouth distorted, and the head drawn a little towards the left shoulder. The right arm was contracted at the elbow to somewhat more than a right angle. The left wrist was extremely contorted, the hand being turned back upon the forearm, so that the fourth and little finger nearly touched its back surface, and the joints of the carpus and metacarpus were inverted by a very prominent, tense, falciform cicatrix, placed opposite the fourth finger, and extending along the lower third of the forearm. A large sore still remained at the upper half of the back of the forearm; this had been stationary in healing, on account of the great tension of the skin around, which was seamed with cicatrices, and very inelastic.

The case was treated by Mr. Wood in King's College Hospital, towards the end of the year 1862. The right arm was first extended gradually by the use of a straight splint and graduated pads. On October 4th, an operation of transplantation was performed on the neck. A quadrangular flap of skin was taken from the right side of the cicatrix, where the integuments were hollow, loose, and puckered. It was then turned across, and placed in the site of the cicatrix, which had been previously divided by a V-shaped incision, separating the hand close to its attachment on the breast-bone. The flap was held in its place by wire sutures. None of the hardened cicatrix was removed by the operation, but was dissected up freely towards the chin, and left to unite to the upper part of the flap. At the lower part of the neck, in the site whence the flap was derived, an open sore remained to heal by granulation. The head was kept well thrown back, and the wound dressed with water-



dressings. By the end of a month the wounds had nearly healed, the chin remaining elevated, and the motions of the head free.

The condition of the left forearm, the small quantity of healthy skin remaining, the persistent and extensive sore, the extreme contraction of the lunate cicatrix, and the great retroversion of the carpal and metacarpal joints rendering all efforts at extension fruitless, and precluding any attempt at transplantation of adjacent parts, Mr. Wood resolved to attempt the removal and transplantation of a portion of skin from the abdomen to the arm to supply the want of tegumentary tissue. The part of the abdominal surface chosen for the operation was that on the left side of the navel, in the direction of the superficial epigastric vessels. Upon this region the limb could be comfortably placed, and kept immovable for a sufficient length of time to permit of adhesion, the arm and belly rising and falling together in the movements of respiration, so that relative immobility was secured. A cuirass-splint was first moulded in gutta-percha over the chest and upper part of the belly; to its left border was fixed a scroll splint of the same substance, passing round the upper arm. A flat, straight splint for the forearm was attached to the lower border of the breast-plate. This was perforated freely with holes, covered by wash-leather, well padded with cotton wool, and worn comfortably by the patient for twenty-four hours before the operation.

On November 5th, the patient being under the influence of chloroform, the lunate cicatrix was divided transversely opposite the wrist-joint, and freed by extension and dissection from the subjacent fascia and tendinous sheaths, which were found uninjured. A lancet-shaped flap, about two inches and three quarters long and two inches and a half wide at its base, with its attached margin or base directed towards the groin in the course of the superficial epigastric artery, was then raised from the abdomen with a good portion of subcutaneous fat adherent to it. The edges of the wound left by its separation were brought together by pins and wire sutures, supported by adhesive plaster and thick dressing. The forearm was then placed upon it, so that the gaping wound produced by straightening the wrist after the transverse incision, was placed opposite to the lancet-shaped flap, the point of which fitted exactly into the angle of the cross cut. The flap was then secured by wire sutures to the edge of the arm incision. Through the middle of the flap and the upper part of the integuments of the arm were passed two rectangular pins in opposite directions, about an inch apart from each other. The pins were then locked into each other's loops, so as to form a wire parallelogram, the ends of which acted upon the middle of the flap through a pad of lint, thus exercising a lever-like pressure which could be regulated to the degree of swelling ensuing in the flap. The cuirass-splint was then adjusted and fixed to the body by broad strips of plaster, and to the forearm by means of long narrow strips, with a bandage placed over all in such a manner that the wound could be examined without deranging the fastenings.

On November 6th, the flap was uncovered and found in capital position, with evidences of adhesion at the edge nearest the fingers; the pad of lint under the pins was readjusted. On the 8th, three of the wire sutures at the upper margin of the flap were removed by the house-surgeon, who thought that they were dragging somewhat. The flap was firm in its place, and evidently adherent by its deep surface, though it had slightly retracted where the sutures were removed. On November 10th, the silk thread was removed from the pins; cicatrization was completed for about an inch near the fingers. On the 14th, the cuirass-splint was raised for the first time since the operation for the purpose of examining and cleansing the sore on the body. All the pins and sutures were at the same time carefully removed. The wound was

found filled with healthy granulations, no primary adhesions having formed at the edges. The wound was dressed with a thick layer of simple dressing; the splint was readjusted. Two or three fresh points of cicatrization were observed at the upper edge of the flap. On the 21st, the splint had been lifted, and all the wounds dressed daily; all the sores were cicatrizing rapidly; the flap was firmly adherent. By the 27th the whole margin of the flap had become cicatrized to the arm, close up to the root.

On the 29th, the first step towards the division of the flap from the belly was taken. An incision, about half an inch in extent, was made on each side of the base, in an oblique direction towards the surface of the abdomen, so as to include as much integument as possible on the arm side of the incision, and to indicate the lozenge-shape which the patch was intended to assume when totally severed from the body. Lint was then placed between the cut edges to prevent readhesion to the body. The splint was then altogether removed, and the arm kept in its place (removed a little nearer to the navel than before) by straps and bandage. After three more partial sections of the base of the flap on alternate sides at intervals of a week, during which time the hand had been gradually more and more flexed upon the forearm, so as to draw from the abdomen as much skin as possible on to the wrist, and the whole arm also shifted more over towards the median line, so as to leave the sore on the abdomen free from pressure, the flap being found partially sensible to the contact of the point of a pin, and in a satisfactory condition of vascularity, the final severance of its remaining attachment to the body (about half an inch in extent) was accomplished on January 3rd, 1863. There was free bleeding from the arm side of the cut surface, showing complete vascularity. At this time the sores on the arm and belly were reduced to small proportions, covered with florid granulations, and cicatrizing nicely. The arm was now placed on a splint with a hand-piece bent almost double, and flexed freely every day to restore the pliability of the tendons and their sheaths, so long bent backwards and contracted. The small sores which remained healed up speedily and without check.

In the meantime, that portion of the scar in the neck in which the old contracting cicatrix had been left in the former operation had begun again to contract. An attempt to stretch it gradually, resulted in a partial return of the ulceration. On January 31st, Mr. Wood removed the whole of this contracting portion of the cicatrix by two vertical incisions, meeting above and below, carried so deep as to include the whole of the contracting substance, and leaving two opposed even surfaces of healthy tissue. These surfaces were then drawn together by three points of quilled suture composed of wire and two pieces of flexible catheter, the wire being carried deep into the wound and emerging an inch from its margins. The immediate edges of the incision were united by points of interrupted suture of thin silver wire. The whole was supported by long narrow strips of adhesive plaster. Union by adhesion to the extent of two inches was the result, a small sore remaining above and below it. The quilled and other sutures were withdrawn at the end of a week. The sores were dressed with water and simple dressing, and supported by plaster; and a gorget or collar of gutta-percha was worn to support the chin, and to keep off friction from the sores. These soon healed up, leaving a long linear cicatrix of an inverted L shape, which gradually became an equable curve when the chin was raised to its full extent.

The case was illustrated by drawings of the neck and arm taken before and during the several stages of the foregoing operations. The little patient was also exhibited to the Fellows of the Society, as a practical illustration of the benefit derived from the treatment, more satisfactory than casts or drawings, however truthful.

The present condition of the parts operated on is as follows. The chin can be thrown backwards quite to the normal extent, and the head bent freely from side to side. The linear cicatrix left by the operations describes a regular curve, rendered more open and a little more prominent by extreme extension. All deformity of the mouth is removed, and when viewed in profile from the side opposite to the cicatrix, the neck and chin have a regular and normal curve. On the left side of the neck and front of the breast-bone the cicatrices resulting from the burn and operations are visible, but not prominent or irregular at the surface. The right arm can be extended to a straight line, without any rising of the cicatrix at the elbow. The left arm presents, on the back surface of the wrist, a lozenge shaped patch of skin, rather paler, yellower, and more elevated than that of the surrounding parts. The patch is about three inches long, and an inch and three-quarters wide. The cicatrix enclosing it is linear and small. All the sores are completely healed, the arm being covered with cicatrices except a small portion over the radius. The fingers can be closed upon the palm by the action of the flexor muscles, and the wrist bent well forwards. A little tendency of the third and fourth fingers to spring backwards still exists. The furrows and grooves on the palm and front of the wrist are restored, and the knuckles are normally prominent. The patient can grasp and hold things with great power and facility.

## Medical News.

**APOTHECARIES' HALL.** On May 28th, the following Licentiates were admitted:—

Housman, Edward Cooke, Clint, Ripley, Yorkshire  
Lumley, Bartholomew, Corbridge, Northumberland  
Pigg, Thomas, Newcastle-upon-Tyne  
Somerville, James Harmer, Bloxwich, Staffordshire

### APPOINTMENTS.

EARLE, F. S., Esq., elected Honorary Surgeon to the Western General Dispensary.  
\*GIBB, George D., M.D., appointed Assistant-Physician to the Westminster Hospital.  
HARDWICKE, William, M.D., appointed, by Dr. Lankester, Deputy Coroner for Central Middlesex.  
\*MURRAY, GUSTAVUS, M.D., elected Physician-Accoucheur to the Great Northern Hospital.

### ROYAL NAVY.

COATES, Matthew, Esq., Assistant-Surgeon, to Haslar Hospital.  
MOORE, Francis H., Esq., Assistant-Surgeon, to the *Victory*, for service with the Royal Marines.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BROWNE, H., Esq., to be Surgeon 14th Kent A.V.  
GIBSON, H., Esq., to be Surgeon 1st East York R.V.  
PAYNE, E., Esq., to be Surgeon 2nd Surrey A.V.

To be Honorary Assistant-Surgeons:—

HARDING, G. D., Esq., 14th Kent A.V.  
HULME, H., Esq., 1st Lancashire A.V.  
LLEWELLYN, W. P. J., Esq., 2nd Surrey A.V.  
MOTTL, G. W., Esq., 26th Cheshire R.V.

### DEATHS.

ANGUS, Alexander, Esq., Surgeon, of Frith Street, Soho Square, aged 58, on May 31.  
BARNETT, Lysander H., Esq., Surgeon, at Limehouse, aged 35, on May 30.  
BULL, James H., Esq., Surgeon, at Wickham Market, aged 39, on May 29.  
BURT, On May 29th, at Edinburgh, aged 81, Louisa, widow of Robert Burt, M.D.  
DALRYMPLE, Archibald, Esq., Surgeon, late of Norwich, aged 53, on May 28.  
\*DENCAN, William H., M.D., Medical Officer of Health for the Borough of Liverpool, at Elgin, on May 23.  
KANE, On May 12th, at Norwood, Catherine, wife of Matthew Kane, M.D., of H.M.'s Mint, Bombay.  
MURCHISON, On May 27th, at 79, Wimpole Street, aged 1 year, Amy Caroline, only child of \*Charles Murchison, M.D.

\*OLIVER, Richard, M.R.C.P., at Bicton, Shrewsbury, aged 63, on May 25.  
SILVESTER. On May 18th, at Reading, aged 55, the widow of Charles H. Silvester, Esq., Surgeon.  
SKEY, Francis W., Esq., eldest son of \*F. C. Skey, Esq., of Grosvenor Street, aged 31, on May 29.

**AN APOTHECARIES' BENEVOLENT FUND.** A member of the profession has given £1000 to be placed in trust for the founding of an Apothecaries' Benevolent Fund in Dublin.

**THALLIUM.** The largest ingot yet produced of this new metal, discovered by William Crookes, Esq., has been exhibited at the Royal Institution. Its weight was 5963 grains.

**INDUCTION OF PREMATURE LABOUR.** Professor Giordano tells us that the best method of inducing premature labour is cauterisation of the neck of the womb with lunar caustic. This, he says, excels all other methods.

**ANOTHER NEW METAL.** M. Osravais, Professor of Geology at Strasbourg, has obtained a hard shining metal, of the colour of gold, but soft as lead, from the mineral waters of Alsace. The metal, not admitting of a high degree of polish, will be useful to employ in the dull or coloured goldsmiths' work so much in fashion for ornament just now. The specimens, submitted to connoisseurs in Paris, have excited the highest admiration. (*Mining Journal*.)

**FEES FOR VACCINATION.** The fee paid for the operation of vaccination under the Vaccination Act is on the no-cure-no-pay principle. The payment of the fee depends upon the success of the operation. Who is the judge, in case of dispute of the success of the operation, we do not know. We must confess that we do not think the arrangement is very honourable to our profession. If the fee can rightly be made dependent upon success in this case, we really cannot see why it should not be equally so in all other operations.

**A WORD WITH THE VEGETARIANS.** Now, to see where we really stand, let us range these armies. On one side behold—1. Universal custom. 2. The production of the most beautiful forms and highest class brain. 3. The structure of the human teeth, for cutting, tearing, and crushing—not the latter only. 4. The formation of the human stomach. 5. The presumption that, as fish of all kinds and other lower animals are created flesh devourers—nay, that without flesh they could not live—man also, the highest animal is so created, i.e. natural law. 6. The behests of the Bible, from Abel to Jesus Christ. 7. The New Testament after His departure, and the vision of various flesh meats offered to St. Peter. 8. The almost universal testimony of physicians and doctors, based upon scientific research and analysis. On the other side, the simple assertion of the vegetarians! If they are determined to demolish all these eight witnesses, verily they have their work to do. (*Family Herald*.)

**IRON AS A TONIC IN THE VEGETABLE CREATION.** A curious discovery is alleged to have just been made regarding the influence of iron on vegetation. On the chalky soils where there is an absence of iron, vegetation has a sere and blanched appearance. This is entirely removed, it is said, by the application of a solution of sulphate of iron. Haricot beans watered with this substance acquired an additional weight of sixty per cent! Mulberries, peaches, pears, vines, and wheat derive advantage from the same treatment. It is expected that the salts of iron will be found as beneficial in farming as in horticulture, but the experiments are as yet very incomplete. In the cultivation of clover, however, wonderful advantages are declared to have been gained. The material is cheap, and the quantity applied is small.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
**TUESDAY.....** Guy's, 1½ P.M.—Westminster, 2 P.M.  
**WEDNESDAY....** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
**THURSDAY.....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
**FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.  
**SATURDAY.....** St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Royal Geographical.  
**TUESDAY.** Royal Medical and Chirurgical Society. 8 P.M.: Ballot. 8.30 P.M.: Mr. Spencer Wells, "Ovariectomy Twice Performed on the same Patient"; Dr. Robert Lee, "On Induction of Premature Labour"; Mr. Beaumont (of Toronto), "New Iris Forceps"; Dr. Harley, "On the Calabar Bean."—Zoological.  
**WEDNESDAY.** Microscopical.—North London.  
**THURSDAY.** Royal.—Antiquarian.  
**FRIDAY.** Astronomical.—Royal Institution.  
**SATURDAY.** Royal Botanical.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—MAY 30, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys..1005 Girls.. 992 }	1997 1296
Average of corresponding weeks 1853-62 .....		1770 1139

**Barometer:**  
Highest (Wed.) 30.108; lowest (Sun.) 29.729; mean, 29.978.  
**Thermometer:**  
Highest in sun—extreme (Fri.) 114.4 degs.; (Wed.) 95 degs.  
In shade—highest (Tue.) 79.7 degs.; lowest (Tue.) 35.9 degs.  
Mean—55.4 degrees; difference from mean of 43 yrs.+0.4 deg.  
Range—during week, 43.8 degrees; mean daily, 27. degrees.  
Mean humidity of air (saturation = 100), 76.  
Mean direction of wind, N.E. & W.—Rain in inches, 0.00.

## TO CORRESPONDENTS.

\*• All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

MR. LOGIE AND SARRACENIA.—A correspondent writes on this subject:—

"In the letter to the *Times* by Surgeon-Major Logie, we were told by him that Assistant-Surgeon Miles wrote a paper on the Sarracenia Purpurea; that Messrs. Savory and Moore are the only importers of the plant; that he (Mr. Logie) and his colleague Mr. Agnus have used the plant beneficially; and that he (Mr. L.) hopes to hear of it in every country gentleman's medicine chest.

"These statements, together with Mr. Logie's sanguine expectations of the result to be expected from the use of the remedy, probably, have been made from benevolent motives only; nevertheless, as the statements furnish such a very excellent advertisement for a quick and extensive sale of the plant, it might have been more prudent on the part of Mr. Logie to have said that neither he nor any one but Messrs. Savory and Moore had any interest, direct or indirect, in the sale of the pitcher plant.

"I have written to ask Mr. Logie whether or not the subjects of his cases had been previously vaccinated?"

## BOOKS RECEIVED.

1. The Nullity of Metaphysics as a Science among the Sciences. London: 1863.
2. The Connection of Tuberculosis and Insanity. By T. Clouston, M.D. 1863.

## SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., General Secretary.

Worcester, June 1863.

COMMUNICATIONS have been received from:—Dr. HENRY GOODE; Mr. RICHARD OLIVER; Dr. G. M. HUMPHRY; Dr. GIER WARD; Dr. J. D. BROWN; Mr. THOMAS JONES; Dr. MAYO; THE HON. SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. T. SYMPSON; Dr. DAVID NELSON; Mr. RICHARD GRIFFIN; W. A. R.; Mr. A. B. STEELE; Mr. H. EWES; Mr. W. F. MORGAN; VERITAS; Mr. A. J. MOORE; Mr. STONE; Mr. D. KENT JONES; and Dr. J. W. OGLE.

## ADVERTISEMENTS.

## South Midland Branch.—The

The next ANNUAL MEETING of this Branch will take place on Thursday, July 9th, at 1 P.M., at the Infirmary, Peterborough. Gentlemen intending to read Papers or Cases will oblige by forwarding the titles as early as possible to

JOHN M. BRYAN, M.D., Hon. Sec.  
Northampton, June 4th, 1863.

Now ready, Seventh Edition (being the tenth thousand), price 2s. 6d.; by post for 32 stamps.

## Diseases of the Skin; a Guide

to their Treatment and Prevention: for the Use of the Student and General Practitioner. By THOMAS HUNT, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin.

London: T. RICHARDS, 37, Great Queen Street.

In fcap. cloth, price 7s.; postage, 4d.

## Fowler's Medical Vocabulary:

containing a Concise Explanation of upwards of 10,000 of the Terms used in Medicine and the Accessory Sciences.

"Dr. Fowler has performed his task with considerable ability."—*Lancet*.

"It is for the Student of Medicine in particular, that this Dictionary is intended, and we strongly advise every one to get a copy of it."—*Medical Times*.

London: HENRY RENSRAW, 256, Strand.

Now ready, in 8vo. with Wood Engravings, price 8s.

## On Human Entozoa: comprising

the Description, Pathology, and Treatment of the INTES-TINAL, HYDATID, and other Species of WORMS found in MAN. Partly translated, by permission, from M. DAVANE'S "Tr-ité des Entozoaires." By W. ABBOTTS SMITH, M.D., M.R.C.P. Lond., Senior Assistant-Physician Metropolitan Free Hospital, late Senior Physician City Dispensary, etc.

By the same Author, Second Edition, cloth, post-free, 1s. 6d.

## On ENURESIS (Incontinence of Urine) in

CHILDREN and in ADULTS: its Nature, Causes, and Treatment. "We can recommend this little book to our readers."—*Med. Circular*.

London: H. K. LEWIS, 15, Gower Street, North, W.C.

## Surgical Instruments.—Arnold

& SONS continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

ARNOLD & SONS, 35 and 36, West Smithfield, E.C.  
Established 1819.

# CHLORODYNE

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN."

(Extract from Affidavit made before S. C. WARD, Esq., Chancery Record Office, Chancery Lane, London, June 16th, 1862.)

The Inventor begs to thank the Medical Profession for the liberal support he receives from them, and to assure those who have not yet tried his Chlorodyne that it is superior to any other maker's, being more certain and more lasting in its effects; and the low price which he charges for it allows the poorest sufferer to enjoy its extraordinary beneficial influence. The immense demand for it by the Profession is a convincing proof that they find it a most valuable therapeutical agent. The following are a few out of many voluntary Testimonials:—

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S. Eng., formerly Lecturer upon Anatomy and Physiology at the St. George's School of Medicine.

"I have had the opportunity of trying the effects of Mr. Freeman's Chlorodyne, and find it an excellent Anodyne and Antispasmodic medicine."

From H. J. O'DONNELL, M.R.C.S.E. & L. M. etc., etc., Albert Terrace, London Road, S.

"I can with much confidence bear testimony to the efficacy of Mr. Freeman's Chlorodyne as a Sedative and Antispasmodic, having used it for some years in Colic, Neuralgia, Phthisis, and Asthma. I daily administer it in after-pains, and in all cases find it infallible. It is the most valuable medicine we have in Labour cases. I find, since I have used it, the pains seldom or ever exceed the third day, while with the former remedies my patients suffered eight or nine days. In fact, I cannot speak too highly of it."

From F. W. HOOPER, M.D., M.R.C.S. Eng., etc., etc., Medical Officer, Christ Church District, Camberwell.

"I have much pleasure in stating, that after a sufficient trial of Mr. Freeman's Chlorodyne, I am fully persuaded that it is superior to any preparation of the kind, and, from its moderate price, is a great boon to the suffering poor, who daily acknowledge its salutary benefit."

From C. SWABY SMITH, M.R.C.S.E., Surgeon to the Berks and Hants Extension Railway Works and Pewsey Union, etc., etc.

"Having been in the habit of using Mr. Freeman's Chlorodyne for some time past, I have much pleasure in stating that it has never failed to have the desired effect in whatever case it has been administered."

Manufactured by RICHARD FREEMAN Pharmacist, Kennington Road, London, S.; And Sold by all Wholesale Houses, in bottles, 1 oz., 1s. 6d.; 4 oz., 5s.; and 8 oz., 10s. each.

## Pulvis Jacobi ver, Newbery

Is the ORIGINAL & GENUINE, was ESTABLISHED A.D. 1746, And is Prescribed, "by the highest authorities, for Fevers, Ague, Rheumatism, Colds, Influenza, &c. &c.

FRAS. NEWBERY & SONS, 45, ST. PAUL'S CHURCHYARD.

Prices for Dispensing—1 oz., 9s.;  $\frac{1}{4}$  oz., 3s. 4d.

## TOWLE'S CHLORODYNE.

Dose, 5 to 20 Drops.

**CAUTION.**—For the convenience and safety of prescribing Chlorodyne, in combination with other ingredients, so as to avoid decomposition (a result known to have taken place) through the use of SECRET COMPOUNDS, the Profession is directed to the following component parts in his preparation:—

CHLOROFORMYL  
ETHER.  
OL MENH. PIP.

ACID. PERCHLOR.  
TINCT. CANNABIS INDIC.E.  
ACID. HYDROCYAN.

TINCT. CAPSICI.  
MORPHIA.  
THERIACA.

The proportion of Morphia— $\frac{1}{2}$  gr. in f. 3i. Dose—Five to twenty Drops.

The Profession is respectfully referred to the various Letters that have appeared in the Medical Journals against the use of "SECRET" REMEDIES.

The Proprietor would suggest the following designation in the writing of Prescriptions, should a preference be given to the above preparation—"CHLORODYNE," (TOWLE'S.)

Sold in bottles, 1 oz., 1s. 6d.; 2 oz., 2s. 6d.; 4 oz., 5s. to 20 oz., 1s. per fluid oz. Sole Manufacturer and Proprietor, A. P. TOWLE, Chemist, etc., Ardwick, Manchester. May be had from Barclay and Son, Farringdon Street; or through any Wholesale House.

## Twinberrow's Patent Double-Action Reservoir Injection Apparatus

Complete with Additional Pipes for all purposes, and suitable for every Climate. W. TWINBERROW has no hesitation in offering his Patent Reservoir Injection Apparatus as the most simple and perfect yet produced. The Piston or Pump, which so frequently gets out of order, is not introduced into this apparatus; there is, therefore, an absence of OILY GREASY MATTER and BLACK LEAD (which are absolutely necessary to lubricate the piston in the usual syringes), which soon become rancid and green, some portion of which inevitably passes with the fluid injected from an ordinary syringe.

### TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE.

With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time and with much less exertion.

From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, October 1st, 1861.

Twinberrow's "Double Action (Syphon) Syringe" is the most generally useful instrument of the kind with which I am acquainted. For the more ordinary purposes it is specially well fitted, being compact, portable, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement, the instrument may be rendered available

as an Eye Douche, an Ear Syringe, and for washing out the Bladder. For these purposes it is peculiarly well adapted, being continuous in its action.

JOHN ERICHSEN,  
Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.

Professor of Surgery at King's College and Surgeon to the Hospital, 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe, and think very highly of it. Yours faithfully,  
Mr. Twinberrow, Edwards Street, Wm. FERGUSSON.

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2, EDWARDS STREET, PORTMAN SQ., LONDON. To be had of all Chemists, Druggists, and Surgical Instrument Sellers in the United Kingdom.

# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE III.

MR. PRESIDENT AND GENTLEMEN,—In the lectures I have already had the honour of delivering, I endeavoured to bring before you the chief points of difference between the surgical affections of the child and adult, as they are observed in the nervous, respiratory, circulatory, and urino-genital systems. I propose on the present occasion to point out in what way the diseases of the bones and joints differ in the child from those in the adult, and then to pass on to consider, as far as time will allow, the subject of tumours.

#### SURGICAL AFFECTIONS OF THE OSSEOUS SYSTEM IN CHILDREN.

There is one great anatomical difference between the bones of children and of the adult, which it is important to bear constantly in mind when we are considering their pathology; and it is this—that in the *adult* a bone may be regarded as a separate thing, composed entirely of one piece; whilst in the *child* we must remember that it is made up of several parts—a central body or shaft, epiphyses or extremities, and the intervening soft and pulpy structure through which these grow and subsequently unite. In the adult, this union is supposed to have taken place, although it is well known that in some bones a perfect junction of the shafts with their epiphyses is not completed till a much later period of life than it is in others.

When considering the diseases of these structures in children, it is, therefore, always necessary to remember the fact that the bones are composed of separate portions; that these have distinct sources of nutritive supply; and that each is liable to be affected by disease as an independent part.

An epiphysis of a bone may be the subject of a disease which will not involve the shaft to which it is to be subsequently connected; and the shaft may likewise be similarly affected, and yet the epiphyses be left completely free. Disease may also attack the intervening soft and pulpy layer by which the growth of the shaft is carried on, and its subsequent union to the epiphysis is to be finally secured. In children, therefore, the diseases of the shafts and epiphyses demand a separate consideration; and the affections of the intervening pulpy layer will likewise receive an independent notice.

It may be remarked, that authors have failed to enlarge upon this great difference between the diseases of the bones of children and of the adult; and it is with some pleasure that I now bring the subject before your notice.

*Inflammatory Diseases of the Shafts of the Long Bones* in children are unfortunately very common; and, unless attributable to some external injury, the majority of cases are found in the cachectic and so-called strumous subjects. They are generally slow in their progress and certain in their results, the end being far too frequently a necrosis or death of the part. In idiopathic cases, the progress of this inflammation of the shafts is generally remarkably slow, and it is often marked by a torpidity and want of definiteness in the symptoms, which renders a parent careless and indifferent to the affection; and this feeling produces a dilatoriness in seeking surgical advice, which has nothing but an injurious influence upon the ultimate result of the case.

In some instances, this disease is only manifested externally by a gradual expansion or apparent dilatation of the bone, the external and soft parts around appearing pale and natural; and it is not till many months have perhaps elapsed that other external signs of mischief make their appearance. If the disease, however, be allowed to proceed unchecked, death of the bone will to a certainty take place, when inflammation of the integument and suppuration will necessarily make its appearance, ending in the formation of sinuses and cloaca communicating with the diseased bone.

The constitutional symptoms during the progress of these changes vary in their intensity in different patients. In the majority, they are very mild; little but an aching pain in the part demanding notice. If the surgeon be consulted at this second stage of the disease, he will observe a marked difference in the temperature of the part, the integument over the diseased bone feeling much hotter to the hand than the parts around; and firm pressure upon the bone will, in all probability, cause increased suffering.

On a careful examination of the bone at this time, it will be found uniformly enlarged, and apparently expanded; its external surface being smooth and uniform. At a later stage of the disorder, when the soft parts have become implicated and the bone has died or become necrotic, the external or visible symptoms are too well marked and positive in their nature to demand notice.

It must also be remarked that, in these cases of idiopathic osteitis, it is rare for one bone alone to be the subject of disease. The symmetrical bones, as a rule, sooner or later become more or less involved, and in some cases nearly all the long bones in the body; this fact tending to point to the constitutional origin of the disease. I have had under my care for some time past a girl aged 11, who has been the subject of osteal disease for four years. The humerus, ulna, and radius of both arms have been diseased; and in both ulnæ exfoliation has taken place. Both tibiæ and fibulæ are now affected, with the right femur; and it is to be remarked that the left tibia is exactly three-quarters of an inch longer than the right; one bone measuring 11 $\frac{3}{4}$  inches, and the other 11 inches. During the whole progress of this case, a constant aching of the bones was the only symptom; and at times this was very slight, at others being very severe. Under the influence of tonics and rest, marked benefit has been bestowed; the diseased action in many of the bones has been arrested; and their gradual restoration to their natural dimensions has been observed.

This case also illustrates another point which is

generally to be noticed in like instances; and that is, when the shafts of bones are diseased in children, the epiphyses are left sound; and that, even in such a typical case of the disease as the one I have just quoted, no epiphysis appeared to be affected to the slightest degree. This pathological point tends of itself to prove the anatomical distinction between the parts; and when we proceed to consider the diseases of the epiphyses, a like point will have to be recorded.

The *elongation of an inflamed bone* is a pathological fact of extreme interest; it has been observed before, and noticed by different authors; but cases illustrating the point are not common. In the example quoted, the difference between the two tibiae was three-quarters of an inch, and both were inflamed; the longest bone, however, being the worst; proving that, under the influence of the inflammatory process, a long bone increases lengthways, as well as in its diameter; although it may be a question whether, on the cure of the disease, the bone will regain its normal length, as it unquestionably may its normal dimensions in all other respects.

In the *treatment* of these cases there is but one principle to follow—to improve the general health. The disease is one essentially of debility, and is to be met by good living, good air, and tonics, as quinine, iron, cod-liver oil, or any other which may best suit the peculiarity of the case. The syrup of the iodide of iron is a good preparation, and is a favourite of mine; but any, or all in order, may be given with advantage. The inflamed limb must, however be well raised and kept at rest; warm fomentations afford much relief in the early stages. I have never seen any benefit result from the local application of iodine; it causes much pain to the patient by inflaming and irritating the integument; and it appears to be quite useless. A warm fomentation gives much greater comfort, and, when combined with rest, seems the most serviceable.

When the bone is necrotic, it is to be removed; but surgeons should be careful not to interfere in these cases too soon. The powers of nature, when fairly assisted, in restoring diseased parts in children to their normal condition, are almost unlimited; and the surgeon has, therefore, only to remove diseased bone when it is evidently lying alone, separated from its matrix, and acting, therefore, as a foreign body. Too early attempts to interfere are followed by nothing but harm, and should therefore be avoided. Amputation of a limb for such an affection is rarely, if ever, to be entertained.

The necessity of an early detection of this disease is a point of primary importance. In a large proportion of cases, the surgeon is not consulted till it has existed for a lengthened period, and has progressed to an advanced condition; the mildness of the symptoms masking its true nature. Any aching of the bone, if constant, is a symptom of great value, for it is undoubtedly the earliest by which this cachectic form of osteitis is ushered in; and such a symptom should never, therefore, be treated lightly; for at this early stage of the disease, by rest and tonics, a speedy convalescence may with some certainty be predicted, and months of misery and subsequent deformity be probably saved.

I might quote many cases to illustrate every point in this paper, but it is hardly necessary; the limits of my lectures urging me to pass on to another sub-

ject no less important—namely, the inflammatory affections of the *epiphyses*.

*Inflammation of the Epiphyses or the Articular Extremities of Bones.* The epiphyses of the bones of children are remarkably prone to inflammatory affections; and it is due to this fact that diseases of the joints at an early age are so common and so obstinate. It may without fear be asserted that at least two-thirds of the cases of joint-disease which are found in children are due to inflammatory affection of the epiphyses; and the symptoms by which this disease is to be recognised are not obscure.

As previously stated, these epiphyses may be regarded as independent parts; they are still distinct as bony centres, and have not yet united to the shaft and become part of the body of the bone. As a result, the local symptoms which accompany these inflammatory affections are confined to the epiphyses, and seldom, even at a later stage, involve the shaft itself.

The earliest symptoms of any inflammatory affection of the epiphyses are somewhat obscure, a mere aching of the part being probably the only one which is to be observed. To external observation at this early stage of the disease, there may not be any change in the appearance of the part, although some increase in the temperature of the integument over the bone is often to be recognised, when it is compared with the temperature of the integument above and below the seat of the disease. If the nature of the affection be not recognised, and some weeks or perhaps months be allowed to pass without its detection, other changes will make their appearance; and of these the most marked is an absolute enlargement of the bone. It appears as a kind of dilatation and general expansion, and will be at once observed when a comparison is made between the corresponding epiphyses of the healthy and the diseased side. The bone at this stage will probably be somewhat more tender than natural, firm pressure over it exciting pain. The increase of heat in the part will at this period be also very palpable.

As time progresses, and if the disease be allowed to take its course, other symptoms will appear; and of these, some effusion into the articulation is the most positive, this being the result of a low form of synovitis, from the extension of the inflammation to the synovial capsule. The nature of the disease is, however, the same. The synovitis is palpably secondary to the osteitis of the head of the bone; and, if the disease in this part have not progressed too far, the synovitis will disappear when the osteitis is cured. It will be thus seen that the progress of the inflammatory affection of the epiphyses is precisely similar to the inflammation of the shaft; a gradual expansion of the bone, attended by an aching pain, forming the chief symptoms. At a later stage of the affection, also, the analogy still holds good; for, if the disease be allowed to go on unchecked, suppuration and the death of the bone will to a certainty take place; and, in the majority of cases, this suppuration will pass towards the joint, when disorganisation of the joint-cavity will then be added to the difficulties of the case. It is an affection such as this which is often described as a strumous disease of a joint, but which is really essentially an osteitis attacking the epiphysis or head of a bone in a cachectic child, and which is as free from



any strumous or tuberculous disease as any other inflammatory affection of a cachectic type.

If the nature of this affection be detected at any early stage, a complete cure may unquestionably be obtained in a large proportion of the cases which fall under observation. It is too true, however, that in the majority of cases the disease is not recognised in its primary condition; the want of positive symptoms which are capable of exciting fear in the uneducated mind being the probable cause of this neglect, as the mere aching of the bone or joint is regarded only as a "growing pain", and the enlargement of the bone and increase of heat are not positive enough to be observed. Should, however, the surgeon at this stage be consulted, he must be alive to the nature of the case. I always look upon a "growing pain" with suspicion, and, on examination, seldom fail to find its cause; osteal disease being the chief. I would, therefore, wish to impress upon all men the necessity of a careful examination of a limb the subject of such a complaint; and, in all cases of "growing pains", to fear some inflammatory affection of the osseous system. This fear may be wrong; but by carrying it into practice much benefit will be obtained, and many limbs and joints saved which would otherwise be lost. I could quote numerous cases illustrating these facts, both the evils of delay and the benefits of the practice; but no practical benefit could be obtained by doing so, if I have succeeded in convincing you of the truth of these remarks.

*Treatment.* In the earliest stage of this form of disease, the treatment is very simple. Like the inflammation of the shafts of the bones, it is a constitutional affection, and one of debility. It is found in weakly and cachectic subjects, and in strumous or scrofulous, if a simple cachexia signifies the same. It requires, consequently, a tonic regimen and medical treatment; good air, good living, and tonics being absolutely essential. As local remedies, rest in the horizontal position and warm fomentations are likewise most important. Under such treatment, this disease may readily be checked in its earliest stage; that is, if no further organic change in the structure of the bone has taken place, than its infiltration with inflammatory product, and its consequent expansion.

When the inflammation has extended to the synovial membrane, and an effusion into the articulation has been produced, the same treatment is to be carried out as we have recommended in the less complicated example; but the prognosis of the case is not so favourable, and greater care in the carrying out of the instructions is to be observed. A successful issue is still, however, to be anticipated; a bad result being looked for only in the extremely cachectic and unhealthy subject. Should the inflammation, however, end in partial or complete necrosis or death of the bone, suppuration and disorganisation of the joint will, in all probability, be the result; but such cases will claim our notice under another head.

It will be remarked that, although this disease is an inflammatory one, leeching, blistering, and mercurials have not been alluded to; and I do so now simply to express the opinion that they are not only useless, but absolutely injurious. Cauterisation of a joint affected with this disease is not a practice from which much benefit can be expected.

*Inflammation of the Soft Pulpy Layer which exists between the Shafts of the Long Bones and their Epiphyses.* It is now well known by anatomists that, at the junction of the shafts or centres of bones with their epiphyses, there exists a soft pulpy vascular layer of connective tissue, by which the growth of the body of the bone is maintained, and its subsequent union with the epiphyses secured. At an early period of life, this pulpy layer is well marked; for, as growth and development are at this time most active, the tissue is necessarily very vascular. Obediently also to the law that, in proportion to the activity of the action going on in the part, is its disposition to inflammatory disease, this tissue is unquestionably highly prone to inflammatory affections. I believe that a large proportion of the cases of acute suppuration about a joint in children have their origin at this seat; and this is often shown to be the case by an exfoliation of some portion of the surface of bone in contact with this pulpy layer. If the disease involve the whole connective tissue of the bone, a general exfoliation of the upper portion of the shaft may be produced; or, if this result do not take place, some arrest of development of the bone's growth may be the end.

The disease may make its appearance as an acute or a subacute affection. It is, however, generally acute, and is manifested by a marked swelling at the seat of the disorder, accompanied with great pain and constitutional disturbance. An abscess will then form, which may rapidly envelope the joint and upper part of the limb; and, when this has opened and discharged its contents, convalescence may result; or, what is more frequent, a piece of bone varying in extent will come away, and a cure follow.

The majority of cases such as I have described appear about the shoulder-joint, although the disease may be witnessed at any other articulation. The following cases may be given in illustration.

It must be added that, in this disease, the epiphysis itself is not often involved; this pulpy layer being more intimately connected with the shaft, the growth of which takes place through it; the epiphysis having an independent vitality and independent vascular supply. As a consequence, disease of this structure involves the shaft in preference to the epiphyses.

CASE 1. Mary S., aged 8, applied to me in Dec. 1860, with a large abscess completely covering the whole shoulder. It had been coming for six weeks, and had caused intense pain and some constitutional disturbance. The abscess extended over the clavicle to the middle of the arm; and the slightest movement of the extremity aggravated the pain. A free incision was made into the part posteriorly, and a pint, at least, of pus taken away. A good poultice was then applied, and tonics given.

When I saw her again, a week afterwards, the swelling had entirely subsided; the joint could be moved without pain; and no signs of mischief within the cavity could be detected. The original wound was still discharging; and a second over the bicipital groove had made its appearance. The pain also had disappeared. It was clear, from this example, that the disease was not in the shoulder-joint, although it was not far from it. A probe when introduced through the opening passed upwards upon the bone, but no exposed bone could be detected. I believed the case at this time to be a case such as I have

been describing. After the lapse of a few months, its true nature was revealed; on April 28th, 1861, a piece of bone came away, which was evidently the upper portion of the shaft of the humerus, where covered with the pulpy vascular layer. On May 23, a second piece of the same character was removed from the anterior opening, and recovery ensued. I saw the child one year afterwards, and the cure was complete.

CASE II. A similar instance to the above appeared in the person of Mary B., aged 11, who came under my observation in November 1862. Exfoliation of bone, which was evidently the upper surface of the shaft where in contact with the epiphysis, took place; and recovery ensued. The natural opening in this case was also over the bicipital groove.

CASE III. A third case occurred also in the person of George W., aged 14, from whom bone came away of the same nature, and recovery followed.

CASE IV. In Matilda D., aged 3½, a like exfoliation was followed by a like result.

Other cases of the same nature as the preceding might readily be extracted from my note-book; but they all tell the same tale—that of an acute or sub-acute abscess over the joint, followed by exfoliation of the layer of bone which is covered with the pulpy vascular tissue through which the bone grows; and subsequent recovery. It is to be remarked also that the abscess, if left to open naturally, bursts over the bicipital groove; this being the same position which an abscess from a suppurating shoulder-joint generally selects. All these cases have occurred in children, when the growth of bone and the activity of this pulpy layer is most active; and they, as a rule, have a good result. I have recorded in the *Guy's Hospital Reports* of the year 1862, an example of arrest of development of the humerus following an injury to the shoulder-joint, which I believe to be allied in its nature to those I have already quoted. In it, the accident was followed by an inflammation of this pulpy connective layer, and subsequently by an arrest of the growth and development of the bone; this growth being mainly affected through this tissue.

My colleague, Mr. Birkett, has also published in the same work a like case.

I have the records also of a second case of arrest of development after suppuration and exfoliation of bone, in Emma C., aged 9 years. The abscess occurred when she was seven years old; and this was followed by exfoliation of bone, the cicatrix, when seen, being exactly over the head of the metacarpal bone of the left middle finger. This bone was also at least half an inch shorter than its neighbours. The movements of the joint were perfect, proving the integrity of the epiphysis, and indicating the probability that the original disease was situated in the soft pulpy layer, at the junction of the shaft with the epiphysis, that the upper portion of the shaft had come away, and had thus given rise to the subsequent deformity.

It is hardly necessary to dwell longer upon this subject, the few remarks which I have made being, I trust, sufficient to draw your attention to the point, and to mark the true nature of the cases which I have described, for they are all tolerably distinct.

I have thus briefly alluded to the three forms of inflammatory affections which are found to attack the bones of children: namely, of the shafts, epiphyses,

and intervening epiphyseal structures; all of which are of an allied nature; but in each the symptoms of disease are quite distinct and readily distinguishable. I have also dwelt upon the anatomical causes of the differences between these osteal affections of early life and of the adult; and trust that I have not, in my efforts at condensation, left you uncertain as to my meaning or as to the nature of the diseases I have described. I look upon the distinction which has been made as most important, and have, therefore, gladly seized this opportunity of bringing the subject under your notice, as I am not aware that the true nature of these cases has hitherto been described.

*Fractures of Bones* will now for a few minutes occupy our attention.

*Congenital Fracture and Dislocation.* The fact that congenital fractures of bone and dislocation occur in infants is now too well established to admit of a doubt, although the examples illustrating its truth are not abundant.

I have, however, seen but one example of intra-uterine fracture, which came under my care on Feb. 10th, 1862; the case having been brought to me by an intelligent pupil, in whose practice it occurred. The particulars of the case are as follows.

CASE. The mother of the child, two weeks prior to her confinement, experienced a fall, and struck her abdomen sharply against the corner of a large weighing-machine. Signs of labour at once appeared, which were arrested by rest; and, at her due period, a female child was born, after a natural labour, with a fracture of the middle of the right femur. When I saw the case two weeks subsequently, the existence of a fracture was quite clear, for it had not been fixed. The bone could also be readily bent into its natural position. I bound it up with cardboard splints well padded with cotton wool, and kept it in position by broad strips of firm plaster. The fracture rapidly repaired, and in one month convalescence was established.

The case is worthy of record for several reasons: first, from its being a congenital or intrauterine fracture, an example of an accident which is recognised, but not often observed; secondly, to illustrate the facility with which the bone was restored to its normal position, a point which may always be observed in fractures of early life, from the fact of the bones being but partially developed, and containing more of the organic than inorganic elements; and thirdly, from the practice which was carried out, firm splints and hard appliances being rarely required in the treatment of such and allied fractures.

The limb should always be well protected from any unequal pressure by carded cotton, before the mill-board splints, which answer every purpose, are applied. Good, firm, linen strapping, closely surrounding the limb, binding the splints together more firmly and more securely than any bandage, and is far less cumbersome.

Respecting congenital dislocations, I have had no experience; but must refer you with pleasure to some excellent remarks upon this subject made by Mr. Athol Johnson, in his lecture, in the *BRITISH MEDICAL JOURNAL* for 1860.

It will be hardly necessary to detain you long with the consideration of ordinary cases of fracture of the bones; but it will be inconsistent with my original design, if I fail to point out to you the differences

between the fractures of bones as found in children and in adults.

Fractures through the body of a healthy bone are not common in early life; by far the greater number of instances taking place in children who are the subject of rickets. In these cases, it is well known that the bones are readily fractured; and in the case represented by the drawing which I now hand round, the mother states that at least twenty different fractures have taken place. In such cases, repair of the fracture is, however, rapidly performed, one month or five weeks being generally amply sufficient to complete the process.

Incomplete, or so-called "green-stick" fractures, form another peculiarity of infant life; the second name of "green stick" explaining their true nature, the bone being fissured vertically into fibres, but not separated transversely, precisely in the same manner as a green stick. This form of fracture may be found in any long bone. I have seen it in the arm and forearm, and also in the thigh; but have never noticed it in the tibia or fibula.

The youngest patient that I have seen who was the subject of this injury was a boy aged one month. The fracture was in the centre of the humerus; it had taken place some time previously, and was supposed to have been produced at birth. The bone was readily restored to the right line and fixed in splints, a good recovery taking place.

CASE. A very severe instance of this incomplete fracture presented itself before me in the person of a male child aged eighteen months. The right femur was really bent at a right angle, the foot and leg presenting outwards. It was produced by an attempt to catch the child when falling from the arms of its nurse. The fracture was readily restored by manipulation, and fixed with millboard splints, the limb being well padded with cotton wool, and the splints maintained *in situ* by strapping.

*Fractures of the Clavicle* are also very common. My colleague, Mr. Forster, in his practical work on *The Surgical Diseases of Children*, believes this fracture frequently to be one of the incomplete form; but as this bone is one of the earliest which is ossified, and at birth is, therefore, one of the strongest in the body, this opinion appears somewhat improbable. I would rather believe that these so-called fractures more often belong to the next class of cases to which I shall allude; viz., the separation of the epiphysis; the body of the bone being separated from its sternal epiphysis.

This *Separation of a Bone at its Epiphysis*, from anatomical reasons, can only take place in early life. It is, therefore, a second point of difference between the cases of fracture of bones in the child and adult. It is a commoner form of injury at this time of life than a dislocation of a joint, and is, perhaps, more frequent than an ordinary fracture.

It is the most frequently found at the upper and lower part of the humerus and carpal extremity of the radius; but it may take place in any bone. Considerable care is required to diagnose with correctness the nature of these accidents. They are too frequently looked upon as cases of dislocation, and are, therefore, maltreated; the absence of a distinct crepitus being the principal cause of this difficulty. They are to be treated in the same way as a case of fracture; the epiphyses are to be returned to their normal position by manipulation, and splints applied,

great care being observed that there is no undue pressure over the parts.

This leads me to say one word on the subject of dislocations, which are unquestionably cases of some rarity; the majority of the so-called cases being a separation or dislocation of the epiphyses, to which we have just alluded. The treatment of these injuries, however, are the same in the child as in the adult.

[To be continued.]

## Original Communications.

### OBSERVATIONS ON SOME OF THE EFFECTS OF THE APPLICATION OF THE CALABAR "ORDEAL BEAN" TO THE EYE.\*

By JOHN W. OGLE, M.D., Assistant-Physician and Lecturer on Pathology at St. George's Hospital.

As the observations, first of all made by Dr. Fraser, and extended by Dr. Robertson, on the effects of the Calabar "ordeal" bean upon the eye will no doubt attract (and most deservedly so) very considerable attention, I have thought it might prove of interest to place on record the results of some of the experiments which I have been induced to make with the same agent. In the present communication, I will notice only the results which I have found to be produced by its application upon the pupil of the eye, not wishing to interpolate any mention of such effects upon the power of vision, the "accommodation of the eye," as were manifested at the same time.

I was, in the first place, naturally wishful to determine for myself the fact that the healthy and active pupil of the eye could be made, at will, to contract by the application of this agent; and the following experiments were therefore instituted at the onset.

EXPERIMENT I. A young woman, aged 24; the sight of whose right eye was so far impaired that she could only distinguish light from darkness. The left pupil was of the ordinary size, and moderately active; the right one was very sluggish under the action of light, and much larger than its fellow.

I applied a single drop of my weakest solution (No. 1) of the Calabar bean between the eyelids of the right eye at 1.25 P.M. I found at 1.55 that the pupil, which before had been considerably larger than that of the other eye, had become so contracted that it was only of about half the size of the other one. How long it remained so contracted, I am unable to say.

EXPERIMENT II. A woman, aged 51, with both pupils equal, acting but sluggishly under light, and both of them smaller than natural and healthy pupils generally are. I applied one drop of my No. 1 Calabar bean solution between the lids of the right eye at 1.40 P.M.; and at 1.55, the pupil was only half as large as that of the other eye.

EXPERIMENT III. A man, aged 53, paraplegic; with

\* These observations were completed, though not communicated to this JOURNAL, before I had the opportunity of becoming acquainted with those which other experimenters (following Dr. Fraser and Dr. Robertson) have made, and placed on record.

† I have had four preparations of the Calabar bean made for me by Messrs. Bullock and Reynolds. First, a watery solution of a spirituous extract, of which one minim was equivalent to two grains of the bean (No. 1); secondly, a similar but stronger solution, in which one minim was equivalent to four grains of the bean (No. 2); thirdly, a strong spirituous extract, of which fifteen grains were equivalent to four hundred grains of the bean (No. 3). In the use of the former two, I dropped the solution, by means of a camel's-hair brush, between the eyelids; the latter (the extract) I used by first moistening it with water, and then smearing it over the inner surface of the lower lid. The fourth preparation of the bean which I have had made is a paper saturated with a solution, analogous to the atropine paper of Mr. Streetfield. This Calabar bean paper I have not yet tried, or made use of.

the pupils of both eyes equal, of moderate size, acting well under light. I applied one drop of my No. 1 solution between the lids of the right eye at 1.32 p.m. No visible change in the left pupil was perceptible at 1.40. It had become slightly contracted at 1.55; and it was contracted to half the size of its fellow at 1.58. It was less than half as large as its fellow at 2 p.m.; and at 2.5 this pupil was only about equal to a pin's head in size, the pupil of the other eye having become larger than it previously had been.

Wishing to ascertain how long the contraction of the pupil produced by the Calabar bean would remain, when no means were used for again dilating it, I made the following observation.

EXPERIMENT IV. A boy, aged 5 years and 9 months, strumous, with both pupils equal, both very large and mobile under the action of light. I applied a single drop of the weakest solution (No. 1) of the bean between the lids of the right eye at 1.42 p.m. No visible change in the pupil had occurred at 1.50. At 1.62, the pupil had contracted to the size of a pin's head. I saw the boy again at 10.30 p.m., and found that the pupil was very contracted, but not to so great a degree as at the hour previously mentioned. On the following morning, at 10.30 a.m., I again examined the boy's eyes, and found that the pupil was still contracted, but only to a slight degree, and was almost as large as the pupil of the other eye.

Having thus added a proof, and as I think a satisfactory one, that we have a ready means in the Calabar bean of expeditiously, and with tolerable, but not very great, permanence, contracting the pupil, I made the following experiments, with a view of proving its power of effecting contraction of the pupil which had been previously decidedly dilated by atropine. This I was particularly desirous of doing, inasmuch as I have constantly felt the want of the means of contracting the pupil, after I have had it widened by atropine or belladonna for the purpose of ascertaining by the ophthalmoscope the state of the deep vessels of the eye in cases of albuminuria, supposed disease of the intracranial parts, etc.

EXPERIMENT V. The same patient as in the case of Experiment No. II, with naturally small pupils. Between the eyeball and the lower lid, I introduced a portion of Mr. Streetfield's "atropine paper," equal to half a drop of the two-grains-to-the-ounce solution (*i.e.*, half of one of the squares) at 12.53 p.m. At 1.12, the pupil was very fully dilated. At 1.31, I applied a little of the strong extract of the bean (which I have before spoken of as No. 3). At 1.40, no contraction of the pupil had been produced, and I then applied some more of the strong extract. At 2.0, there was still no change in the pupil; but at 3.20, the pupil had become reduced to the same size as its fellow. Whether, and to what extent, it became still further contracted, I had no opportunity of judging.

EXPERIMENT VI. A man, aged 36, with both pupils equal, of natural size, acting well to light. I applied between the lids of the right eye one drop of the atropine solution (two grains to an ounce) at 12.7 p.m. At 12.30, the pupil was fully dilated, and I then smeared a little of the moistened extract of the bean on the lower lid. At 1.15, I found that the pupil was beginning to contract. At 1.30, as I found that contraction was not progressing at all quickly, I again applied some of the extract. At 2.0, the pupil was reduced in size to that of the opposite eye. I had no opportunity of ascertaining whether it contracted still further.

EXPERIMENT VII. A man, aged 36, whose pupils were of moderate size, and equal and acting well to light. I applied half a drop of the same atropine solution as in the former case, at 12.7, between the lids of the right eye. At 12.30, the pupil was fully dilated, and I then smeared on a little of the moistened extract of the bean. At 1.15, the pupil was beginning to contract; and at 2.0, the

pupil was of the same size as its fellow. How long it so remained I know not.

EXPERIMENT VIII. A man, aged 40, with pupils equal, of moderate size, and acting well to light. I applied half a drop of the above used atropine solution at 12.10 p.m. At 12.30, the pupil was fully dilated. I then smeared on the lid some of the extract of the bean; and at 2.0 the pupil was so far contracted as to be almost, but not quite, as small as its fellow.

EXPERIMENT IX. A strumous boy, aged 19, with pupils equal, of moderate size, and acting well under light. I applied one drop of a solution of atropine of the strength of two-thirds of a grain to an ounce of water between the lids of the left eye, at 12.16 p.m. At 12.47, the pupil was considerably, but not fully, dilated, and at 12.58 it was fully dilated; I then smeared on some of the extract of the bean. At 1.25, the pupil had not become at all altered, and I then applied more of the extract. At 1.45, both pupils were equal.

EXPERIMENT X. A young man, with pupils equal, moderately large, and acting well under light. I applied one drop of the atropine solution (two-thirds of a grain to an ounce) at 12.30 p.m. At 12.47, the pupil was beginning to dilate, and at 1.25 it had become much dilated. I then applied some of the extract of the bean over the inner surface of the lower lid, and at 2.38 both pupils were quite equal again.

I was now anxious to know if it would be easy, by means of the Calabar bean, to control the pupil which had been for some time left in a state of dilatation produced by atropine, and for this purpose made the following observations.

EXPERIMENT XI. A middle-aged man, with pupils equal, moderate as to size, and acting well under light. I applied one drop of the atropine solution (two grains to an ounce) between the lids of the right eye at 1 p.m. At 1.30, the pupil was fully dilated. At the end of a week, I found that the pupil was still very greatly dilated; and at 1.5 p.m. I applied some of the extract of the bean. At 1.20 the pupil was contracted to the size of a pin's head. I then applied one drop of the atropine solution (two grains to the ounce) between the lids, and at 2.31 both pupils were again equal.

EXPERIMENT XII. A middle-aged woman, with pupils active, equal, of ordinary size. The pupil of one eye was widely dilated with one drop of the atropine solution (two grains to an ounce); and, after the lapse of a week, the pupil was found to be still freely dilated, though not so widely as in the week previously. At 1.15 p.m., some of the extract was applied between the eyelids. At 1.20, the pupil was contracted to the size of a pin's head.

EXPERIMENT XIII. A middle-aged woman, with pupils of equal size, larger than usual, and active. I fully dilated the pupil of the left eye with one drop of the stronger solution of atropine (two grains to an ounce). At the end of a week, the pupil of this eye was still about one-third more dilated than its fellow. At 1 p.m., I applied some of the extract of the Calabar bean on the inner surface of the lower lid. After the lapse of only *twenty minutes*, the pupil of this eye had become reduced in size to that of a pin's head. Possibly this effect was produced much earlier, but I was unable to ascertain how much sooner it had followed the application of the extract, as the patient had left me and did not return earlier.

The following experiments show how readily the pupil, after being contracted by the Calabar bean, becomes again dilated on the application of the atropine solution.

EXPERIMENT XIV. A young woman, the same as mentioned in Observation No. 1, had the stronger aqueous solution of the bean, before described as No. 2, applied between the lids of the right eye at 1.53 p.m. I did not see her until 2.20, when I found the pupil of this eye reduced to the size of a pin's head. At 2.30, I applied one drop of the atropine solution (two grains to an

ounce). At 2.43, no alteration of the pupil had followed; but at 2.50, the pupil had become much dilated; and at 3.5, still more dilated. At the end of a week, the pupils were found to be equal in size.

EXPERIMENT XV. A woman, of middle age, with pupils equal, moderate in size, but rather inactive on application of light, having the arcus senilis in both eyes. Between the lids of the left eye, a drop of the weaker solution of the bean (No. 1), which was now some days old, was applied at 12.56 P.M. At 1.12, no change had occurred; and a drop of the stronger solution (No. 2), which was more recently made, was applied. At 1.16, the pupil was slightly contracted; and at 1.36, very much so. At 1.40, I applied one drop of the stronger portion of atropine (two grains to an ounce); and at 2.10, the pupil was becoming decidedly larger in size. At 2.15, it had attained the same size as its fellow.

In one or two other experiments, which I need not detail, I found that contraction of the pupil which had been dilated by atropine did not at all, or only very partially, follow the application of the Calabar bean solution. In some cases this might be explained by the fact of the iris having been at a previous occasion the subject of disease, and the muscular fibres having thus become altered in character; but I am inclined to think that it was owing to greater disproportion having existed between the strength or quantity of the solutions of atropine and Calabar bean which were used. It appeared to me that some of the Calabar solution, which was a simple watery one, was decidedly weaker in action after having been made some time.

It may then be gathered from the above experiments, that we have in the Calabar bean a ready and effective agent for producing contraction of the natural pupil; and also of neutralising the effects on the pupil produced by the application of atropine or belladonna to the eye (which generally remain for a great length of time, and frequently prove a subject of much complaint, by the resulting interference with vision and disfigurement—or, as some would say, the improvement—of countenance.) A little trouble and attention will be required in adjusting the strength of the Calabar bean solution on the one hand, and the atropine solution on the other; but when the proportionate strength of the two antagonising solutions has been determined as nearly as possible, making allowance for individual differences as regards the relative strength of the sphincters and dilators of the iris, dilatation for ophthalmoscopic and other purposes may be at any time resorted to with the certainty of a speedy return of the pupil to its natural state. I am convinced that, for ordinary ophthalmoscopic purposes, one quarter of a square of Mr. Streatfeild's atropine paper introduced beneath the lower lid is sufficient to effect the required purpose, and this should be removed as soon as dilatation commences.\* But even if, from want of due adaptation, the contraction of the pupil should have been too vigorously carried out by the Calabar bean preparation as counteractive of the atropine dilatation, experiment shows me that this state of contraction is much less troublesome to the patient, and also lasts a much shorter space of time than does the dilatation from atropine or belladonna.

I hope shortly to adduce the results of further experiments concerning the effect of this agent, not only when used in reference to the eye, but also when resorted to in a more general way. Especially, I hope for the opportunity of testing its power of antagonising certain spasmodic conditions of the muscular system artificially produced.

POSTSCRIPT. As I find so many inquiries made by medical friends as to what the Calabar bean really is, I

will here state concisely what I find to have been made known regarding it. The papers which I have consulted have been: first, a communication by Dr. Christison to the Royal Society of Edinburgh, Feb. 5, 1855, On the Properties of the Ordeal Bean of Old Calabar (*Edinburgh Medical Journal*, March 1855, and in the *Pharmaceutical Journal and Transactions*, vol. xiv, 1854-55, p. 470); and secondly, a communication in the *Transactions* of the Royal Society of Edinburgh, read Jan. 16, 1860, entitled, a Description of the Plant which produces the Ordeal Bean of Calabar, by Dr. Balfour of Edinburgh.

In the paper by Dr. Christison, after alluding to the custom among the negro tribes of Western Africa of using the ordeal by poison as a mode of trial for heinous offences, and describing the use, as an ordeal-poison, of the bark of certain trees, he proceeds to give a notice of the "ordeal-nut," of which Dr. Daniell had given a short account in the *Edinburgh New Philosophical Journal*, 1846, p. 319. Dr. Christison, it seems, had had the opportunity of investigating the action and chemical constitution of some of the seeds, which he had obtained from a missionary and merchant trading with Old Calabar; some of the seed having been also cultivated by Professor Syme and Dr. Balfour. It proved to be a perennial creeper of the family of *Leguminosae*. Dr. Christison found that its active properties could be concentrated in an alcoholic extract "which constitutes 2.7 per cent. of the seed; and that this extract does not yield a vegetable alkaloid by the more simple of the ordinary methods of analysis." As respects the effects of the bean on the animal body, he found them to be "energetic, and in some respects peculiar, as it seems to affect directly and violently the functions of the heart and the exercise of volition over the muscles." Dr. Christison details the effect produced by fatal doses on the lower animals, from which it is clear that it is a poison of great intensity of action; and also records the effect produced in his own person by what proved to be a dangerous quantity of the bean taken internally. Omitting the details given, the conclusion arrived at was, that "one principal action of this extraordinary poison, and the immediate cause of death in fatal cases, is depression, ending in paralysis of the heart." He goes on to observe, "I think it may also be inferred, that another action is paralysis of the voluntary muscles, attended with suspension of the influence of volition"—a peculiar torpidity, like to that which attends the action of opium or Indian hemp. During this action the integrity of the mental faculties was most remarkable; and throughout there seems to have been a peculiar immunity from any bodily uneasiness (excepting sickness, the relics of the action of the emetic which was resorted to), merely a sense of sinking vitality being experienced. It appeared likely that twelve grains might, if retained on the stomach, have proved fatal.

From Professor Balfour's paper above-mentioned, it appears that Dr. Sharpey found by experiments on the frog, that it "paralyses the action of the lymph heart, does not impair circulation in the vessels, appears to suspend the influence of volition over the muscles, does not affect the direct excitability of the muscular fibre, and apparently also leaves the muscles excitable by stimuli conveyed along the nerves, other than volition; at least by electricity." Professor Balfour describes the experience as given to him by several missionaries, who witnessed the effects of the bean upon natives in the Calabar country. The entire plant is fully described by Professor Balfour in this paper.\*

I may say here that Sir W. Hooker informs me that at Kew he is trying to rear one or two living plants. He gives to them the name of *Physostigma venenatum*.

\* Sometimes a little vascularity of the conjunctiva follows this use of the atropine paper; but it only remains a short time, and is not worthy of mention, being quite confined to the parts with which the paper is in contact.

\* I have to thank Professor Balfour, and also my friend Sir W. Hooker, for kindly forwarding to me some of the beans for experimental purposes.

# CASE OF PROLONGED AND PROFOUND SLEEP, OCCURRING AT INTERVALS DURING TWENTY YEARS.

By W. G. GIMSON, M.D., Witham, Essex.

J. C., aged 44, a farmer, had never been ill, beyond what he describes as a slight cold.

In 1842 or 1843, the patient after getting very wet and not changing his clothes, suffered from a severe cold, which was followed by long and deep sleeps, the duration of each sleep being more than twelve hours, and the sleep of so profound a nature that it was found impossible to awake him. This attack lasted nine or ten months, and ceased upon the setting in of very wet weather.

In 1848, he experienced a similar attack after catching cold. This attack was more severe than the former, was accompanied by occasional trismus, lasted over a period of eighteen months, and ceased upon the appearance of wet weather.

The present attack dates from the 11th or 12th of May, 1860. At this time the patient got very wet at a fair, and experienced considerable pain in all his limbs, and especially in his back. These symptoms, I am informed, were cured by small doses of Gregory's powder. About a week afterwards, the patient became very drowsy; and when he was once asleep it was found impossible to awaken him, the duration of the sleep being from twelve to twenty-four hours.

I was called to see him after the attack had existed for some time, and found him in bed apparently sound asleep, lying upon his left side; breathing quietly, respirations 18 in a minute; pulse 64, regular, feeble; skin generally warm and perspiring; hands and feet somewhat cold; complexion dusky; there was a peculiar twitching of the eyelids, and upon separating them the pupils were seen slightly dilated, and fixed.

After calling loudly in his ears, pulling him over from one side to the other, pinching his nails, etc., he was awakened by touching the conjunctiva with my finger-nail.

He awoke with a slight exclamation of surprise, and sat up. The pulse was slightly accelerated; the countenance heavy; the pupils were dilated, but acting under stimulus of light; his voice was low and husky; the mucous membrane of the fauces was slightly inflamed; his tongue was clean and moist; the bowels had been open twice the preceding evening, while he was awake. His urine was reported to be high coloured, and turbid on cooling.

He had no pains nor uneasy sensation to complain of, except a deeply seated pricking across the forehead, generally felt when awake.

He now passes about forty hours out of forty-eight in sleep; and has been known to sleep more than three days without taking food; the longest time, as I am informed, being eighty-four hours.

He generally awakes as the evening approaches; never dreams, or, if he does, the mind retains no impression of so doing; he generally goes to sleep upon the right side, soon turns over on to the left, and so remains until he awakes.

He has never voided urine nor stool even during his longest sleep, although he has several times laboured under diarrhoea during the present attack.

His memory is good; he inquires after friends whom he saw when last awake, and this before time has elapsed, or circumstance has occurred, to recall the fact to his mind. And he is now as capable (when awake) of transacting business, or of any calculation, as he was at any period of his life.

Weather and the state of the atmosphere seem to ex-

ercise a direct influence upon him; he is always more wakeful, and remains longer awake during wet and dull weather than at any other time, and he will frequently awake and foretell a coming storm.

During the preceding two attacks he was bled, blistered, etc., and all the experiments were tried upon him which medicine could suggest; but with no avail. My opinion was asked as to the advisability of a seton; and, as I could not see any benefit likely to arise from that mode of treatment, I gave an opinion against it. Upon being asked, what I could recommend as likely to be of service in this case? I felt how little I could suggest in the present state of things. The appetite was good; the functions of the stomach and alimentary canal of the liver and kidneys were carried on to all appearance efficiently; the heart-sounds were clear but feeble; respiration was free but shallow; the surface was generally warm. What could be of use? I confess I was puzzled; nor could I, by searching through books, or thinking upon the case, arrive at anything like a satisfactory conclusion.

The only case I can find at all approaching the one I have related, is that by Dr. Oliver, F.R.S., of "An Extraordinary Sleepy Person," at Timsbury, near Bath, May 1694.

This person seems to have been more of a somnambulist than my patient; and although he slept as profoundly and so long as a month at a time, still he managed to eat and drink during sleep. This state of things occurred at intervals for some four years; and during that time he was bled, blistered, scarified, etc., but to no purpose. The sleep in this case was so profound that one visitor thrust a pin into the patient's arm down to the bone without awakening him. During one attack, also, he suffered from trismus.

The physiology of sleep is too lengthy a subject to enter upon in a paper like the present. I have simply related facts as far as I am able in the case of my patient, and have done so with the hope that some one may suggest a mode of proceeding likely to be of use in the treatment of this disease, for disease it certainly is.

## CASE OF PHLEGMASIA DOLENS FOLLOWING AN OPERATION FOR HÆMORRHOIDS.

By HENRY EWEN, Esq., Long Sutton.

Mrs. C., aged 48, a farmer's wife, of active habits, has had seven children, the last 14 years of age, but still menstruates. She had had hæmorrhoids upwards of twenty years, and had suffered very great losses of blood.

June 17th, 1862. She was pale and anæmic, with a very quick pulse and great debility. There was a loose pendulous flap around the anus, and a pile of the size and colour of a cherry projecting therefrom. Nitric acid was applied to the pile.

June 23rd. The pendulous flap was removed by excision. The operation was followed by some protrusion from the anus, and superficial sloughing of the protruded part; but the parts healed kindly in the course of a month. Just three days before the expiration of a month, phlegmasia dolens supervened, affecting the left lower limb. There were great pain and tenderness in the groin, and along the course of the femoral vein, gradually extending downwards to the ham and calf of the leg, and considerable œdema of the whole limb.

August 31st. There remained much œdema of the left leg, and inability to walk. Her general health was much improved.

May 1863. She had an excellent recovery, and remains quite well.



# Transactions of Branches.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

ON THE ACTION OF MEDICINES, SINGLY AND COMBINED.

By DAVID NELSON, M.D.Edin., formerly Physician to the Queen's Hospital; and Professor of Clinical Medicine, Queen's College.

[Read April 9th, 1863. This paper has also been read before the Midland Medical Society.]

[Concluded from page 591.]

WITH regard to the heterologous agents, they act:—

1. Either as direct neutralisers, such as antacids, antiseptics, stimulants, sedatives, tonics, depressants, astrin-gents, relaxants, cooling and heating remedies, and coagulants and resolvents; or

2. As exciters or adjuvants of morbid action, amidst which the offending matters are either destroyed or expelled; such as emetics, purgatives, diuretics, sudorifics, etc.; or

3. As specifics, acting after a manner more or less known, or utterly unknown, and hence called alteratives; the word implying a recognition of results without offering any explanation of them. In this class may be instance quinine, colchicum, arsenic, mercury, silver, zinc, copper, etc.

From the fact that all remedial agents which enter the body have to deal with living tissues under innumerable variations of condition, and react within it according to peculiar vital laws, it happens that even the simplest homologous elements may act in diverse manners, according to the constitutions and idiosyncrasies of the individual subjects; and much more so those that are composite and heterologous. Beers, wines, spirits, and spices, (and even albumen, starch, and oil, will behave very differently in different bodies, according to constitution and condition, as every one of delicate stomach is so well able to testify: how much more so those matters that are more foreign to the system.

1. Amongst the class of *neutralisers*, the antacids and antiseptics are almost the only agents that act in an invariable manner; and may, therefore, be passed over without comment beyond an observation or two in regard to the permanganates. While fully alive to the admirable antiseptic virtues of cinchona and the mineral acids, as well as some of the chlorides, I yet think there are conditions in which the internal and external use of the permanganate of potassa affords results far transcending those of any other agent. While bark and the mineral acids are more potent for good in the blood-putrescence of fever, carbuncular disease, blood-scurvy, and pulmonary gangrene, I believe the permanganates to be incalculably more efficacious when the surfaces are involved; as in cancers, and foul ulcers of the skin, and putrid states of the mucous membranes of the mouth, nose, throat, stomach, and intestines, and vagina and uterus. While the chlorides, creasote, and carbolic acid, etc., displace one bad odour, they themselves bring others scarcely, to some persons, less offensive; but the permanganate simply deodorises and freshens. The only odour perceptible is that pleasing impression which arises from the smell of recently bleached clean linen. Theoretically speaking, we have here a simple hyperoxygenation and dispersion of the offending elements by the powers of ozone; but, be the precise nature of the action what it may, the practical results cannot be doubted; for they are invariable and instantaneous; so that, against the putrefactive horrors of cancer, mercurial salivation, necrosis, and certain affections of the liver, intestines, and uterus, no agent can approach the freshening influence of the permanganate of potassa, a pre-

paration as beautiful in appearance and as mild in taste, as it is certain and beneficial in its action.

The other classes of the heterologous remedies vary in their effects, and not alone from differences in themselves, but from differences in the constitutions of the patients. Thus, the power of bearing cordials or spices varies very much according to the state of the mucous membrane. Alcohol takes very different effects upon different individuals. While one person of compact, powerful brain, and rigid fibre, will only be moderately stimulated or slightly elated; another, of inactive and lax, full habit, will be rendered sleepy and even stupified by a much less quantity. With the first there will merely be an increase of the animal heat; with the second, there shall be congestive engorgement of the brain, liver, and lungs, etc., the heart palpitating, the respiration impeded, and the face highly flushed.

Under the bodily depression of disease, or the mental sadness of adverse affairs, much of this stimulant may be borne without any other effect than simply keeping the patient at par with others; while the plethoric and sanguine subject will become elevated by a moderate allowance. We also know that large quantities of sulphuric acid may be taken under scurvy, and of nitrate of potassa under fibrinous rheumatism, before they produce their counteractive effects. With regard to sedatives, how very little will often compose to sleep the full-fed, easy, unreflecting subject; and, on the other hand, what large doses may be administered under acute pain and high excitement, without any further result than the induction of a light sleep, or the mere soothing and lulling of intense agony. In the strong and rigid, these alone may occur; but in the lax and pale, how often have we symptoms of faintness and oppression which the patient can only compare to a sense as of the approach of death. All who hear me are of course familiar with the action of opium and other agents of that kind upon certain individuals, and how dangerous is heavy sleep in such diseases as bronchitis, pneumonia, and cardiac obstruction, where nature for her own safety demands watchfulness. In the aconite we have also a good illustration of the respective tolerance of a remedy by one patient or another. In the deep-seated pains of bones, and other more solid tissues, and also of the cranium and larger joints, but more especially in sciatica and amaurosis, all who have used it aright must confess to the wonderful relief afforded in respect to the leading symptom of intolerable and exhausting pain; at the same time, there are patients of a constitution that cannot well bear it, and whose hearts become so fluttering and feeble under its influence as to cause very great anxiety. It is fortunate, however, that potent diffusive stimulants have an excellent counteractive effect in such cases; and I always take care to administer such in combination with the aconite, whenever I do use it upon such subjects. The same observation is applicable to so depressant and relaxant an agent as antimony. Here we have a powerful and direct sedative, a calmer of the heart's action, a corrector of febrile heat, an expectorant and diaphoretic; yet ever requiring to have its action modified or restrained according to various circumstances. Here the utility of judicious combination becomes vividly apparent; and experience has to speak of the beneficial mutual control exercised between this remedy and others of a different, or even opposite nature, when allied together. Thus is observed the subdued pulsation of the cranial vessels, the gentle warm perspiration, and the subsidence of headache, stupor, or delirium, when the antimony is united with opium, as in fever. A similarly modified action is to be observed when pneumonia occurs in feeble constitutions, and when one desires to calm the heart's action, and open the pores of the skin without inducing nausea, or that sinking sense of weakness so apt to prove fatal in such cases. Combined with cinchona and ammonia, this re-

sult is obtained from it; and, though it might be urged by the sceptic, and those of the dry chemical school, that the ammonia, or the astringent principle of the bark, would decompose the soluble tartrate of antimony, and so render it inert, such, I feel certain, is not the case; and it will be observed that, while the antimony is so far chemically changed as to prevent its immediate nauseating effect upon the stomach, it yet acts in its usual sedative and diaphoretic manner; and, in fact, finds its way to the recesses of the system quite as surely, and more steadily, than in its more simple and soluble form. The fact is further proved by the beneficial action of the antimonial powder; and it is well known that the continued use of antimony will kill its victim, even though never used except in effervescing draughts, the alkali of which would as certainly decompose the tartrate as either ammonia or bark. Other remedies of an opposite mode of action may also, as we know, be combined with advantage; as digitalis with ammonia or with arsenic, or quinine and opium with lytta, etc.

2. In the class of *exciters* or *adjuvants* of morbid action, we have an illustration of that one kind of medical procedure on which is founded the absurd dogma of "like cures like," with us a limited truth, contained within the narrow compass of this one occasional line of treatment; but which, by a visionary sect, has been attempted to be set up as a universal principle in therapeutics, in the same manner as other purblind and enthusiastic panaceists have attempted to set up water, cod oil, electricity, and hot air. Each of these things have their uses, as we know, within certain bounds, and all rational physicians have so employed them; but the laudation of any one of them as a panacea, is simply an absurdity that can only be professed by rapacious rogues, and credited by the foolish and ignorant in matters medical. The sole ground-work of the phrase "like cures like" is evidently, then, this partial medical truth, and its natural operation in what one may call primary reaction, or that effort by which the constitution endeavours of itself to cast forth, as speedily as possible, whatever hurtful agent may have entered the system. Such primary and spontaneous reaction may assume the shape of vomiting, or purging, or sweating, or extraordinary micturition, or the explosion of eruptions, or boils upon the surface, or all combined, or in succession. Under such circumstances, we may certainly increase the reactionary symptoms with great benefit to the patient; especially if the efforts at expulsion be somewhat ineffectual. If the vomiting arise from offensive matters in the stomach, our readiest cure clearly consists in an emetic; if the purging proceed from a similar cause in the intestines, our reliance is in a brisk purgative; if the reaction be towards sweating, expectoration, or diuresis, we promote the flow of the respective excretions, and, if there be a tendency to cutaneous eruptions, or boils, we may give tonics, and thereby apparently increase the disorder by forcing out all latent morbid matters. So far all is consistent with experience and common sense; but what would be said of him who, acting under the ordinary dry rule of *similia similibus curantur*, should exhibit an emetic during the vomitings of cerebral disease or pregnancy; a purgative in ulceration of the bowels; a sudorific in the sweatings of phthisis, or a diuretic in diabetes? The question had better not be answered; for the answer would be a very rough one, in keeping with the roughness of such practice.

Amongst the exciters of morbid action, mercury must occupy a conspicuous place, when it is used to the extent of salivation. In this wise, we see in it a wonderful neutraliser of the syphilitic virus, and a promoter of that series of changes in the body which is equivalent to a distinct disease in itself, but yet acting curatively towards other diseases of the most formidable character. By some mysterious means, it invades the vitality of certain morbid growths, attenuates and dissolves the

fibrinous material in the blood and elsewhere; so abating inflammations, softening and reducing hard swellings, and, in fact, disintegrating the tissues generally, if carried sufficiently far; but yet in this manner controlling deep seated action, and guiding to a safe issue the most dangerous internal disorders of the brain, heart, lungs, liver, intestines, serous surfaces, and last, not least, of the eye.

3. Turning our attention to the *alteratives*, we find amongst them innumerable illustrations of the fact that agents may work with the greatest efficacy, and yet their modes of operation remain utterly unknown. We must include amongst them the antispasmodics, the tonics, the febrifuges, and other specifics. In some of them we have but to admire the happy results, without having the remotest idea of how these have been produced. In others, we have some glimmering notion of the secondary means by which such results have been attained. For example, how strychnia excites or how conium paralyses the powers of the spinal system; how castor or valerian calms that wild nervous excitement which distinguishes emotional hysteria—we know nothing. How arsenic or quinine arrests ague or fever, we are equally ignorant. How calumba, gentian, and other such bitters, give tone to the stomach; and how bismuth alluages ordinary gastralgia—we know not. Neither can we explain how lobelia controls spasmodic asthma, or digitalis lessens palpitation. On the other hand, we do indulge in some reasonable suppositions with regard to a few of such remedies. For instance, when we employ steel and emmenagogues in the case of the female epileptic, who is also afflicted with deficiency of menstruation, and meet with a double success in bringing on the monthly discharge and arresting the epilepsy, we are entitled to believe in the uterine source of the more alarming disease, and the rational means of its subjugation by the removal of the primary exciting cause. So when we use purgatives with the constipated, and pepsine with the dyspeptic, and find the fits abate, we are equally entitled to hold the gastro-enteric irritation as the main cause. Also when we employ silver, and find that a worm is expelled while the epilepsy disappears, we feel further convinced that the worm was the cause of the fits by reflex action upon the nervous centres; and that the silver acted indirectly upon the epilepsy as an anthelmintic, in like manner as the steel and ergot, and the purgatives and pepsine, acted as deobstruents and solvents. Of course, as such derangements of the uterine and gastro-enteric functions may occur in thousands of instances without inducing an epilepsy, we must conclude that there exists in the exceptional cases an epileptic diathesis, that is, an occult something *plus* the ordinary conditions; and it is here, when the disease is apart from any known organic disease of the brain or other structure, and when, so far as we know, it is purely, as we call it, functional, but capable of being moderated or removed by remedies, that such remedies receive, more emphatically, the name of alteratives. Amongst these stand foremost zinc, copper, arsenic, and quinine—how operating we do not know, beyond this, that they seem, by their so-called tonic powers, to constringe the capillaries, and so lessen that congestion of the brain and nervous system which is apt to deprive these tissues of their natural quiet vigour and sustained tonic. Under their influence, the white of the eyes shows less of that dull, dirty, reddish brown or thick-set venous network, so characteristic of the epileptic aspect; the mind becomes less hazy and confused; the muscles are not so tremulous; the hands can grasp objects more firmly; and the feet are moved upon the ground with more precision and elasticity. Yet sometimes one of these agents will act more beneficially in certain cases, and another in others, without any possibility of our knowing why. Again, combinations will often effect what each remedy separately has been unable to accom-

plish. This is again and again illustrated in obstinate chronic diseases of the skin and other such textures. Mercurials, iodides, and arsenic may each be used in succession and in increasing doses for a length of time, with little or no effect; and yet the iodide of arsenic and mercury, as represented by Donovan's solution, administered outwardly and inwardly, may speedily induce a favourable change, too marked and too often witnessed to admit of any doubt as to the cause.

So also with those remedies used in ulceration of the external surface—a subject of profound interest to the physician as well as the surgeon, as exhibiting under our eyes the processes of erosion or of healing, according as the reparative powers are strong or weak. We can tolerably well understand how, in an old standing indolent lesion of the surface, besides the employment of tonics and nutrients internally, we should also use certain applications superficially. We can easily see, by *prima facie* reasoning, the utility of such agents as simple emollients, sedatives, deodorisers, antacids, absorbents, stimulants, and astringents. We can discern the directly beneficial action of the protective qualities of poultices, cerates, and oils, as imitating the scab of Nature; we witness the skin-like support of firm bandaging or strapping; we can appreciate the cleansing and cooling effects of pure water; we can see the use of carbon in absorbing irritative gases; of chalk in neutralising acid exudations; of lytta in stimulating the circulation in sluggish sores; of opium in subduing undue sensibility; of the salts of iron, copper, zinc, or lead, in constricting the lax vessels, and firming the flabby granulations of old and deep excavations; of nitric acid and nitrate of silver in breaking down the brawny indurations which abut upon the softer textures and prevent any approach of the gaping sides of the sore;—all this, I say, we can tolerably well understand upon the general principles of physiology and therapeutics; but why, after we have used all these agencies in vain, a little sprinkling of calomel or of the red or black oxide or bichloride of mercury, or the internal use of iodide of potassium, should induce healthy cicatrisation as if by miracle, is to us a mystery. It is well enough, as is often the case, to say that such ulcerations, etc., must have been of a specific character; and that, even though syphilis could not be proved in the person so affected, yet his parents or grandparents or great-grandparents must have had it. Be it so, or let us suppose so; yet the mystery of the action remains the same as ever. It is a bare truth, a simple and inexplicable fact, which, as no rationalist can explain, so no sceptic can doubt.

Before concluding, I would also wish to speak briefly regarding the variable action of different anthelmintics, whether owing to the different constitutions of the patients, or the different constitutions of the worms, I am unable to declare. But this is certain, that one has sometimes used the kousoo with perfect success, and at other times with no result at all; while the oil of malefern has dislodged the parasite at once. In cases where both kousoo and fern oil have failed, the oxide or the nitrate of silver has proved efficacious, the worm having been expelled after the first dose of the one or the other. These, however, are not to be relied upon in all cases; and now that the powers of each have been subjected in one's practice to repeated separate trials, I usually prefer using them in succession, beginning with the silver, and following that up with the fern oil or kousoo, as required. The oxide of silver with calomel I have repeatedly found useful for young children. One little girl some time ago was brought to me on account of attacks of epilepsy, and was ordered two grains of the oxide of silver, with three grains of calomel, every other night for a week. A large tænia was passed after the first dose, and no fits have occurred since. I ordered the same for a young lad; and, after each dose for three times, there came a round worm, each of the three

being ten inches long. These are but examples of a great many more. A lady who delayed taking, on account of its offensive flavour, what was ultimately successful in her case—namely, the fern oil—adventured at first rather upon the kousoo. After drinking the infusion, she proceeded to chew and swallow the roughly powdered plant for an hour or so; and in a solemn manner, such as her son-in-law could only compare to a cow chewing her cud. She did stop short, however, and it was not successful; but the remainder being given to an old woman of the village noted for having a tapeworm which almost daily came away piecemeal, the entire parasite was discharged; though she had previously taken turpentine, gin and jalap, and other popular remedies, without that result.

Colchicum affords us another instance, when timely employed against the primary urinary indications, of a valuable and certain specific, not merely in ordinary articular gout and rheumatism, but in the various nervous, muscular, and osseous pains, and in the bronchitis, gastralgia, pleuralgia, and asthma of that peculiar diathesis. Some have attributed its virtues to its modification of the renal, and others to its alteration of the hepatic secretions; the latter even asserting that no good change occurs till purging takes place. Having used it carefully and extensively, I would emphatically deny the accuracy of this last quoted assertion. The benefit can be gained without purging, or indeed any other bodily disturbance whatever; but never, so far as I have observed, without having first effected a solution of the urinary deposits, or a conversion of the irritative insoluble urates into urea. Act in whatever manner it may, however (though I believe it acts both on kidneys and liver), we use it for its usually happy results; and, having ascertained these by giving it at one time and withholding it at another, and noticing the different results, our knowledge of such results does not at all prevent us from combining it with other agents, but rather enables us to do so the more effectually. Taking rheumatism as the aptest illustration of one's procedure, we would ally the colchicum with mercurials and saline aperients in acute inflammatory cases; with hyoscyamus, or opium, or aconite, etc., where severe pain prevailed; with hydriodate or nitrate of potassa, or both, where fibrinous deposits or swellings occurred; and with soda, or rather potassa, in all. Complicated cases might demand a still greater variety of combinations of these and also other adjuncts, according to symptoms; as bleeding, or leeching, or antimony, for the plethoric; and bark, cardamoms, and ammonia, for the aged and enfeebled.

Such I conceive to be the rational employment of specifics in conjunction with general remedies; the first operating upon the essence of the disease, and the others on its concomitant symptoms; and, so believing, I can see no inconsistency in a sound combination of the so-called empiric, or rather experimental, and the rational systems of medicine. Indeed, they must be so combined, to enable our composite science and art to assume the character of a real philosophy.

#### MIDLAND BRANCH.

CASE OF DISEASE OF THE TARSAL BONES; AMPUTATION OF THE FOOT AFTER PIROGOFF'S METHOD: RECOVERY.

By T. SYMPSON, Esq., Lincoln.

[Read March 27, 1863.]

THE operation performed in the following case is one which is severely deprecated by Professor Syme (*Observations in Clinical Surgery*), and not very favourably spoken of by Professor Lister (*Holmes's System of Surgery*, vol. 3); nevertheless, in this, as in other instances, it has been found fully to answer its intended purpose, the patient at the short period of between three and four months after the operation being able to walk two miles

with ease, and without the application of any form of apparatus, his foot being merely stuffed with tow. The difficulty, incidental to hospital practice, of ascertaining the state of patients some time after their discharge from the hospital, having in this case been happily obviated, I have thought it worth while to bring the result before you.

CASE. F. T., aged 24, was admitted under my care into the Lincoln County Hospital, July 28th, 1862. He was a thin, pallid-complexioned man, who had been in the Horse Artillery. He complained of his left foot; which was much swollen, red, and very tender. Several sinuses yielding a copious thin purulent discharge led to diseased bone; there was severe pain in the part, especially at night. He had night-sweats; his tongue was coated; his pulse rapid; the bowels were disposed to be relaxed, and his urine was turbid and high coloured. There was some dulness on percussion over the apex of the right lung, and prolonged expiratory murmur was audible on auscultation.

A year and nine months ago, when in Dorchester barracks, he caught his foot under a scraper, fell, and wrenched it. For this he entered the Military Hospital, when severe inflammation of the foot and ankle occurred, followed by abscesses; which were opened. He was discharged as unfit for the service, and then placed himself under a quack at Harby. He improved somewhat, and was able to walk with little pain; and the openings (some of which were made to let out pus, others had ulcerated through); many of them closed, leaving two on the inner and one on the outer side of the ankle, and three on the dorsum of the foot.

At last he applied as an out-patient at the hospital; but, from the day being rainy, and his having to walk more than usual, he thinks he took cold; the pain became aggravated, the foot and lower part of the leg much inflamed, and the old openings, previously closed, broke out again and discharged pus freely. A fortnight afterwards, he became an in-patient.

He was ordered a tonic mixture and cod liver oil, full diet and a pint and a half of porter daily, and a linseed-meal poultice to be applied to the foot.

In August, a slight attack of diarrhoea was checked by the compound kino powder.

In the beginning of September, he complained of violent frontal pain attacking him at night, preceded by febrile symptoms. He was relieved by an emetic, followed by a dose of mercury with chalk. Soon, however, his lower extremities became covered with copper-coloured scaly blotches, and he confessed to having had syphilis five years ago. He was ordered five grains of iodide of potassium three times a day; and in three weeks was quite free from the eruption.

On October 4th, as there was no improvement in the state of the foot, and his general health was manifestly suffering, after a consultation with my colleagues, I amputated at the ankle-joint after Pirogoff's method; the anterior tibial and the plantar arteries required ligatures; the flaps were retained in apposition by four silver sutures and by strapping. The operation was performed at 11 A.M., and at three P.M., there being considerable hæmorrhage, the stump was opened, when blood was seen oozing from the surface of the bone. The surface was left exposed to the air until 8 P.M., when under the influence of chloroform the sutures were re-introduced; a sedative draught was then given.

An examination of the foot after removal disclosed the astragalus ankylosed to the tibia, and its anterior articulating surface, as well as the articulating surfaces of the os calcis, roughened and deprived of cartilage. The cuboid and scaphoid bones were carious.

The wound healed kindly, and nothing worthy of remark occurred during recovery, excepting the formation of a small sinus under the integuments along the outer and lower part of the leg. As this refused to close under

the influence of either pressure or astringent injections, it was laid open with a bistoury, after which it gave no further trouble.

The patient called on me on March 7th of the present year. There was then firm union between the bones, and a mere linear cicatrix on the front of the stump. The limb was one inch and a half shorter than the sound leg. When his boot was on he could bear the whole weight of his body on the stump, and with the aid of a stick had walked a couple of miles without fatigue. He had quite lost his cough, and had grown stout.

## Reviews and Notices.

STUDIES IN PHYSIOLOGY AND MEDICINE. By the late ROBERT JAMES GRAVES, M.D., F.R.S. Edited by WILLIAM STOKES, M.D. Pp. 428. London: 1863.

THIS volume, prefaced with a notice of the life and labours of Dr. GRAVES, consists of a series of essays selected from the papers which were published in different journals during his lifetime by Dr. Graves. The essays appeared at various times between the years 1828 and 1851.

All the essays thus selected for republication bear upon physiology or medicine, and are divided into two sets, Physiological and Miscellaneous. Some of the papers have undergone alterations. "Their supervision," we are told, "as they originally appeared in print, seems to have been, in some instances, intrusted to other hands than those of the author; in all such cases, the editor has sought to convey the meaning of the writer so as to prevent misconception."

We need hardly say that these essays are not meant to convey to the mind of the reader an idea of the state of physiology at this present day. They are published to show the great grasp, and breadth, and depth of their author's mind; to show that the author of the famous *Clinical Medicine* was not merely a successful physician in practice, but also a philosopher in mind.

The mere enumeration of the titles of these essays suffices to indicate the wide range of Dr. Graves's studies. And it need hardly be added that their author treated them after no fugitive or superficial fashion. He made himself master of the subject he took in hand; and brought all the force and vigour of his intellect to develop and elucidate it.

In the list of Physiological Essays we find the following:—The Ubiquity of Life; The Position of Man in the Scale of Life; The Influence of Light; Phosphorescence; Effects of Temperature on Animal and Vegetable Life; Electricity in Relation to Plants and Animals; Distinctive Characters of Man; Faculties and Instincts of Man; Varieties of the Human Race; Laws of Periodicity; Chances of Life; Temperature and Appetite; General Principles of Dietetics; On the Sense of Touch; On the Use of the Cochlea in the Organ of Hearing; On Latent Life and on Vital Crystallisation; On Double and Single Visions; The Laminated Structure of the Crystalline Lens; Anomalies of Organisation; The Functions of the Lymphatic System.

The Miscellaneous Essays are the following:—The State of Medicine in European and Asiatic Turkey; Effects of Intoxication upon Graminivorous and Carnivorous Animals; Birthdays of Celebrated Living

Authors; On Preventing Evaporation from Water-tanks in Hot Climates; On the Hock-joint of the Horse; On the Structure of the Vertebrae of the Delphinus Diodon; On some Affections of the Hair; On some Peculiarities of the Skeleton in Hunchbacks; On the Supposed Want of the Sagittal Suture in Certain Tribes of Negroes; Influence of the Waters of the Dead Sea and of the Great Salt Lake of America on Animal Life; On the Progress and Contagion of Asiatic Cholera; Liebig's Theories of Animal Heat and Disease.

The enumeration of the titles of these essays indicates the extensive field of learning through which the discursive genius of Dr. Graves took its way; and it is well that all these scattered thoughts of his should be thus collected together. We need hardly say that such writings are not now subjects of criticism. They have most of them long been the property of the profession; and have afforded pleasure, instruction, and matter for reflection to its members. They will still be read with pleasure and profit; bearing as they do upon every page of them the stamp of an earnest observer and an original thinker.

Nothing could show more forcibly the clear and practical judgment of Dr. Graves than does, for example, the essay on Liebig's Theories of Animal Heat. This essay was written in 1843, when Liebig was the rage—when all the world saw everything physiological, etc., through the light of Liebig's fascinating theories.

We could give other examples of a similar sober judgment, in the expression of which the author certainly lived in advance of most of the authorities of the moment.

The preface, containing an account of the life and labours of Dr. Graves, will be read with much interest, coming as it does from the pen of his once friend and colleague Dr. Stokes. Dr. Graves was a member of a very talented family. He was the youngest son of R. Graves, D.D., Senior Fellow of Trinity College and Regius Professor of Divinity in Dublin University, who afterwards became Dean of Ardagh. The dean had three sons; and it is worthy of note that each of them, in three successive years, obtained the gold medal in science and in classics. Dr. Robert Graves (our author) took his M.B. in 1818. He afterwards studied in London; and then, during three years, visited the German, French, and Italian schools; and after residing some months in Edinburgh, returned to Dublin. The accounts of his travels and adventures are interesting. He was successful in Dublin, soon taking a leading position in his profession and in society. "Nature had been bountiful to him; he was tall in stature, of dark complexion, and with noble and expressive features. In conversation he possessed a power rarely met with. He had a warm and sensitive heart. Loving truth, he held in abhorrence all attempts to sully or distort it." He was, moreover, an ardent lover of civil and religious liberty. The world did not spoil him; and "he preserved all the kindly and better qualities of his mind up to the day of his death." He was elected President of the King and Queen's College of Physicians in 1843 and 1844, and a Fellow of the Royal Society in 1849. In 1852, in his fifty-seventh year, symptoms of his fatal malady appeared. He suffered much; but his mental faculties never failed or flagged. He died on March 20th, 1853.

**JAUNDICE: ITS PATHOLOGY AND TREATMENT.** With the Application of Physiological Chemistry to the Detection and Treatment of Diseases of the Liver and Pancreas. By GEORGE HARLEY, M.D., Professor of Medical Jurisprudence in University College, London; Assistant-Physician to University College Hospital; etc. Pp. 136. London: 1863.

Among the causes which have contributed to retard the progress of medical science, the practice of regarding some prominent phenomenon in the light of a substantive disease stands among the foremost. Thus, from old times down to the present day, cough, headache, and jaundice have, both in the professional and in the public mind, had an importance as morbid entities assigned to them, irrespectively of the varied nature of the pathological conditions under which they occur. Albuminuria, again, has barely escaped, thanks to the investigations which have so closely followed up its discovery, from falling into the same category.

When, therefore, a medical writer entitles a book by the name of some one of those conditions which, because they are obvious to the senses, are liable to have the rank of substantive diseases assigned to them, he is at first sight liable to be misunderstood. Hence Dr. HARLEY finds it necessary at the outset to say that he does not "regard jaundice as a disease *per se*"; but, like albuminuria, as "only the most prominent symptom of several widely different pathological conditions". What these different conditions are, and how varied, will be seen in a table which the author gives at the end of his work. According to this statement, jaundice may arise both from suppression and from obstruction; and the action of these is further subdivided in the following manner.

*"From Suppression."*

Enervation	-	{	Fright. Anxiety. Over Mental Exertion. Aneurism of Brain.
Congestion of Liver (Active)	-	{	Hepatitis. Direct Violence. Dyspepsia. Ague. Typhus. Typhoid. Scarlatina. Pyæmia. Yellow Fever. Poison.
Congestion of Liver (Passive)	-	{	Heart-Disease. Pneumonia. Pleurisy. Imperfect Circulation in the New-born.
Absence of Secreting Substance	-	{	Cancer. Cirrhosis. Fatty and Amyloid Degenerations. Acute and Chronic Atrophy.

*"From Obstruction."*

Congenital Deficiency of Duct	{	Small Ducts (?). Common Duct.
Accidental Obstruction in Course of Duct		
Closure of Outlet	{	Gall-stones. Hydatids. Foreign Bodies from Intestines.
		Pressure of Pregnant Uterus. Impacted Fæces in Transverse Colon. Organic Disease of Pancreas or of Neighbouring Organs. Abscess in Head of Pancreas. Ulcer of Duodenum."

Each of these conditions, in their relation to jaundice, is discoursed of by Dr. Harley; who then describes the analysis of the intestinal excretions and of urine as aids to diagnosis in jaundice.

The indications as to the presence or absence of bile in the excreta, derived from their colour, are, with Dr. Harley as well as with some other observers, subject to certain qualifications.

"It must not be forgotten that, unless care be taken, the colour deducible from highly coloured food may be

mistaken for an excess of bile. This remark is still more applicable to medicines; for mercury, bismuth, iron, and some other mineral remedies, give rise to dark evacuations so closely resembling bilious stools in appearance, that the only way to distinguish them is by chemical analysis; when the presence of the mineral, together with the absence of the bile-pigment and the biliary acids (which are always to be found in normal evacuations), will at once reveal the true nature of the case.... Blood from the stomach or bowels is also apt to be mistaken for biliary matter, especially when acted on by the gastric juice, which has the property of turning red blood brown. With these exceptions, the absence of bile from the stool is usually very easily ascertained. For, if the patient be taking no highly coloured food, or any of the medicines above indicated, the stools are of a dirty pipe-clay colour." (P. 53.)

After observing that the presence of fat in the fæces, which has been regarded by some as indicative of pancreatic, by others as of hepatic disease, in reality in some measure depends upon both, Dr. Harley goes on to describe the practical application of urinary analysis to the diagnosis of cases of jaundice. There has been much debate among German pathologists as to the presence or absence of the bile-acids in urine in cases of jaundice; Frerichs and Stüddeler asserting that they are never to be found, while Kühne and others state as positively that these acids are to be detected in the urine. Dr. Harley believes that he has obtained a solution of the difficulty; that, in fact, the supporters of each assertion are right in the simple statement, but wrong in giving it an universal and unlimited application: and that the contradiction in the results has arisen from overlooking a circumstance which may be turned to useful account in diagnosis.

"In jaundice from *suppression*, the liver does not secrete bile; consequently, no bile-acids being formed, none can enter the circulation, and they are therefore not to be detected in the urine. In jaundice from *obstruction*, on the other hand, bile is secreted, and absorbed into the blood; and the bile-acids, not being all transformed in the circulations, as Frerichs supposed, are eliminated by the kidneys, and appear in the urine, where they can be detected by Hoppe's method, or even, with proper precautions, by simply adding sulphuric acid and sugar." (P. 60.)

For further details on this matter, and on the diagnostic value of leucine, tyrosine, and melanine, in the urine, we must refer our readers to the book itself.

Dr. Harley has a word to say on the therapeutics of jaundice. As might be expected, recognising it merely as a symptom of various pathological conditions, he holds it absurd to attempt to remove it without reference to its causes.

Regarding mercury, he notices the reaction against the use of this remedy which has taken place in the minds of many, from the discovery that it does not in reality stimulate the liver to secrete bile, and the inference therefrom that its use in hepatic disease has been a mere delusion. The real interpretation of the action of mercury with him lies between the two extremes.

"Though believing that mercury does not directly stimulate the liver to secrete bile. I nevertheless opine that it has an important indirect effect in reinducing the biliary secretion, and thereby curing certain cases of jaundice.

"The action of mercury seems to me to be this. Mercury is a powerful antiphlogistic—it reduces the volume

of the blood by its purgative properties, and it impoverishes the blood by its direct action on the red corpuscles. .... From this it is easy to understand how mercury acts in inflammatory affections; and as in the majority of cases of jaundice from suppression, the stoppage of the biliary secretion is due to active congestion of the liver, mercury proves beneficial in such cases, not by stimulating the biliary secretion, but simply by removing the obstacle to its reestablishment, namely, the hepatic congestion." (Pp. 103-4.)

After some remarks on the action of acids and alkalies in jaundice, and the circumstances under which the use of each of these classes of remedies is indicated, Dr. Harley calls special attention to benzoic acid. This was recommended some years ago by a German physician; and Dr. Harley has found it of benefit in jaundice arising from suppression; while, in jaundice arising from obstruction, its employment has appeared to him "anything but beneficial". It appears to have a remarkably rapid effect in removing the yellow discoloration of the skin and conjunctiva.

The newly introduced remedy, podophyllin, is regarded by Dr. Harley as an useful purgative, but liable to the objections, that its action is slow and not always certain, and that in delicate females it produces griping—which, however, can to a certain extent be obviated by combining the podophyllin with hyoscyamus. Like mercury, podophyllin is not to be indiscriminately employed in all cases of hepatic disease.

"In cases of feeble liver, where there is an insufficient secretion of bile from want of nervous power, podophyllin is decidedly of service, for in such cases mercury is of course contraindicated. Moreover, podophyllin can be advantageously combined with vegetable tonics; and, when given along with gentian or quinine, forms an admirable hepatic stimulant in some of the cases usually denominated 'torpid liver'."

On the other hand, while podophyllin is indicated in some cases of jaundice from suppression, Dr. Harley holds it to be decidedly contraindicated in all cases of jaundice from obstruction, because it increases the secretion of bile. For the same reason, it is injurious in all cases of gall-stones, whether they actually block up the bile-ducts, or are being formed or lying on the gall-bladder.

The author, at p. 125, speaks of the artificial establishment of a biliary fistula in cases of distended gall-bladder, as "not such an Utopian idea as might at first be imagined." We remember to have heard this proceeding suggested some years since; but doubt whether the proposal would be likely to find favour.

One subject more we must notice in Dr. Harley's therapeutical observations. It is on the administration of bile itself as a remedy. As at present usually administered, he believes that it more frequently does harm than good; and he describes a way in which, as he opines, it may be administered with benefit.

"If bile be administered at the end of stomachal digestion, it will, as in the healthy organism, act on the chyme at the proper moment, and thereby render it fit for absorption. In order still further to ensure the action of the bile being delayed until the food is in a condition favourable to its action, that is to say, until it is ready to pass from the stomach into the duodenum, I have had the bile (prepared by filtration and rapid evaporation) put into capsules which are not readily acted on by the gastric juice. While in the stomach, the



capsules swell up from the size of a pea to that of a small gooseberry, and at the same time become so soft that they will readily burst in passing the pylorus into the duodenum, and thereby allow the bile to escape, and come into contact with the food at the precise moment its action becomes requisite in the digestive process." (Pp. 129-30).

Among the works which have in late years appeared on the subject of liver-diseases, this one of Dr. Harley is entitled to a creditable position. Whatever may be the form which our knowledge of hepatic pathology may ultimately take, he will deserve the merit of having laboured towards the removal of some of the difficulties with which the subject is surrounded; and, we may venture to predict, not altogether without success.

## British Medical Journal.

SATURDAY, JUNE 13TH, 1863.

### MR. CÆSAR HAWKINS AND THE "LANCET".

THE *Lancet* is again at its work. It has made a very unjustifiable attack on one of the most honoured and estimable members of the profession in London, Mr. Cæsar Hawkins. The accusation made against that gentleman is no slight one; it is that, in his capacity of Examiner in the College of Surgeons, he has acted towards candidates with rudeness and unfairness. The attack has been made on the eve of the College election of members of Council; and, whether intended or not for the purpose of prejudicing Mr. Hawkins's re-election to the Council, it has undoubtedly been made use of for that purpose by gentlemen who are desirous of substituting some other Fellow in his place. We therefore feel it our duty, in justice to a most high-minded and honourable gentleman, to point out the utter groundlessness, we might rather say to show the fabricated nature, of the charge. The groundlessness of it is amply proved out of the very pages of the *Lancet* itself. Let us see.

On the 9th of May, Mr. Christopher Heath, the most recently appointed lecturer on anatomy in London, writes to the *Lancet* that a pupil of his has been unfairly treated at his examination at the College by Mr. Cæsar Hawkins. To be sure, as Mr. Heath wisely adds, "students' statements must be taken *cum grano*"; but this is not the first time by many on which I have heard loud complaints of Mr. Hawkins's behaviour." Such is the general, slip-slop, and manifestly tainted evidence—we need hardly say, not worth a moment's consideration—on which a grave charge is made against an honourable man.

In the *Lancet* of the 16th of May appear four more letters on the subject of college examinations. Two of them speak highly of Mr. Hawkins's gentle-

manly behaviour, his kindness and courtesy towards the writers when under examination. The other two letters contain general accusations against the Examiners as a body, *but not one word against Mr. Hawkins in particular*. Some of the Examiners, we are told, use language which (if the imputation be true) would disgrace the chairman of a decent pot-house club; for example: "What the devil do you mean?" "We don't want any of your d—d book-learning here!" But who of us will credit such statements without proof positive?

To these four letters the editor of the *Lancet* appends the remark, that "Mr. Heath's manly expression of opinion has brought a flood of correspondence". Let our readers observe that, out of this "flood", *not one line of accusation against Mr. Cæsar Hawkins is produced*, although out of the "flood" actually come letters of praise of him. May we not fairly suspect, from the fact of the publication of these, that letters of praise formed a very large share of the suppressed flood? Be this as it may, in the *Lancet* of May 23rd appear five more letters on the subject. Of these, four bear marked testimony to the courtesy and gentlemanly behaviour of Mr. Hawkins; and one is a break out against the "bumptiousness of the Council". Still no word against Mr. Hawkins! In the *Lancet* of May 30th are inserted two letters, neither of which contains one word of any kind against Mr. Hawkins. Once more, however, the *Lancet* tells that it "has received upwards of fifty letters, and will next week notice the matter fully". Hereon we beg again to remark that, out of this bag of fifty letters, it does not—and we may safely conclude, cannot—produce one single line of accusation against Mr. Cæsar Hawkins! Nevertheless, in the *Lancet* of June 6th comes the promised notice—the summing up and the passing of judgment by this honest and upright judge. There we read: "A shower of letters has been rained upon us, which in the main fully confirm Mr. Heath's statement." "One Examiner was especially indicated" (by Mr. Heath) "as habitually hard and discourteous in his manner of conducting the examinations. This was Mr. Cæsar Hawkins." Of course, admits the *Lancet*, candidates who can't answer questions naturally dislike the questioner. "Let a large allowance, therefore, be made for the personal bias which such circumstances may have given. But, after the amplest deduction has been made, it is evident that a real grievance exists. A large number of gentlemen do not separately and without concert each fabricate statements wholly devoid of foundation; yet that is the violent assumption which would be necessary in order to acquit Mr. Hawkins and some of his colleagues of the charges made against them."

Where the fabrication lies our readers can now judge for themselves. Positively and literally, beyond Mr.

Heath's original "manly expression", the *Lancet*, out of its budget of fifty letters, does not or cannot produce one single line in support of Mr. Heath's "expression", or in support of the accusation which it has itself had the audacity thus to endorse against a man of the most unblemished honour. The *Lancet* assails Mr. Cæsar Hawkins. It asserts that its upward of fifty letters corroborate Mr. Heath's accusation. It produces not one line out of the fifty letters to back its assertion. Will any one believe that it would have suppressed the proofs of Mr. Hawkins's unfairness as an Examiner, had it really possessed any? Here, then, stand the plain facts.

Of eleven letters published in the *Lancet* to show the ill conduct of the Court of Examiners, and especially of Mr. Hawkins, six speak in the highest terms of praise of Mr. Hawkins as an Examiner; four attack the Examiners generally, but say not one word against Mr. Hawkins; and one letter is merely an attack on the Council of the College! Hence, then, the *Lancet*, without producing one single word against Mr. Hawkins, has put it forth to the world, insinuatingly, as only Tartuffe could have done, that this packet of fifty letters is redolent with evidence against Mr. Hawkins. The *Lancet*, evidently with the best of wills to feed Mr. Heath's flame against Mr. Hawkins, produces, week after week, a series of letters which speak volumes in favour of Mr. Hawkins's honesty and fairness as an Examiner; and then, at the end of these weeks, winds up, as we have seen, by giving judgment directly opposed to the evidence which it has itself produced.

On the strength of the correspondence above referred to, and of the unpublished contents of the letter-bag, the *Lancet* thus deals out its Buncombe: "Rarely has any voice been raised which has been more widely echoed than when Mr. C. Heath", etc. "There can be no doubt of the propriety of the course which that gentleman has taken", etc. "The letters which lie in a heap before us describe incidents which may be exaggerated in their portraiture, but which undoubtedly occurred somewhat as described." "A considerable sensation has been created by the extent and force of the complaints now urged"; well knowing that many who have never read the letters which praise Mr. Hawkins, will read the remarks (founded on them) which condemn him.

The real "extent and force" of these complaints are now placed in their true light before the profession. To sustain them, the *Lancet* boasts of possessing upwards of fifty letters; and yet, as we have seen, out of the budget does not produce a single word to justify the attack it makes against Mr. Hawkins! Does the *Lancet* really believe the credulity of the profession is large enough to swallow such an utterly unfounded accusation as this? Is there a man in the profession who, after he has read

these lines, will believe that the *Lancet* possesses one single line of accusation, anonymous or other, against Mr. Cæsar Hawkins, unless it is produced? And if the *Lancet* does not produce the grounds upon which it has framed its charge against Mr. Cæsar Hawkins, in what light must it stand before the profession as an exponent of its honour, its honesty, and its gentlemanly bearing? Is not the charge a gross insult to the whole profession?

In conclusion, we beg to add that we have taken up this subject purely on public grounds, and in no way commit ourselves to the support of the principle of College of Surgeons Council re-elections. We have felt it our duty publicly to protest against the injury done to Mr. Hawkins through unfounded insinuations made against his honesty as an Examiner, and are satisfied, after the *exposé* here made, that no Fellow of the College will allow his vote to be influenced, on this score, to the prejudice of Mr. Cæsar Hawkins.

One word respecting Mr. C. Heath's accusation. We need hardly tell him that the very surest proofs could alone have justified him in rushing into print on such a charge as this. He should have known that the popular Examiner is naturally the easy-going Examiner; and that an Examiner who honestly does his duty will, in all probability, not be a popular Examiner. We have taken the trouble to make some inquiries about Mr. Cæsar Hawkins as an Examiner from different teachers and students; and assuredly the results are, that he is a strict and an honest Examiner—one whom no candidate who deserves his diploma need fear to face. And we cannot help asking: How is it that, out of the hundreds of medical teachers in London, not one can be found to endorse Mr. Heath's accusation?

The profession will naturally suspect that some motive must have been at the bottom of this business; and we regret to say that we cannot separate the fact of Mr. Cæsar Hawkins's retirement and proposed re-election at the College from connexion with the matter. In the *Lancet* of May 30th, we read: "Mr. Cæsar Hawkins and Mr. Tatum will, it is expected, have their re-election opposed." At all events, the two facts—the attack on Mr. Hawkins and the question of his re-election—come out simultaneously.

We may add, in confirmation of this view, that it was last year a matter of *private* conversation that Mr. Hawkins's re-election would be opposed on the grounds of his being an unjust examiner. But, contrary to general expectation, Mr. Hawkins could not then retire, in consequence of being President of the College. And (whether *post hoc* or *propter hoc*, our readers may judge), the charge was not then publicly made. But this year, Mr. Hawkins does retire, and presents himself for re-election; and now the charge is *publicly* made!

## MR. BOTTOMLEY AND THE CROYDON BOARD OF GUARDIANS.

WE very much regret to observe the part which Mr. Bottomley has taken in reference to the subject of Poor-law vaccination at Croydon. In consequence of some remarks made by Dr. Carpenter at the Croydon Local Board of Health (which were alluded to in this JOURNAL), the question of vaccination came under the notice of the Croydon Board of Guardians. On this occasion Mr. Bottomley appeared before them, by the invitation of the chairman, to give the Board the benefit of his experience. The whole effect of his remarks made to the Board was to show that, in the matter of vaccination, doctors should, for the sake of humanity, work cheaply or for nothing. We have on many occasions pointed out the injury inflicted on the profession by the system of gratuitous medical services, and the irrationality and the degradation of the thing; and we now again refer to it, because no better example of the fact could be found than this one before us. Here were guardians abusing medical men who asked for something above 1s. 6d. per *successful* case of vaccination, and insulting their own officer for venturing to say that increase of pay would induce vaccinators to be more energetic in vaccinating. And here comes in Mr. Bottomley, who, to the delight of the Board, said that

"He attended there for the purpose of assisting that Board to exonerate itself from a charge that had most unjustly been brought against them. He was formerly a medical officer in that parish; and, from his experience, he said most distinctly that he considered it to be the duty of all medical officers to vaccinate children brought to them without fee or reward. His reason for writing to Mr. Drummond last week was because he thought the charge brought against the guardians was unfounded. He considered it absurd to talk about the question of fees, as having anything to do with the spread of the small-pox; because the medical officers, in order to save themselves time and expense, would take care to vaccinate children in their district whom they might be liable to attend if taken with small-pox; and whether the fee was 2s. 6d. or 1s. 6d., it would make very little difference. He said such observations as had been made elsewhere were a slur upon the gentlemen of the medical profession [*Hear, hear*], to suppose the additional shilling would induce them to act more than before for the good of their fellow-men. Therefore no consistent person could for one moment maintain that the spread of small-pox had arisen from the smallness of the fee paid. [*Applause.*] Feeling very strongly on the subject, he had thought it to be his duty to come there and state his opinion. The charge against the guardians had not only found its way into the local newspapers, but even into a medical paper circulating over the whole kingdom, in which it was shown that the Board of Guardians, from their parsimonious conduct, had committed murder, and spread a disease of a most loathsome and malignant character."

Now, in our judgment, Mr. Bottomley has done, by his remarks, an injustice and an injury to his medical brethren and to himself. Mr. Bottomley had neither right nor reason when he told the Board

of Guardians that medical men ought to vaccinate without fee all children brought to them. To suppose that men who have to live and feed their families by their labour will work as well for a miserable pittance, or for no pay at all, as for a decent reward for their services, is to be dreaming in Utopia. To pretend that medical men, or any other body of men, will, as a matter of business, minister to the sufferings of fellow creatures as effectually for 1s. 6d. as they will for 21s. per head, is mere claptrap. Mr. Bottomley admits the fallacy of his proposition; for, while stating that it is a calumny on doctors to suppose that an extra shilling per case would make them more energetic as vaccinators, he tells us that, whether they get 1s. or 2s. 6d., they will vaccinate freely enough, in order to avoid the trouble and expense of afterwards attending the children who might fall sick of small-pox! We say that it is the *duty* of medical men to demand proper payment for their services; and we are satisfied that poor suffering humanity has no worse enemies than those who recommend Boards of Guardians to pay their doctors badly. We say without hesitation, and the conscience of the profession is with us, that the work of vaccination would be infinitely better done at 2s. 6d. than at 1s. 6d. per head. Why, what does this sort of reasoning of Mr. Bottomley's come to, if legitimately carried out? It throws the whole labour of the vaccination of the poor, which is manifestly the business of the parish, upon the shoulders of the doctors alone! What sort of sense or justice is there in this? The medical man pays his poor's rates like the butcher and baker and guardians of Croydon: why is he then to give his time and labour also without pay to the poor, any more than the butcher his meat, or the baker his bread? And what particular sublime attribute is there in the nature of a medical man, which should induce him alone, of all members of society, to work, as a matter of business, as well without fee, or for a miserable pittance of a fee, as he would with a due recompense for his labours? Where is the man of business or sense in this country who expects work done for nothing or underpaid to be well done?

We certainly must repeat that we regret to see Mr. Bottomley occupying a position given him by the chairman of the Board. The thanks of the Board on such an occasion are very equivocal praise.

"The Chairman was sure the Board felt extremely obliged to their friend Mr. Bottomley for attending and explaining the duty of medical officers as vaccinators."

The medical officer of the Board spoke common sense.

"Mr. Jeynes wished to say, with regard to the fees given to medical men for vaccination, speaking for them and for himself, that the remuneration had certainly a great effect upon them in inducing them to search out vaccination cases. He (Mr. Jeynes) felt certain that the payment of fees would influence medical men very much in attending to vaccination. [*Laughter and 'Question.'*]

He did not find fault with the fees paid by the guardians. The fault did not lie there."

Mr. Bottomley had been, of course, cheered. Mr. Jeynes was, of course, insulted.

"Mr. Spofford: We are not to be dictated to by one of our own officers.—Mr. Jeynes: I don't dictate, sir.—Mr. Spofford (warmly): You do, sir.—Mr. Close: I think, as Mr. Jeynes is allowed to make a statement, we ought to hear him.—Mr. Spofford: But not if he insults the Board.—Mr. Jeynes again disclaimed any intention of insulting the Board. He added, that it was his opinion, if the fees were taken off altogether, there would be no vaccination performed."

### THE MEDICAL COUNCIL.

THE Medical Council continued its meetings during the first three days of last week.

On Monday, June 1, the first business transacted was the presentation of a report from a committee appointed to "consider and report on the publication and distribution of the *Register*, and also on the expediency of accepting a proposal for the insertion of advertisements in the *Register*." The report stated that the committee saw no impropriety in the insertion of advertisements in the *Register*; but, having regard to the practical difficulties which would probably attend the exercising a censorship on the advertisements offered, they did not think it expedient that the proposal made should be accepted. The committee also furnished in the report a list of public officers and functionaries among whom the 2000 copies of the *Register* to be supplied to the Government should be allotted; viz.—

*In England and Wales.* County Courts, 560; Coroners, 353; Law Courts (various), 149; Poor-law Board, 1; Home-office, 1; Lunacy Commissioner, 1; Directors-General of the Army and Navy Medical Departments, 2; Registrar-General, 1; Emigration Commissioners, 1; Registrar of Friendly Societies, 1;—total for England, 1070.

*In Scotland.* Sheriff-Substitutes, 56; Principal Clerks of Court, 4; Justiciary Clerks, 3; Clerks and Deputy-Clerks of the Peace, 56; Procurators-Fiscal, 80; Registrar-General, 1; Lunacy Commission, 1; Town Clerks' Offices, for public reference, 79; Board of Supervision of the Poor, 1;—total for Scotland, 277.

*In Ireland.* Chancellor, Master of the Rolls, Masters in Chancery, and Chancery Lunacy Offices, 7; Courts of Queen's Bench, Common Pleas, Exchequer and Recorder, 4; Chairmen of Quarter Session and Clerks of the Crown, or Town Clerks, 90; Clerks of the Peace in Counties and of Petty Sessions in Boroughs, 40; Coroners, 100; Petty Sessions' Courts held in Various Counties, 346; Magistrates' Courts, Dublin, 3; Poor-law Board, 1;—total for Ireland, 591.

No provision was made for supplying the *Register* to the Registrars of Births and Deaths; their number amounting to 3026. It was determined by the

Council to adopt the recommendations of the committee; and the Executive Committee was directed to append annually, in the *Register*, a statement of the distribution of the copies, as approved by the Government.

The report of the Committee on the Amendments in the Medical Act was next brought up. This document will be published in another place; as will also the Report of the Special Committee appointed on May 27th, relative to the *Pharmacopœia*, which was also presented and received.

A report was then presented from a Committee appointed to consider the recognition of foreign or colonial degrees or examinations.

The McGill University of Montreal had, in a letter from Dr. Campbell, Dean of the Medical Faculty, dated August 22, 1862, applied to have the degrees granted by it recognised for registration. The registrar, Dr. Hawkins, had replied, promising to refer the letter to the Council; in the meantime intimating to Dr. Campbell that the Council had no power to recognise any other degrees or diplomas than those of the bodies mentioned in Schedule A of the Medical Act, but that it was open to the foreign and colonial universities and colleges to make arrangements with the bodies named in Schedule A for the recognition of their degrees and diplomas. The Committee approved of the Registrar's letter, as fully explaining the position of the Council.

An application from Codrington College, Barbadoes, to have the *testatur* of the College received as a testimonial of preliminary examination, was recommended to be granted without hesitation; and a similar application from the Tasmanian Council of Education, respecting their degree of Associate in Arts, was also recommended to be granted, under the following restrictions:—

"It appears that the regulations do not render *both* Latin and mathematics imperative, and the Committee cannot recommend the Council to sanction any certificate which does not bear that the holder has passed a satisfactory examination in Latin as well as in mathematics. As, however, many students will probably pass in both these branches, their degree might be accepted, if accompanied by a certificate that the examiners were satisfied with the knowledge of the applicant in these two departments in each particular case."

The Committee on Special Claims for Registration recommended that the application of George F. Collier to have his degree of M.D., conferred by the University of Leyden, registered, should be complied with, such degree having been obtained after examination; and that the application of Dr. Peter Smith for the registration of his degree of M.D. from the University of Pennsylvania, should also, under very peculiar circumstances, be complied with. No other claims beyond these had been made.

The Committee on Returns from the Licensing Bodies presented a report, from which we extract the following tabular statements:—

## 1. Table of Returns under Recommendation 23.

LICENSING BODIES.	PASSED.		REJECTED.	
	1st Exam.	2nd Exam.	1st Exam Number.	2nd Exam Number.
Royal Coll. Phys. England	60	65	5	22
Roy. Coll. Phys. Edinburgh	75	81	10	10
K. & Qu. Coll. Phys. Ireland:				
Passed for Dip. on old reg.	..	33	..	10
Passed 1st Ex. on new reg.	2	..	1	..
Roy. Coll. Surg. England..	513	462	142	61
Roy. Coll. Surg. Edinburgh	113	123	23	15
Fac. Phys. & Surg. Glasgow	12	78	2	10
Roy. Coll. Surg. Ireland ..	105	105	23	23
Soc. Apothecaries, London	121	343	7	40
Apothecaries' Hall, Dublin	23	23	4	2
University of Oxford .....	3	0	2	0
Univ. of Cambridge .....	7	2	1	1
Univ. of Durham .....	0	3	0	0
Univ. of London .....	13	17	8	6
Univ. of Edinburgh .....	113	109	77	16
Univ. of Aberdeen (3 exam.)	(1st)49	(3rd)28	(1st) 8	(3rd) 4
	(2nd)36		(2nd)10	
Univ. of Glasgow .....	82	48	11	4
Univ. of St. Andrew's .....	15	580	3	65
Univ. of Dublin .....	7	17	0	1
Queen's Univ. in Ireland ..	36	34	6	5
Totals .....	1125	2151	343	295

## Register of Students, 1862, under Recommendations 8 and 9.

LICENSING BODIES.	Before the 15 days.	After the 15 days.	Total.
Royal College of Physicians, London	169	37	206
Royal College of Physicians, Edin...	No Register.		
King and Queen's Coll. Phys., Ireland	No Register.		
Royal College of Surgeons, England	1401	26	1427
Royal College Surgeons, Edinburgh	231	..	231
Faculty of Phys. and Surg., Glasgow	106	..	106
Royal College of Surgeons, Ireland..	149	3	152
Apothecaries' Society, London.....	1010	..	1010
Apothecaries' Hall, Dublin .....	No Register.		
University, Oxford .....	No Register.		
University of Cambridge .....	18	1	19
" Durham .....	15	..	15
" London .....	No Register.		
" Edinburgh .....	267	..	267
" Aberdeen .....	61	..	61
" Glasgow .....	258	3	261
" St. Andrew's .....	2	2	4
" Dublin .....	16	5	21
Queen's University, Ireland .....	266	9	275
Totals .....	4069	86	4155

## Table shewing the Number of Students registered by the Licensing Bodies, Oct. and Nov. 1862, who have or have not passed a Preliminary Examination before commencing Professional Study:

LICENSING BODIES.	No. of Students passed Prelim. Examination.	No. of Students who have not passed pre. Exam.	Total.
Royal College Physicians, London	212	3	215
Royal College Physicians, Edin...	No Register.		
King & Queen's Coll. Phys. Ireland	No Register.		
Royal College Surgeons, England..	503	834	1427
Royal College Surgeons, Edinburgh	Not Stated.		239
Faculty of Phys. & Surg., Glasgow	89	17	106
Royal College Surgeons, Ireland...	*119	48	167
Apothecaries' Society, London....	355	1390	1745
Apothecaries' Hall, Dublin .....	No Register.		
University of Oxford .....	No Register.		
" Cambridge .....	19	3	22
" Durham .....	15	..	15
" London .....	No Register.		
" Edinburgh .....	335	32	367
" Aberdeen .....	144	5	149
" Glasgow .....	210	21	261
" St. Andrew's .....	4	..	4
" Dublin .....	24	..	24
Queen's University, Ireland .....	298	5	303

\* 1, Examined by an American University.

The report was referred to the Education Committee.

The Council having resolved itself into a Committee on Education, it was determined to adopt the following form of registration of students in place of that which stands in the education report for 1861.

No.	Name.	Date of Registration.	Place of Study.	Arts Examination, and Date.

The consideration of the privileges of the Licentiates of the Apothecaries' Hall of Ireland was resumed, but was adjourned again until the following day, when it was decided, by a majority of 13 to 8, that, in the opinion of the Council, "Registered Licentiates of the Apothecaries' Company of Dublin are, as apothecaries, entitled to practise medicine in Great Britain and Ireland."

The Report of the Committee on the requirements of the Poor-law Commissioners in Ireland regarding a license in midwifery was then presented. It concluded by recommending—

"1. That the President be requested to correspond with the Home Secretary, in order to have the order of the Irish Poor-law Commissioners rescinded.

"2. That the bodies at present granting licenses in midwifery should be requested to surrender this privilege, in the event of a new Medical Act being obtained.

"3. That should this be found impracticable, the amended Medical Act should be so framed as to confer the power of granting certificates in midwifery on all bodies which duly examine in that department of medicine.

"4. That the Executive Committee be instructed to take the opinion of counsel unconnected with Ireland, on the propriety of continuing to register those qualifications in midwifery which do not appear in Schedule A to the Medical Act."

The report was ordered to be received and entered on the minutes; as were also those which have been previously mentioned.

The report of the Special Committee relative to the *Pharmacopœia* was then taken into consideration, and the following sums were voted:—£94: 10 to Dr. Apjohn, and £154: 7 to Dr. Douglas Maclagan, for chemical investigations; £150 to Dr. Garrod as general secretary to the *Pharmacopœia* Committee and secretary to the London subcommittee; £100 each to Dr. Charles Wilson and Dr. Aquilla Smith as secretaries of the Edinburgh and Dublin subcommittees; £75 to the principal editor in London, Dr. Farre, and £50 to each of the Edinburgh and Dublin editors, Dr. Maclagan and Dr. Neligan—to be received when the *Pharmacopœia* is published; and £500 to each of the subcommittees engaged in preparing the *Pharmacopœia*, as an *honorarium* for their time and services.

On Wednesday, June 3rd, the consideration of the report of the Special *Pharmacopœia* Committee was

resumed. It was resolved that the proposed price of the *Pharmacopœia*—7s. 6d. for the large, and 5s. for the small edition—be submitted to the Commissioners of the Treasury; and the treasurers were authorised to advance, under the direction and with the sanction of the Executive Committee, the money necessary for preparing, printing, and publishing the *Pharmacopœia*. The recommendations of the Committee relative to the publication of new editions of the *Pharmacopœia* were adopted; and the following resolutions were also passed:—

“That Dr. Christison be requested to prepare and publish an explanatory statement of the forthcoming *Pharmacopœia*, showing its composition, the principles of its construction, the changes introduced, and the necessity under which the members of the several branches of the medical profession will lie of making themselves acquainted with the *British Pharmacopœia*, in place of the *Pharmacopœias* which it is to supersede.”

“That it be an instruction to the Executive Committee to watch the progress of the Bill on Weights and Measures, now before Parliament, and in the event of its passing the second reading, to take such steps, by petition in the name of the Council, or otherwise, as may seem to them best calculated to prevent the enactment of any statutory restriction or obligation affecting the use of weights and measures in pharmacy, unless with such provisions as shall obviate the risk of its inconvenient or premature enforcement.”

The Report of the Finance Committee was appointed; and an alteration was made in the standing orders relative to order of business, providing that an original motion and its amendments shall be put to the vote in the inverse order of their proposal.

The Registrar was directed to send annually, within a month after the meeting of Council, to the bodies named in Schedule A, the names of those who have been struck off the *Register* by order of the Council, and to call attention to the following regulation:—

“That the Council recommend that any person whose name has been once removed from the *Register* shall not be admitted to examination for any new qualification without the consent of the General Medical Council.”

The Report of the Committee on the Recognition of Colonial and Foreign Universities was adopted. The Registrar was directed to apply to the licensing bodies mentioned in Schedule A, for copies of the charters or Acts of Parliament under which they possess or exercise their powers. The Executive Committee was also instructed

“To obtain returns of the regulations relative to education and examination from the several licensing bodies mentioned in Schedule A; to ascertain in what particulars the regulations of any of those bodies may differ from the recommendations of the General Medical Council; to request from those corporate bodies, whose regulations so differ, such observations or explanations as they may deem fit to offer; and to submit the correspondence, with their report thereon, to the next meeting of the General Council.”

The Council then passed the following resolutions in regard to the curriculum of medical education:—

“That, looking at the various curricula of professional education enforced by the licensing bodies enumerated in Schedule A to the Medical Act, the Council are of opinion that the number of courses of lectures required to be attended, might be reduced with advantage, so as to give the student a larger amount of time for self-education.”

“That the overloading of the curriculum of education—whether as to the number of courses, or of lectures in particular courses, must be followed by results injurious to the student.”

These resolutions were carried by a majority of 13 to 4; and it was also determined that the Medical Council should take into consideration, at its next meeting, the propriety of recommending a diminution in the number of courses of lectures at present obligatory; that the opinion of licensing bodies on this subject be requested; that the resolutions and recommendations of the Council regarding medical education be printed separately; that a copy be furnished to the several bodies named in Schedule A, to the members of the Council, and to other persons named by the President, and that written communications concerning the regulations be invited from those to whom they are sent. The Council also resolved to recommend to the various licensing bodies the consideration of the *ad eundem* principle, with a view to the reduction of the number of examinations on the same subject, which the student is now frequently obliged to undergo.

The following bye-laws were adopted in reference to the corporate seal, which the Medical Council has become entitled to use by the act of incorporation:

“1. The corporate seal shall be kept in a box having two different locks. The key of one lock shall be in the custody of the President; that of the other in the custody of the Registrar.

“2. The seal shall only be affixed by order of the General Council, or, when the General Council is not sitting, by order of the Executive Committee of the General Council, its use by such Committee being limited to such Acts as may be necessary to effectuate the powers delegated to it by the General Council.

“3. Any order for affixing the seal, shall state the object of its use, and shall be entered on the minutes of the General Council, or of the Executive Committee, as the case may be.”

The question of the simplest mode of registering students was referred to the Branch Councils, to be reported on at the next meeting of the General Medical Council.

Regarding the Medical Act, it was ultimately decided

“That the report of the Medical Acts' Amendments Committee be forwarded to the Branch Councils for their observations thereon.”

The report of the Committee on appointments of Members of the Council was then adopted. The Committee called attention to the fact that some members appeared to have been appointed without specifying any term, others for five years, and others annually; and observed that the Committee was of opinion that the president is subject to the same rules as to tenure of office as other members of the



Council. The report then contained the following recommendations:—

"Your Committee recommend that a book should be kept, containing the names of the Members of the Council, the bodies they represent, the date of appointment of each member, the term for which he was appointed, and the date of the death or retirement of each member; such book to be regularly kept up, so as at once to show the period at which each of the bodies having power to appoint should proceed to a new appointment, also the same particulars with regard to members appointed by the Crown.

"Your Committee also recommend that a form for appointing members should be prepared, and sent by the Registrar to the Secretary of State, and to each body having power to appoint, two months before the expiration of the term of the existing appointment—so that the new appointment may be made to take effect from the day on which the old appointing shall expire.

"Your Committee submit a form of such appointment:—

"We, the  
in pursuance of the power given to us by the Medical Act, do hereby appoint

to be a Member of the General Council of Medical Education and Registration of the United Kingdom, for the term of                      year                      from the  
day of                      186                     

"With reference to the fact that the term of office of members constituting the Executive Committee may expire while the General Council is not sitting, your Committee suggest, that in appointing the Executive Committee the General Council should delegate power to supply vacancies amongst the members of that Committee."

The Council declined to enter on the consideration of certain matters referred to in a memorial presented by Dr. E. Crisp, respecting the Carmichael prizes; and in a memorial of Dr. H. Holmes of Bridgnorth, respecting the conduct of the Salopian Medico-Ethical Society; such subjects not being within the powers of the Council.

Dr. Embleton and the Registrar were directed to prepare and print an index of the minutes of the General Council, Executive Committee, and Branch Councils.

It was agreed, that £200 of the General Registrar's salary of £500 be charged against the funds of the Branch Councils for England.

The consideration of the Report of the Committee on the Requirements of the Irish Poor-law Commissioners was deferred till the next meeting of the Council.

The Executive Committee was appointed, to consist of the President, Dr. Burrows, Mr. Arnott, Dr. Acland, and Dr. Sharpey; and they were authorised to protect the copyright of the *British Pharmacopœia*, and to take steps for obtaining from Government a suitable place of meeting for the General Council.

The thanks of the Council were voted to the Royal College of Physicians for their accommodation, to the treasurers, Drs. Burrows and Sharpey, and to the President; and gratuities of ten guineas were ordered to be given to the servants of the College, and

to each of the Clerks of the Council, Mr. Bell and Mr. Roope.

The proceedings then terminated; the session of the Council having lasted nine days.

## THE WEEK.

DR. GAUDIN is (as reported) a French doctor practising in Wardour Street; and his friend and ally Thomas Holford, what is called a "chemist," doing business at Stratford. These worthies, it appears, play into each other's hands. The druggist sends the doctor patients, and receives 25 per cent. for the transaction. Their latest piece of business has come out at a coroner's inquest, and a pretty bit of villany it is. A servant-girl was in the family way. She applied to the druggist (who had previously attended her) for relief. He passes her on to his friend the doctor, on the payment of £4—one of which he takes for his trouble and advice, his percentage. The doctor "operates" on the girl at his own house in town. Immediately thereafter the girl becomes very ill. She goes into the country to her mother's, is prematurely confined, and eventually dies of peritonitis. Before she dies, she makes a confession. She said that

"He gave her powders twice. His (the doctor's) wife was in the room when he operated upon her, and she said the child would come, meaning before its time. It was a private house, and his name was on a brass plate. He introduced two instruments, one of which was sharp."

On the *post mortem* examination made by the order of the coroner, no other injury beyond that of peritonitis was found. Scoundrelism was, therefore, triumphant, as the verdict, "Death from peritonitis," shows.

"The coroner, however, said that the jury were desirous it should go forth to the public that they considered the conduct of both Dr. Gaudin and Mr. Holford to be highly culpable; and though they had considered them not legally responsible, they had no hesitation in expressing an opinion, that they were both of them morally responsible for the death of this unfortunate woman."

The character of the parties may be judged of from the following evidence given before the coroner's court:—

"Thomas Holford of Stratford said, that Dr. Gaudin called upon him and said, that if at any time any unfortunate women desired to get rid of their troubles, by sending them to him he could relieve them.

"The Coroner: Are we to understand then that you knew that Dr. Gaudin would, by medicinal or mechanical means, procure abortion?

"The Witness: Yes; that was my impression at the time. Dr. Gaudin said he would allow me a percentage on all such cases.

"The Coroner: Then you sent the deceased to Dr. Gaudin for the purpose of procuring abortion."

Thus justice was defeated, and the Frenchman and his friend are again let loose upon society to ply their abominable avocations. One remark especially we

would make on this case. It is much to be regretted that, in important criminal cases of this kind, the *post mortem* examination is not conducted under the superintendence of a medical man who is skilled and practised in the art of laying bare morbid processes and injuries. It is no reflection upon any member of the profession who is not daily exercised in the art of making *post mortem* examinations, to say, that he is not well-fitted for the perfect performance of this business. Those of us who have had much experience in this direction, must well know how readily minute morbid signs and injuries are overlooked by an unpractised eye. In this case, the inquiry failed because the peritonitis could not be connected with any signs of injury done to the uterus by the sharp instruments; but as it was the opinion of the gentleman who attended the girl when she was delivered of a dead child that the abortion was the result of peritonitis, and that the peritonitis was caused by the mechanical injury inflicted in the attempt to procure abortion—we cannot but believe that a more minute investigation of the parts would have shown some connection between the peritonitis and the instrumental injury; and in this way have brought the murderer of this girl to condign punishment. We have more than once alluded to this important defect in our criminal justice. In our opinion, the making of *post mortem* examinations in criminal cases should be always the work of an expert. Justice to the public and justice to the person inculpated demand this.

We beg to remind our readers, that the 1st of July is the date fixed for the return of most of the Schedules issued by the Therapeutical Committee of the British Medical Association. We therefore earnestly request those members of the profession who have filled up their Schedules, to forward them to the special reporters at the earliest date. The reporters have to give in their reports to the annual meeting; and, in order to do this satisfactorily, it is necessary that the Schedules be placed in their hands at least one month before the meeting in August.

We are requested to state that Mr. Turner of Manchester does not intend, on the present occasion, to offer himself as a candidate for office in the Council of the College of Surgeons.

In the Liverpool Police Court, a few days ago, a person named Thomas Fell was charged by one of the district registrars of births and deaths with having wilfully and falsely pretended to be a legally qualified medical man. Evidence was furnished that the accused had given medical attendance to several persons, and had signed certificates of death. His name was not in the *Medical Register*. It appeared

that he had formerly placed the word "surgeon" on his door, but had removed it five or six years ago. The magistrates fined him £5 and costs.

THE subject of medical evidence against medical men in courts of law is engaging the attention of several of the Branches of our Association. The present number of the JOURNAL contains the resolutions passed at a special meeting of the Reading Branch held recently, and also a series of propositions which the Council of the Metropolitan Counties Branch have resolved to submit to the members of that body at their annual meeting. We have been informed also, that the subject will be brought under the notice of the members of the South-Eastern Branch at their annual meeting on the 24th instant. Some sound and decisive expressions of opinion, on the part of the Branches now about to hold their annual gatherings, will, we are sure, do much good in arresting the reckless disregard which some members of our profession manifest towards the character and interests of their brethren.

Two of the children of the late Dr. J. O. McWilliam are candidates for admission into the Royal Naval Female School at Twickenham. If successful, they will receive a first-class education at an extremely moderate charge—£12 a year. Their admission depends on the votes of the subscribers to the school; and we do not hesitate to mention the subject in this place, and to appeal to the good feeling of our readers, being assured that they will not fail to use their influence in securing the votes of any of the subscribers with whom they may be acquainted, in favour of the candidates whom we have mentioned. An act of kindness of this kind, towards the family of so honourable and esteemed a member of our profession as Dr. McWilliam, will at the same time be one of respect to his memory.

MR. LANE is the senior London Fellow applying for a seat on the Council of the College of Surgeons. His claims in other respects to the honourable post are unquestionable. He established the Grosvenor Place School of Medicine in 1830—the first anatomical school in connection with St. George's Hospital. He was lecturer on Anatomy and Physiology for more than twenty-five years, and for many years on Surgery also. He has been for many years surgeon to the Lock Hospital; and has been surgeon to St. Mary's Hospital since its opening.

The body of M. Renault, brought to Paris from Bologna, was deposited in the Church of St. Augustine. The funeral service was celebrated with great pomp; and the remains subsequently conveyed to Père la Chaise, where numerous discourses were delivered over his grave.

# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

## COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on Tuesday, the 16th of June, at 1.30.

*Business*.—The relation at present subsisting between the General Secretary and Committee of Council.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, June 10th, 1863.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Annual.]	Philosophical Institution, Bristol.	Thursday, June 18, 4.30 P.M.
BIRMINGHAM AND MIDLAND COUNTIES. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 19th, 3.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Medical Institution, Liverpool.	Wednesday, June 24th, 12 noon.
SOUTH-EASTERN. [Annual.]	Bull Inn, Rochester.	Wednesday, June 24, 1.30 P.M.
EAST ANGLIAN. [Annual.]	Yarmouth.	Friday, June 26th, 3 P.M.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.
MIDLAND. [Annual.]	Board Room of the Infirmary, Derby.	Thursday, July 2nd, 2 P.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 7, 3.30 P.M.
NORTH WALS. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 7, 1 P.M.
SOUTH MIDLAND & CAMBRIDGE & HUNTINGDON. [Annual.]	Infirmary, Peterborough.	Thursday, July 9th, 1 P.M.

## LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-Seventh Annual Meeting of this Branch will take place at the Medical Institution, Liverpool, on Wednesday, June 24th, at 12 o'clock, noon. President-elect, J. R. W. Vose, M.D.

Notices of papers or other communications to be sent to the Honorary Secretary, as early as possible.

A. T. H. WATERS, M.D., *Hon. Sec.*

27, Hope Street, Liverpool, May 27th, 1863.

## SOUTH MIDLAND AND CAMBRIDGE AND HUNTINGDON BRANCHES.

THE Annual Meeting of these Branches combined will take place at the Infirmary, Peterborough, on Thursday, July 9th, at 1 P.M. President-elect: William Paley, M.D.

Gentlemen intending to read papers or cases will oblige by forwarding the titles as early as possible to the Honorary Secretaries,

JOHN M. BRYAN, M.D., Northampton; or  
G. M. HUMPHRY, M.D., Cambridge.

## METROPOLITAN COUNTIES BRANCH.

THE Eleventh Annual Meeting of this Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 7th, at 3.30 P.M. President-elect: Francis Sibson, M.D., F.R.S.

The members will afterwards dine together.

The following resolutions will be brought forward for the consideration of the meeting.

1. Whereas the facts universally accepted by the profession as absolutely true concerning the nature and treatment of disease are few in number; and whereas medical men of equal knowledge and honesty differ widely in their views of the nature and proper treatment of many diseases; and whereas the opinions of medical men, and especially of those of high standing, given in courts of law on medical matters, are generally (if uncontradicted) accepted both by judge and jury as of equal value with positive facts, and may consequently lead to the perversion of justice and the gross injury of innocent persons:

This meeting is of opinion that no medical man is justified in expressing, in a court of law, a positive opinion on any medical subject concerning which he is aware that medical men of equal knowledge and honesty with himself hold different views, without endeavouring to inform the court that his opinion is a personal one, and not universally accepted by the profession.

2. Whereas, owing to the often necessarily experimental character of the medical art, the most experienced members of the profession are liable to err in diagnosis and treatment; and whereas it is seldom possible for a medical man to form, from the statements of patients themselves or of their non-professional friends (which are notoriously untrustworthy and defective), or from the present condition of the patients, an accurate judgment as to the propriety of the treatment previously adopted:

This meeting is of opinion that no member of the profession is justified in expressing, in a court of law, an opinion as to the treatment adopted by a professional man, when his knowledge of the treatment employed in a given case is derived solely from the non-professional statements of the patient or his friends.

3. Whilst expressing these sentiments, this meeting recognises in the fullest manner the solemn duty incumbent on every medical man, in common with all other classes of the community, to further the ends of justice by unhesitatingly deposing to all facts within his knowledge, without regard to the effect of such evidence on the interests or character of a professional brother.

A. P. STEWART, M.D.,  
ALEXANDER HENRY, M.D., } *Hon. Secs.*

London, June 11th, 1863.

## READING BRANCH: SPECIAL GENERAL MEETING.

A SPECIAL meeting of the Reading Branch was held at the Royal Berkshire Hospital, on June 3rd, 1863.

*Vote of Sympathy with Dr. Waters of Chester.* It was proposed by Mr. MAY, seconded by Dr. COWAN, and carried unanimously—

"That we desire to express our sincere sympathy with Dr. Waters, under the circumstances of the recent trial of Bromwich *versus* Waters, and deeply deplore the tone and character of much of the medical evidence given in favour of the prosecution.

"That, while we hold sacred the paramount claims of justice, we regard with jealous solicitude the reputation of all our professional brethren, and strongly deprecate the dogmatic assertion in courts of law, of mere opinion, having a tendency to injure any individual member, and to lower the status and dignity of the profession."

## REPORTS, &c., PRESENTED TO THE MEDICAL COUNCIL, 1863.

### REPORT OF THE BRITISH PHARMACOPEIA COMMITTEE.

May 25th, 1863

THE *Pharmacopæia* Committee begs to submit the following report of the progress made towards the publication of the *British Pharmacopæia* since the meeting of the General Medical Council in May 1862.

It will be remembered that, at the above meeting, the manuscript of the *British Pharmacopæia* was laid before the Council almost complete, and was then approved of by that body; but as it was found that the printing of the work could not at once be proceeded with, from the fact that the Council did not at that time possess the necessary qualification for holding a copyright, and, moreover, from the wording of the Medical Act of 1858 not giving the legal power of superseding by the forthcoming *Pharmacopæia* the existing *Pharmacopæias* of the London, Edinburgh, and Dublin Colleges of Physicians, the General Council deputed to its executive committee the task of endeavouring to obtain a supplementary act granting the necessary powers, which was accomplished at the end of the last parliamentary session.

Shortly before this period, when it became publicly known that the *Pharmacopæia* Committee had, in the manuscript of the *British Pharmacopæia*, made a considerable alteration in the weights to be employed in pharmacy; and, among other changes, that the troy grain was proposed to be discarded, and a new grain substituted for it—a grain which would bear the same relation to the avoirdupois ounce as the troy grain does to the apothecaries' or troy ounce, many objections were raised and remonstrances made to the executive committee—amongst others, one by the Royal College of Physicians of London, protesting strongly against such a change of weights; and it was thought advisable by the executive committee that a special meeting of the Medical Council should be summoned, that the matter might be definitely and satisfactorily dealt with. This meeting was held in October last.

After this, the *Pharmacopæia* Committee made the alterations in the manuscript, rendered necessary by the changes in the weights. The executive committee at once commenced arrangements for the printing of the work; making contracts with the printers, previously selected by the *Pharmacopæia* Committee, and approving the specimen pages of typography fixed on by the same committee at its conference at Edinburgh.

The three editors, one chosen by each branch *Pharmacopæia* Committee, also commenced their task; but some little delay occurred at the outset, from the discovery that the approved specimen pages, although well adapted for portions of the work, were not in all respects suited for the whole; and, with the consent of the executive committee, certain alterations were made in the typography of the first part of the *Pharmacopæia*. Since this time the printing of the volume has steadily progressed, and the Committee has now the satisfaction of laying before the Council proof sheets of the whole *Pharmacopæia*, with the exception of the preface and appendix.

The manuscript of the former is complete, while the latter only awaits the corrections in the body of the work, before being put into type, which could be readily accomplished in a few days. As this may be the last Report which the *Pharmacopæia* Committee will have to make, it may be advisable to point out to the Medical Council the amount of time and labour which has been devoted to the accomplishment of the work.

The *Pharmacopæia* Committee naturally separated into three branch committees, one in London, a second

in Edinburgh, and a third in Dublin, and each commenced its sittings in December 1858; from that period to the present, the number of sittings and attendances of each branch has been as follows:—

The London Committee has held 158 meetings, and the number of attendances of its members has been 567.

The Edinburgh Committee has held 108 meetings, and the number of attendances has been 657.

The Dublin Committee has held 141 meetings, and the number of attendances has been 627; making a total of 407 meetings, and 1,851 attendances. These numbers are exclusive of the two conferences of delegates, held in London and Edinburgh.

The financial statement of the *Pharmacopæia* Committee, since the accounts were audited, in May 1862, is contained in the following table:—

### Financial Statement of the Pharmacopæia Committee.

	Dr.	£ s. d.
To Balance in hand on Audit of Accounts, May 19, 1862.	128 13 9	
To Amount voted by the General Medical Council, May 21, 1862	600 0 0	
	728 13 9	
	Cr.	
London Delegates at Edinburgh	195 6 0	
Dublin Delegates at Edinburgh	192 3 0	
Edinburgh Delegates at Edinburgh	110 5 0	
Mr. Warrington, Chemist to London and Edinburgh Committees	105 0 0	
Edinburgh Secretary, for Postage	0 13 4	
Dublin Secretary, do.	2 0 7	
London Secretary and General Secretary, do.	2 15 0	
Mr. Glover, for Attendance on Pharmacopæia Committee at Soho Square.	10 10 0	
	618 12 11	

Leaving a Balance of £110:0:10 in the hands of the General Secretary.

The number of meetings and attendances given in the present Report, may probably appear very large; but it must be remembered that in accomplishing the task of publishing a national *Pharmacopæia*, the Medical Council will have accomplished what has been long looked upon as a great desideratum, but which has hitherto frustrated the efforts of the three colleges of physicians of the United Kingdom; and in order to effect this, it was necessary to have a committee composed of several members of Council from each division of the kingdom, and also to associate with them gentlemen from different learned bodies specially conversant with the subjects.

As but little is now required before going to press, besides the correction of the proofs and the completion of the appendix, the *Pharmacopæia* Committee can confidently predict that the national *Pharmacopæia* will be published not later than October next.

A. B. GARROD, M.D., F.R.S.,

Secretary to the Pharmacopæia Committee.

### REPORT OF THE FINANCE COMMITTEE.

The Finance Committee beg leave to present, in the table subjoined, a statement of the estimated and actual income and expenditure of the year 1862; also an estimate of the income and expenditure, as far as the Committee are able to judge, for the year 1863.\*

	Estimated Income for 1862.	Actual Income for 1862.	Estimated Income for 1863.
Fees received by Branch Councils	3650 0 0	3787 15 0	
Dividends received by Do.	750 0 0	768 17 1	
Sale of Registers	80 0 0	85 2 0	
Penalties		20 0 0	
	£4480 0 0	£4661 14 1	

\* The table is here slightly condensed from the original.

	Estimated Ex- penditure for 1862.	Actual Expen- diture for 1862.
Expenses of General Council	3000 0 0	3161 15 5
„ of Branch Councils	1364 0 0	1060 17 5
Advanced to <i>Pharmacopæia</i> Committee.....		600 0 0
	£1364 0 0	£4822 12 10

	Estimated Income for 1863.
Fees received by Branch Councils.....	3700 0 0
Dividends received by ditto .....	763 0 0
Sale of <i>Registers</i> .....	330 0 0
	£4793 0 0

	Estimated Expen- diture for 1863.
Expenses of General Council.....	3068 0 0
„ of Branch Councils .....	1115 0 0
	£4183 0 0

These figures give, in the estimated income and expenditure for 1862, a balance of £116 in favour of the Medical Council; in the actual account for that year, an excess of expenditure amounting to £160:18:9; and in the estimates for 1863, a calculated balance of £610 in favour of the Council.

The Committee also append a statement of the actual and prospective expense of the publication of the *Register*, under the reduced charge for printing, and the arrangement that 2000 copies in sheets are to be purchased for circulation by her Majesty's government.

*Statement showing the Actual and Prospective Saving in the Expense of Publishing the "Register."*

	£	s.	d.
750 copies of the <i>Medical Register</i> for 1862 cost . . . . .	.439	5	7
Total receipts for sale of ditto . . . . .	.85	2	0
Loss in 1862 . . . . .	£254	3	7
750 copies of the <i>Medical Register</i> for 1863 under the new estimate cost . . . . .	.325	15	10
2000 copies in sheets to be circulated by the Government . . . . .	.168	0	0
	£493	15	10
Probable produce by sale of the <i>Medical Register</i> for 1863, say 80 0 0			
By sale of 2000 to the Government . . . . .	.250	0	0
	330	0	0
Loss in 1863 . . . . .	£163	15	10

In future years the cost of 2500 copies of the <i>Medical Register</i> will be about . . . . .	.475	0	0
And the produce of the sale about . . . . .	.330	0	0
Leaving a deficiency of about . . . . .	£145	0	0

The Finance Committee of 1862 called the attention of the Council to the cost of publishing the Monthly Lists of New Entries on the Local Registers; and the Council, on the recommendation of the Committee, directed that henceforth the publication of the Lists should be quarterly. The result of this change has been as follows:—

	£	s.	d.
The Monthly Lists for 1861 cost . . . . .	58	17	6
The Quarterly Lists for 1862, as recommended by the Finance Committee of last year, cost . . . . .	30	0	0
Being a saving of . . . . .	£28	17	6

The Finance Committee have also suggested certain modifications in the annual statement of receipts and expenditure, etc., for the consideration of the Executive Committee.

The Committee have again to report that with respect to the further demand that may be made on the funds of the Council, on account of the publication of the *Pharmacopæia*, they can offer no approximate estimate.

[The Financial Statement of the *Pharmacopæia* Committee, which will be found in another place, is given here.]

PROVINCIAL HOSPITALS AS SCHOOLS OF CLINICAL INSTRUCTION.

*To the President and General Council of Medical Education and Registration of the United Kingdom.*

The Memorial of the Physicians and Surgeons of the Devon and Exeter Hospital,

SHEWETH,

That we the undersigned, being physicians and surgeons of the Devon and Exeter Hospital, beg most respectfully to represent to the General Council that the Devon and Exeter Hospital was founded in the year 1741, by the very Reverend Dr. Clarke, Dean of Exeter, who had previously founded the Hants County Hospital, at Winchester.

That the Devon and Exeter Hospital has four physicians, four surgeons, and a resident house-surgeon and apothecary, besides consulting physicians and surgeons, who were so elected on retiring from the more active duties of physicians and surgeons. That it contains 228 beds, and is most liberally furnished with every appliance. That it has a Museum of Natural and Morbid Anatomy, with lecture and dissecting rooms attached. That it has a medical library of about 3000 volumes (comprising every branch of medical literature), derived chiefly from the libraries of Dr. Glasse, Dr. Bartholomew Parr, and the late Samuel Barnes; and that this library, which is supported by the contributions of the medical staff, and most of the medical practitioners of Exeter, is open to the students frequenting the said hospital on the payment of a small annual subscription.

That we further beg leave to state that, for more than a century, the Devon and Exeter Hospital has been reputed to be an eminent school of clinical instruction. That its apprentices and students have been distinguished in the metropolitan schools for their knowledge of medicine, surgery, and practical anatomy, as long as schools of medicine have existed in the metropolis.

That, notwithstanding that these facts are frankly acknowledged in the chief metropolitan schools of medicine, the number of students, especially of apprentices, has of late so declined, that the said general committee of governors of the said Devon and Exeter Hospital have passed and sent to us, your memorialists, the following resolution:—"That the medical officers of the hospital be desired to consider the great diminution of the number of the pupils that are entered here, and if any, and what remedy can be applied, and report thereon to the weekly Board."

To this inquiry we, your memorialists, have replied that the diminished number of pupils has been principally, if not entirely, caused by the gradually prolonged courses of study at medical schools enforced on candidates by the various examining and licensing Boards, and the consequent neglect of early practical study; and that we are further convinced that the evil will be in-

creased and perpetuated if the General Council, ignoring the valuable means of early education afforded by the hospitals, dispensaries, and other medical institutions, so numerous in all parts of England, should persevere in their present resolution to confine the commencement and prosecution of professional study to medical schools.

That we further assured the committee of the Devon and Exeter Hospital, that as these regulations of the General Council diminish the number of pupils throughout the country districts, to the prejudice of medical education, and serious inconvenience in conducting the business of provincial hospitals, and other medical institutions, we regarded the question as one of importance to the members of the medical profession generally, that we therefore should deem ourselves justified in calling attention to this subject, in order that we might take counsel with the medical officers of the provincial hospitals in England, which like our own, though not fully constituted "schools of medicine," are recognised as "clinical schools" by the Royal Colleges of Physicians and Surgeons.

That we were the more bold in adopting these opinions, and in taking this course, because we believe that the majority of the members of the General Council are by their high position, social and professional, too far removed from the great body of medical practitioners to be intimately acquainted with their habits of life and modes of practice; whilst we, who are largely consulted throughout a very extensive and varied district, presenting every conceivable condition of practice, are intimately acquainted with our medical brethren at their own homes, and in the houses of their patients.

That we would premise that, in any suggestions we may presume to offer, we do not contemplate the higher rank in medicine or surgery, but the great body of general practitioners; the former, after the completion of their collegiate education, can afford for many years to maintain their connection with hospitals and other great medical institutions, and scarcely commence practice in earnest until they have attained to middle life; whilst the latter, who constitute the more important class of the medical profession, enter early upon their full sphere of duty, and must be competent from the outset to act with self-reliance, business habits, and powers of physical endurance.

That the mode of education formerly pursued fulfilled these conditions—being eminently practical; that it commenced with an apprenticeship nominally of five years, but practically of shorter time, because it usually included the period spent at a medical school; that it taught from the commencement the daily requirements of the medical man, trained him to the general duties of private practice, instructed him in medicine, surgery, and pharmacy; and that, when the education was conducted in an hospital, anatomy was usually acquired, and the higher doctrines and proceedings of surgery were inculcated under circumstances far more advantageous than they can be in a crowded hospital attached to a medical school; that the apprentice then proceeded to a metropolitan school, where he attended a few short courses of lectures, but was particularly occupied with dissection and with hospital practice, which the knowledge he had already acquired enabled him to comprehend; that, during the summer, he usually returned to his master, and applied in practice the science he had acquired in the school; that thus this practical knowledge, collected day by day, and without exhausting effort, was early associated with a patient self-reliance and self-confidence necessary to its judicious application.

That the system enunciated by the General Council (after some preliminary examination, which implies the possession of a certain amount of general knowledge), begins and ends with lectures in a medical school, and with hospital practice—this occupies nearly four years;

that the number of lectures is so considerable, and their topics so varied, that the mind of the student (wholly unfamiliarised, as is assumed, with medical subjects) is bewildered and exhausted by the continuous strain upon its attention.

That during this exhausting succession of lectures, hospital practice is, indeed, enjoined, but it is performed under all the unfavourable circumstances of a crowd; and that practical anatomy is not so diligently cultivated as heretofore.

That this system does not make the practical and ready man, so conspicuously the case in the older plan of a preliminary apprenticeship.

That it provides, by lectures, a full amount of professional lore, but that virtually it sets aside the practical instruction available, throughout the provinces, under the guidance of country practitioners, and of medical officers of provincial hospitals.

That these important sources of efficient practical instruction, where disease can be calmly studied, and its treatment be understood and appreciated, are now, in a great measure, running to waste; whilst, by returning to the former system of medical education, they would be utilised for the improvement of medical education, and the public benefit.

We trust that we shall be pardoned if we remind the General Council that there are in England nearly three hundred hospitals and dispensaries, besides clubs and unions, which, however unpretentious, supply a still larger and more important experience in the treatment of acute disorders, all of which are available for clinical instruction, but from which, as we understand, it withholds its sanction.

That, even at the risk of being wearisome, we must again entreat the General Council to be patient and hear us; that, in the former mode of education, a large proportion of young medical pupils passed their earlier years of study in the country, for the most part under the eye of their immediate relatives; that the plan of the General Council renders their residence in a large city during the whole period of medical education obligatory; that this not only injures their morals, but presses heavily on the resources of their parents; that it will cast almost insuperable difficulty in the way of medical practitioners, country clergymen, and other professional men, who could formerly educate their sons for the medical profession at a moderate expense, and that we conceive that the result is already evident.

That we, your memorialists, therefore, earnestly entreat that the General Council may have regard to the education of that more numerous and more important class of the practitioners of medicine, and no longer seek to compel them to a course of study well suited, indeed, to its own members, and to those whose circumstances justify their aspiring to the exclusive class of consulting practitioners, but wholly unsuited to the limited means and toilsome lives of general practitioners.

T. SHAPTER, F.R.C.P.	P. C. DE LA GARDE, F.R.C.S.
SAM. BUDD, M.D.	JOHN EDYE, M.R.C.S., L.S.A.
AUGUSTUS DRAKE, M.B.	ARTHUR KEMPE, F.R.C.S.
W. H. ELLIOT, M.D.	W. W. JAMES, F.R.C.S.
P. MILLER, M.D.	JNO. HADDY JAMES, F.R.C.S.
FRED. GRANGER, M.B.	

*To the General Council of Medical Education and Registration of the United Kingdom.*

The respectful Memorial of the Medical Officers of the West of England Infirmary for the Cure of Diseases of the Eye,

SHEWETH,

That the said Infirmary was founded in Exeter in the year 1808, and is the oldest provincial Eye Infirmary in England.

That as its means have enlarged its benefits have



been more widely extended, and that it derives its patients mainly from the four Western Counties.

That it is conducted with the utmost liberality, so as to facilitate as much as possible the admission of all persons requiring its aid. That to this end all clergymen, whether subscribers or not, are privileged to introduce their own poor parishioners as out-patients. That in practice the recommendation to this charity is a bad eye, and that no introduction is required except when there are strong grounds to suspect imposition. That for an in-patient the recommendation of a governor (whose right of recommendation is unlimited) is required, but that such patient is supported free of all expense, whatever length of time he may remain, unless by his own admission he can pay a small sum towards the positive expense of his maintenance.

That it had under care during the last year 1874 patients, of whom 78 were in-patients. That since the opening of the Infirmary there have been admitted 42,641 patients; that of these 612 have been cured of blindness from cataract, and 90 by an operation for artificial pupil.

That the pupils attending this Infirmary rarely exceed five in number; that they are therefore able to inspect, under the supervision of the surgeon, the patients resorting thereto, and actually and truly to see the operations and other delicate manipulations, which is impossible when many pupils are collected together; that they have ample opportunities of afterwards watching these cases in which operations have been performed, and know exactly the result.

That we, your memorialists, believe that this genuine practical instruction is the common characteristic of provincial medical charities, we therefore earnestly pray that the General Council may encourage medical students to resort to provincial schools of clinical instruction, and not limit its recognition of "practice" to the crowded hospitals attached to "schools of medicine."

P. C. DE LA GARDE,	} Surgeons.
JOHN EDYE,	
T. SHAPPEY, M.D.,	

#### REPORT OF THE COMMITTEE ON AMENDMENTS OF THE MEDICAL ACT.

The course the committee have adopted is to go through the sections of the Medical Act *seriatim*, and to append to each section such proposed amendments as seemed fit to be submitted for consideration.

The committee do not propose that the General Council should at present express an opinion on the proposed amendments, nor are the committee unanimous in some of the amendments suggested.

The committee suggest that the present course might properly be, that the General Council, without expressing any opinion on the proposed amendments, should give instructions to the executive committee to have a bill drawn up, embodying the proposed amendments; that the bill thus drawn up should be transmitted to the several licensing bodies mentioned in schedule (A) for their consideration, and that the amended bill, with any alteration suggested by the several licensing bodies, should be submitted for consideration at the next annual meeting of the General Council.

There remains one point on which the committee have not been able to suggest a satisfactory amendment, the license in midwifery. The difficulty has arisen from the charters of the several colleges differing in power in regard to this license. The College of Physicians of London, the Colleges of Physicians and Surgeons of Edinburgh are not authorised to issue separate licenses in midwifery, while the College of Physicians in Ireland, and the Colleges of Surgeons of England and Ireland, are empowered to issue such separate licenses. This appears to maintain an inequality of privilege that ought to be removed.

*The Medical Act. Anno vicesimo primo et vicesimo secundo Victoria Regina, Cap. XC.*

**Original Act.** Title. An act to regulate the qualifications of practitioners in medicine and surgery.

**Proposed Amendment.** A Bill to amend the Medical Acts.

**Original Act.** Preamble. Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners. Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in the present parliament assembled, and by the authority of the same as follows:—

**Proposed Amendment.** Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners; and whereas it is moreover necessary for the safety and protection of the public towards securing adequately educated practitioners in the several departments of medicine, surgery, and pharmacy; be it therefore enacted, etc.

**Original Act.** x. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers; and the person or persons so appointed shall likewise act as Registrar for *England*; and as Secretary and Treasurer or Treasurers, as the case may be, for the Branch Council for *England*; the General Council and Branch Council for *England* shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed by any Council shall be removable at the pleasure of that Council, and shall be paid such salary as the Council by which he was appointed shall think fit.

**Proposed Amendment.** The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and may act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers. The General Council shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council, and shall be paid such salary as the Council shall think fit.

**Original Act.** XIII. All moneys payable to the respective Councils shall be paid to the Treasurers of such Councils respectively, and shall be applied to defray the expenses of carrying this Act into execution in manner following: that is to say, separate accounts shall be kept of the expenses of the General Council, and those of the Branch Councils; and the expenses of the General Council, including those of keeping, printing, and publishing the Register for the United Kingdom, shall be defrayed, under the direction of the General Council, by means of an equal percentage rate upon all moneys received by the several Branch Councils; returns shall be made by the Treasurers of the respective Branch Councils, at such times as the General Council shall direct, of all moneys received by them; and the necessary percentage having been computed by the General Council, the respective contributions shall be paid by the Treasurers of such Branch Councils to the Treasurer or Treasurers of the General Council; and the expenses of the Branch Councils shall be defrayed under the direction of those Councils respectively, out of the residue of the moneys so received as aforesaid.

**Proposed Amendment.** Clause XIII. and proposed amendments, with observations of Scotch Branch Council of No. 27, 7th Feb. 1863, to be referred back to solicitor for observations.

For Sect. XIII.—Substitute a section to the following effect:—

Separate accounts shall be kept of the expenses of the General Council, and those of the Branch Councils. The expenses of the Branch Councils shall be defrayed under the direction of those Councils, respectively, out of the moneys received by them. Returns shall be annually made by the Treasurers of the respective Branch Councils of all moneys so received and expended by them; and the said Treasurers shall, as soon as possible, transmit the balance remaining in their hands to the Treasurer of the General Council; and the expenses of the General Council, including those of keeping, printing, and publishing the Register of the United Kingdom, shall be defrayed, under direction of the General Council, out of the fund arising from the contributions of the Branch Councils, as well as from all other sources, to be called the General Council Fund.

*Original Act.* xiv. It shall be the duty of the Registrars to keep their respective registers correct in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter, within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the Register; provided always, that the same may be restored by direction of the General Council, should they think fit to make an order to that effect.

*Proposed Amendment.* Sect. xiv. Insert the following after the words "his residence."

And if any person registered shall notify to the Registrar that he has ceased to practise, and wishes to withdraw his name from the Register, the Registrar shall have power to erase his name.

*Original Act.* xx. In case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such college or body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty's Most Honourable Privy Council.

*Proposed Amendment.* For Sect. xx.—Substitute a section to the following effect:—

It shall be lawful for the General Council to lay down such regulations respecting the education and examination of practitioners in medicine, surgery, and pharmacy, as may appear to them fitted to insure adequate knowledge and skill in the several departments of the profession; and the said General Council shall then submit said regulations to Her Majesty's Most Honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all universities, colleges, and other bodies enumerated in schedule (A) to this Act.

*Original Act.* xxi. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such college or body, after such time as may be mentioned in the order, shall not confer any right to be registered under this Act: provided always, that it shall be lawful for Her Majesty, with the advice of her Privy Council, when it is made to appear to her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the

mode of conducting such examinations, to revoke any such order.

*Proposed Amendment.* For Sect. xxi.—Substitute the following:—

And it shall be lawful for the Privy Council, upon its being represented to them, that any university, college, or other body enumerated in schedule (A) does not comply with such regulations, to declare that any qualification granted by such university, college, or body, shall not confer any right to be registered under this Act. Provided always, etc.

*Original Act.* xxvii. The Registrar of the General Council shall in every year cause to be printed, published and sold, under the direction of such Council, a correct Register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in schedule (D) to this Act, or to the like effect, and medical titles, diplomas, and qualifications conferred by any corporation or university, or by doctorate of the Archbishop of *Canterbury*, with the dates thereof, of all persons appearing on the General Register as existing on first day of *January* in every year; and such Register shall be called the *Medical Register*; and a copy of the *Medical Register* for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all courts and before all Justices of the Peace and others that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act: provided always, that in the case of any person whose name does not appear in such copy, a certified copy, under the hand of the Registrar of the General Council, or of any Branch Council, of the entry of the name of such person on the general or local Register, shall be evidence that such person is registered under the provisions of this Act.

*Proposed Amendment.* To Sect. xxvii.—After the words "Provisions for this Act" add the words as proposed in the *Tabular Statement*, viz:—

"And that he is not possessed of any qualification which would entitle him to be registered in accordance with the provisions of this Act."

*Original Act.* xxix. If any registered medical practitioner shall be convicted in *England or Ireland* of any felony or misdemeanour, or in *Scotland* of any crime or offence, or shall after due inquiry be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the Registrar to erase the name of such medical practitioner from the Register.

*Proposed Amendment.* For Sect. xxix.—The clause, as suggested by Mr. Ouvry, and printed in the *Tabular Statement* approved of, viz:—

The Council may refuse to register any person who may have been convicted, in *England or Ireland*, of any felony or misdemeanour, or in *Scotland* of any crime or offence; and if any registered person shall be so convicted, or shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in a professional respect, whether before or after registration, the General Council may, if they see fit, direct the Registrar to erase the name of such person from the Register.

*Original Act.* xxxi. Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: provided always, that it shall be lawful for any College of

Physicians to pass a byelaw to the effect that no one of their Fellows or members shall be entitled to sue in manner aforesaid, in any court of law, and thereupon such byelaw may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or member of such college.

*Proposed Amendment.* Sect. xxxi.—Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine, or surgery, or pharmacy; or medicine and surgery, and pharmacy, as the case may be, etc.

*Original Act.* xxxiv. After the first day of January, one thousand eight hundred and fifty-nine, the words "legally qualified medical practitioner," or "duly qualified medical practitioner," or any words importing a person recognised by law as a medical practitioner or member of the medical profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act.

*Proposed Amendment.* To Sect. xxxiv.—The following words to be added:—"According to his qualification or qualifications."

*Original Act.* xxxvi. After the first day of January, one thousand eight hundred and fifty-nine, no person shall hold any appointment as a physician, surgeon, or other medical officer, either in the military or naval service, or in emigrant or other vessels, or in any hospital, infirmary, dispensary, or lying-in hospital, not supported wholly by voluntary contributions, or in any lunatic asylum, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poorhouse, parish union, or other public establishment, body, or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age, or as a medical officer of health, unless he be registered under this Act: provided always, that nothing in this Act contained shall extend to repeal or alter any of the provisions of the Passengers Act, 1855.

*Proposed Amendment.* Sect. xxxvi.—The word "apothecary" to be inserted after "surgeon."

*Original Act.* xxxvii. After the first day of January, one thousand eight hundred and fifty-nine, no certificate required by any act now in force, or that may hereafter be passed, from any physician, surgeon, or other medical practitioner, shall be valid, unless the person signing the same be registered under this Act.

*Proposed Amendment.* For Sect. xxxvii.—Substitute the following:—

After the first day of January, one thousand eight hundred and fifty-nine, no certificate required by any act now in force, or that may hereafter be passed from any physician, surgeon, or apothecary, or other medical practitioner, shall be valid, unless the person signing the same be registered under this Act.

*Original Act.* xl. Any person who shall wilfully and falsely pretend to be or to take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.

*Proposed Amendment.* On and after the day of 186, it shall not be lawful for any person unless registered under this Act, to pretend to be, or take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical or General Practitioner, or Surgeon Apothecary or Acconcheur, or Licentiate or Practitioner in Midwifery, or any other medical or surgical name or title, and any unregistered person so offending shall forfeit and pay a sum of not exceeding

£20, to be recovered in a summary way before the Justices of the Peace.

*Original Act.* xlviii. It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by Charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations for the purpose of testing the fitness of persons to practise as dentists who may be desirous of being so examined, and to grant certificates of such fitness.

*Proposed Amendment.* Sect. xlviii.—Amend by introducing the words "Ireland and the Faculty of Physicians and Surgeons," after England.

*Original Act.* lv. Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the lawful occupation, trade, or business of chemists and druggists and dentists, or the rights, privileges, or employment of duly licensed apothecaries in Ireland, so far as the same extend to selling, compounding, or dispensing medicines.

*Proposed Amendment.* Sect. lv.—Omit the words, "Chemists, Druggists, and."

A section to the following effect to be added:—

Sect. lvi. It shall not be lawful for any person to keep open shop for the compounding of physicians' and surgeons' prescriptions, unless he be a Licentiate of the Apothecaries' Hall of England or Ireland, or shall have received a certificate of the competency to compound medicine, from either of the above bodies, or from the Pharmaceutical Society, or from some other body duly authorised in England, Ireland, or Scotland, by the General Medical Council, to institute the necessary examination, and to grant such certificate, and at such rate of fee as the General Medical Council, with the approval of the Privy Council, may sanction; and any person keeping open shop for the compounding of medicine, unless qualified as aforesaid, shall, upon a summary conviction for any such offence, before any Justice of the Peace, pay a sum not exceeding £20. And for the better protection of the public, and to ensure the carrying out of the provisions as aforesaid, it is hereby enacted that the Medical Council may appoint from time to time one inspector for England, one for Ireland, and one for Scotland, whose duties it shall be to inspect, as often as may be required, all shops where medicines are compounded, and to carry into effect the provisions of this Act in regard to such shops; and that such inspectors be paid such salaries out of the Consolidated Fund as the General Council, with the approval of the Lords Commissioners of Her Majesty's Treasury may from time to time determine.

A section also to be added as follows:—

Sect. lvii. No patent quack or other medicine shall be sold unless a sworn certificate of its composition be lodged with the Registrar of the General Council, and a copy thereof be open for inspection in the shop or place in which such medicine is sold; and any person, or proprietor of a shop, selling any secret remedy shall, on summary conviction, for each such offence, be liable to a penalty not exceeding £20.

D. J. CORRIGAN, *Chairman.*

REPORT OF THE SPECIAL COMMITTEE APPOINTED BY THE GENERAL COUNCIL ON 27TH MAY, 1863, RELATIVE TO THE PHARMACOPEIA.

The Committee appointed "to take into consideration, and to report what further steps it is desirable for the General Council to take in reference to the *Pharmacopœia*," have carefully considered various matters which have been put before them and the Council, by the Chairman of the *Pharmacopœia* Committee. They have to report that several of these matters are of great importance, and require the attention of the Council, before its present meetings come to an end; and they recommend that these be all settled now, so that as little as

possible of the business connected with the *Pharmacopœia* shall be left over to another session of the Council.

1. The first subject to which the Committee have turned their attention is the expense attending the preparation and publication of the *Pharmacopœia*, and the mode and terms of payment.

Every member of Council was, or might have been aware, that a *Pharmacopœia*, which was to be an amalgamation of three *National Pharmacopœias*, could not be prepared without a large expenditure. During the first session of the Council there seems to have been a general understanding that, unless for the services of professional chemists and others, to whom the several branches of the *Pharmacopœia* Committee might find it necessary to entrust a part of their duty, the Council would escape any outlay on account of those engaged in preparing the work. The labour required of the Subcommittees, however, soon proved to be so great in prospect, that it was impossible to expect that so many professional men should surrender their time without some compensation. Accordingly it was stated by the Chairman of the *Pharmacopœia* Committee, at the session of Council in 1859, that provision would have to be made for a charge on this account. No idea could be formed at that period, however, of the probable charge, under any possible arrangement which the *Pharmacopœia* Committee, or the Council, could then have proposed.

This Committee are confident, that no one conversant with the practical difficulties which surround the task committed to the *Pharmacopœia* Committee will suppose that any part of the work they have gone through was superfluous, or has been the cause either of delay or of expense which might have been avoided. It may be added, that the extra expenditure occasioned by the delay which originated in the question settled by the Council last October, relative to Weights and Measures, has been inconsiderable.

The mode of payment of all charges on account of the *Pharmacopœia* has been clearly understood by its Committee; but little appears on the subject in the Minutes of the Council, which can serve as a guide to the present Committee. The understanding was, that the Council should advance from the Registration Fund such money as might be required for current expenses, the payment of which could not be justly postponed; that these advances should be repaid from the proceeds of the sale of the *Pharmacopœia*; and that the other charges, including especially compensation to members of the Subcommittees for their time and services at Sub-committee Meetings, must depend on the amount of these proceeds. Accordingly, the advances made by the Council, on account of the *Pharmacopœia*, were applied to remuneration for much chemical, botanical, and pharmaceutic advice and experiment; for the attendance of nine members at two Delegations, one in London and another in Edinburgh; and for lesser current expenses. But the remaining charge, which relates to the services of Secretaries and Editors, to certain extensive chemical investigations, and to attendance on Sub-committee Meetings, is still open for consideration; and this Committee are of opinion that all these charges ought to be settled, as far as possible, by the Council, before its present meetings terminate.

The Committee of Council beg here to observe, that the Council, in advancing at different periods sums from the Registration Fund, for the current expenses of the *Pharmacopœia* Committee, does not appear to have given any special authority, or instructions, as to the particular items of current expenses which should be paid from these advances. The Chairman of the *Pharmacopœia* Committee made certain statements on that head to the Council from time to time; and he considered himself entitled to endorse, and the Treasurer of the *Pharmacopœia* Committee to pay the charges mentioned above, as

in conformity with the statements made in Council. It might have been better had the instructions of the Council been more specific. But this Committee submit that the attempt to make them so, would probably have involved frequent delays, on account of the necessity, under such instructions, of references from the *Pharmacopœia* Committee to the General Council at times when the Council might not be sitting.

The Council should keep in view, before providing for the payment of attendance on Sub-committee Meetings, that a large proportion of the Fund accruing from the sale of the *Pharmacopœia* will be required to replace what has been advanced from the Registration Fund, and to defray the cost of printing and publishing the work, and remuneration still due for Chemical Investigations, and to Secretaries and Editors.

The terms on which the charges thus remaining due should be paid, have received the most earnest attention of this Committee.

Two distinguished chemists were requested jointly to undertake together extensive investigations essential for the Chemistry of the *Pharmacopœia*. These gentlemen devoted their whole time for many days to these investigations, and one of them had to leave his professional duties at Edinburgh in order to meet the other at Dublin. The Chairman of the *Pharmacopœia* Committee informs us that these labours were undertaken on the footing that, in all probability, those who conducted them would be paid by the Council an allowance at the same rate as Members of the General Council for attending its meetings; and that this allowance would be very much under the usual fees received by chemists in the like circumstances.

The duties of the Secretaries being over, or very nearly so, the Committee are able to come to an opinion under that head of expenditure; and they recommend that the sum of £100 be paid to each of the Secretaries of the Edinburgh and Dublin Subcommittees; and the sum of £150 to the Secretary of the London Subcommittee, who has acted also as General Secretary of the whole Committee.

The duty of the Editors has only now begun. The Committee have been informed that this duty will last four months; and as two of the Editors reside at a distance, one in Edinburgh and the other in Dublin, the labour of all three must be considerable. The Council should also be informed that it has no claim on these gentlemen, originating in membership of the Council; for none of them is a member of this body. The Committee are, therefore, of opinion that the Edinburgh and Dublin Editors ought to be awarded for their trouble a sum of £70 each, and the principal Editor in London a sum of £75.

The payment to members of the Subcommittees is a different question. If the Committee look only to the professional position of most of the gentlemen who compose the *Pharmacopœia* Subcommittees, and to the time and knowledge which they have given to the duty undertaken by them at request of the Council, this Committee could scarcely hope to compensate them for their services by an adequate remuneration. The Committee therefore recommend that £500 should be voted as an Honorarium to each Subcommittee. The sum of all the Subcommittee meetings has been during four years 407; and the sum of attendances of all the members has been 1851. But even these numerous attendances give no idea of the amount of labour of the Subcommittees, not a few of whose members have given much of their private and individual leisure to the business of the *Pharmacopœia*.

II. The next subject brought before the Committee relates to the form or forms in which the *Pharmacopœia* ought to be published. After the statements put before the Council at the meeting of Council on the 26th instant, it is merely necessary for this Committee to report

their opinion, that on the whole it is advisable that two Editions be published contemporaneously, an octavo and a duodecimo edition, as proposed by the Executive Committee of the Council. The Committee find that the duodecimo edition may be sold at the low price of 5s. a copy, and the octavo at 7s. 6d., without involving the Council in any eventual loss, although a portion of the advances made by the Council may be for some time undischarged.

The Council will recollect that the price of the work must receive the sanction of the Lords of Her Majesty's Treasury.

iii. The third question submitted to the Committee is, whether it may not be advisable that the publication of the *Pharmacopœia* be preceded by some explanation of its composition, the principles of its construction, the changes introduced, and the necessity under which the members of the several branches of the medical profession will lie of making themselves acquainted with the *British Pharmacopœia*, and of discarding all those which it is to supersede. The Committee are of opinion that a measure of this kind may prove not only acceptable to the medical profession at large, but likewise very serviceable for preventing inconvenient and even dangerous errors. The Committee do not think it necessary that the General Council should themselves prepare and authorise a publication of this nature. But the Chairman of the *Pharmacopœia* Committee has expressed his readiness to publish such a document, if agreeable to the Council.

iv. The next subject for the Committee's consideration regards the means which may be taken by the present Council for supplying their members with the experience which the Council has gained as to the most suitable machinery for preparing future editions of the *Pharmacopœia*, and publishing them with the least possible delay and expense.

It appears to have been thought by some members of the Council, that the number of persons who have been engaged in preparing the *British Pharmacopœia*, and consequently the expense, might have safely been less than on the present occasion. The *Pharmacopœia* Committee might indeed have consisted of a smaller number of members, had the Council not had to reconcile three *Pharmacopœias*, and the members of the medical profession in the three divisions of the kingdom, who have been long accustomed to use them. Without a large representation in Committee from the several bodies concerned in those works, serious jealousies and obstacles would have arisen, which it would have been highly undesirable to provoke. But the Council is now the sole authority, and alone incurs public responsibility, in regard to the *Pharmacopœia*. It may henceforth adopt without reserve the measures which seem most suitable for subsequent editions.

The Committee, on considering what measures may be now recommended to the Council, have been impressed with the recommendation of the Chairman of the *Pharmacopœia* Committee, that the improvements in medicine and pharmacy ought not be allowed to accumulate long without being introduced by authority to the medical profession at large; and that therefore either a supplement, or new edition, of the *Pharmacopœia*, ought to be brought out every five years on an average; and that, for this purpose, a charge should be given by the Council to one or more competent persons to keep up the necessary information for the *Pharmacopœia* on a level with advancing knowledge from month to month; so that the requisite changes might be supplied to the Council within a very short period after demand.

To this end the Committee advise that—

1. In each capital of the three divisions of the kingdom respectively the Branch Council should appoint a person

to undertake this duty who is a medical practitioner, acquainted with the natural history and chemistry of pharmacy.

2. That it should be an instruction to these gentlemen to invite information as to improvements in the *Pharmacopœia* from the medical, surgical, and pharmaceutical bodies of the several divisions of the country.

3. That, under the sanction of the Executive Committee, the treasurer be empowered to pay to each of these gentlemen a sum not exceeding £20 annually for charges for scientific and practical inquiries.

4. That they should inter-communicate their results half-yearly.

5. That they should be ready every five years to give, at the request of the General Council, their conjoint opinion as to the changes they consider advisable for a new edition, or a supplement, of the *Pharmacopœia*.

6. That the Executive Committee should have charge of editing and publishing such new edition or supplement, after approval by the General Council.

v. The last subject to be referred to by this Committee is the recent introduction of a Bill into the House of Commons, for altering the Weights and Measures of the Kingdom to the Metrical Decimal System of France and many other countries. The Bill contemplates, that, if passed, the Act shall be permissive for three years, and then compulsory. Pharmacy is expressly included. The House of Commons takes up the second reading of the Bill on July 1.

The Council will observe that it is quite otherwise circumstanced in respect to this Bill, than when it came to a decision last October on the question, whether the French Metrical System of Weights and Measures should be adopted at that time as the system for pharmacy in this country. The Committee, therefore, beg to call the attention of the Council to the approaching proceedings in Parliament. But they leave it to the Council itself to decide whether any, and what steps should be taken by the Council in the present position of this important question.

R. CHRISTISON, *Chairman*.

## Correspondence.

### POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—Permit me again to trespass on the pages of your journal to inform the Poor-law medical officers that, since my last communication with them, I have employed much time in superintending and directing the preparation of an extensive series of tables, placing side by side the number of parishes, area in statute acres, population, number of medical officers and their salaries at different periods, also the amount of extra medical fees, and in a final column the total medical expenditure, the dates commencing in the year 1842, and terminating in 1861. The evidence accompanying this will, I trust, convince the most sceptical of the justice of our complaints, and the incorrectness of some of the material points in Mr. Cane's statement last session. This evidence I intend to lay before the select committee as soon as it shall be reappointed. I have, however, been informed through the medium of a member of parliament, "that the delay in the reappointment of the committee arises from pressure of business at the board owing to distress in the north, and that a continuance bill for the year is likely to be brought in." In this I trust my informant may be mistaken, as it is not long since I had a letter, in reply to one I addressed to the Right Hon. C. P. Villiers, promising me a communication as soon as the appointment is

made, which leads me to believe that it was then at least intended to move the reappointment of the committee; but as it is possible that even when they meet, it may only be for the purpose of drawing up a report and not to receive further evidence, I think it most desirable to be prepared for that event, and put into print a part at least of the evidence I have drawn up, in order that the committee may be in possession of certain facts, and come prepared to recommend to parliament resolutions which will tend to improve the system of medical relief to the poor.

The great drawback in placing my evidence in the printer's hands, is the want of money, having already expended about £25 more than I have received; it must therefore, now rest with the Poor-law medical officers themselves, whether I am to proceed or stand still. I believe we have arrived very near the termination of our up-hill labours—I therefore advise we should go on a little further and crown the summit of the hill—the old adage “faint heart never won fair lady” is not inapplicable to our case.

No great cause has ever been carried in the House of Commons without much trouble and some expense; and as ours is a great cause involving annually the welfare of one million and a quarter of the sick poor of this kingdom, I do trust my medical friends will not shrink from a little further exertion. I am aware it is considered by many a hopeless task to fight against a public board, but I feel convinced that we have only to prove the soundness of the views we advocate, to insure the present President of the Poor-Law Board following in the footsteps of the Right Hon. T. Sotherton-Estcourt, and aiding us in the reform so much needed.

Since the commencement of the present year, I have received but £19 : 10, and part of this is from gentlemen unconnected with union practice, a sum but little over the cost of the postage of the last issue of circulars sent to the 3,073 Poor-law medical officers. I trust I have but to name the circumstance of the want of money to arouse my friends to the very little exertion required, to place a few shillings worth of postage stamps in a letter and forwarding them to me.

Permit me a little further space to say a few words on a subject personally affecting myself. I should feel deeply obliged to any gentleman who could assist me in obtaining the date of the birth of Charles Henry Miller Lolley, and his uncle, John Hopkinson Lolley, son of William Martin Lolley, by his first wife Anne Swaine, to whom he was married in *Liverpool* in 1802, and from whom he was divorced in Scotland, in 1812. Search has already been made to discover their place of birth, but in vain; I have, therefore, thought it just possible some one of my medical friends who possess medical ledgers for the years 1800 to 1813, might, by simply turning to the index of their books and running down the letter L, by chance discover the name of Lolley, and thus give me a clue to the dates of these births, and assist a brother in either obtaining a few hundred pounds, or in preventing him in needlessly expending money in a chancery suit.

The births most probably took place either in or near *Liverpool*, the father having been a wine and spirit merchant there. In Wales, they also had relatives; as the property in chancery belonged to a Mrs. Allen, of the Glen near Llangollen, Denbigh; but as the divorce took place in Scotland, the births might possibly have been there. This, it will be said, is rather a wide field, but as your journal is read in all those places, it is not improbable some one of your readers may be found who can assist me.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, June 1, 1863.

## Medical News.

UNIVERSITY OF CAMBRIDGE. The fees for the degree of Master in Surgery have been fixed as follows:—For those who have not taken any degree previously £18; for those who have taken the degree of B.A. or M.B., £12; for those who have taken the degree of B.A. and M.B., £6; for those who have taken the degree of M.A., £1.

THE INDIAN MEDICAL SERVICE. In the House of Commons on Thursday week, in reply to a question from Earl Jermyn, touching the details of the amalgamation of the medical service of the late East India Company with that of the Royal service, Sir C. Wood said that he had forwarded the papers to the Horse Guards, and that he had as yet received no answer.

ST. MARY'S HOSPITAL. On the 6th inst., Chief Justice Sir A. J. Cockburn, presided at the distribution of prizes to the successful students connected with St. Mary's Hospital Medical School. The following is the prize list:—*Winter Session, 1862-3. Scholarship in Anatomy*, value £25, Mr. Carey P. Coombs. *Prize for students of the first year*, value £20, Mr. William John Land, Mr. Augustus Müller. *Prize for students of the second year*, Mr. Philip George Philips. *Prize for students of the third year*, Mr. Thomas Lyle. *Summer Session, 1862. Prize for students of the first year*, Mr. Thomas Lyle. *Prize for students of the second year*, Mr. Milner M. Moore. *Natural Philosophy (1862)*, Mr. Francis John Marshall. *Certificates of Honour* were also presented to Mr. Richard S. P. Griffiths, Mr. William L. Denziloe, Mr. Henry Bertin, Mr. M. M. Moore, Mr. Hamilton De Tatham, Mr. Charles Owen Aspray, Mr. Charles James Pavit, Mr. P. G. Philips.

THE LEVÉE. The following presentations to the Prince of Wales, on behalf of the Queen, took place at St. James's on Monday the 8th inst., the names having been previously left at the Lord Chamberlain's office, and submitted for Majesty's approval:—Staff-Surgeon P. J. Clarke; Assistant-Surgeon M. W. Cowan, M.D.; Dr. S. J. Goodfellow; Assistant-Surgeon D. Hodgson; Dr. E. Lankester; Deputy Inspector-General of Hospitals J. Lovell; Inspector-General Dr. Macpherson, on appointment of Honorary Physician to her Majesty; Staff-Assistent-Surgeon E. L. McSheehy; Dr. George Moore, R.N.; Surgeon G. Pain, Royal Artillery; Assistant-Surgeon W. Tanner; Assistant-Surgeon T. Tarrant, M.D. The following gentlemen also attended the levée:—Drs. Minter, James McCann, McCann, Ed. Smith, Royston Piggot, and Messrs. G. B. Childs, John Simon, Howel Morgan, and Haynes Walton.

TESTIMONIAL TO A SURGEON. For several years past, Mr. W. B. Young, of Reading, has held the appointment of medical officer of the Caversham District of the Henley Union, and his great kindness and unremitting attention to the poor secured for him universal esteem throughout the locality, and considerable regret was therefore manifested by all classes, on its becoming known that he had resolved upon resigning his post. Anxious to testify their sense of Mr. Young's services, as well as of his courtesy and kindness, the residents in the district commenced a fund for the purpose of presenting him with a suitable testimonial on his retirement, and the poor very gladly contributed to the extent of their ability. The testimonial consisted of a handsome bronze gilt clock, with candlesticks to match, forming an unique drawing-room set; also several articles of plate. The clock bore the following inscription:—“Presented to W. B. Young, Esq., by the parishioners of Caversham and Sonning, on his resigning the appointment of medical officer of that district, after fifteen years faithful service.”



1863." On May 16th, the subscribers assembled at the National Schoolroom, Caversham, when the Rev. J. Bennett presented the testimonial. Mr. Young, in acknowledging the presentation, assured the subscribers that he felt highly gratified at such an expression of their good feeling, and it was pleasing to know he had discharged the duties of medical officer to the satisfaction of all classes.

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Asiatic.  
TUESDAY. Statistical.—Ethnological.  
WEDNESDAY. Meteorological (Anniversary).—Geological.  
THURSDAY. Zoological.—Antiquarian.—Linnean.—Chemical.—Royal.  
SATURDAY. Association Medical Officers of Health.

### POPULATION STATISTICS AND METEOROLOGY OF LONDON—JUNE 6, 1863.

[From the Registrar-General's Report.]

	Boys .. 971	Deaths.
During week.....	Girls .. 877	1518 1214
Average of corresponding weeks 1853-6 .....		1850 1132

*Barometer:*  
Highest (Mon.) 30.081; lowest (Sat.) 29.21; mean, 29.819.  
*Thermometer:*  
Highest in sun—extremes (Wed.) 121.5 degs.; (Sun.) 77.0 degs.  
In shade—highest (Wed.) 84 degs.; lowest (Mon.) 42.1 degs.  
Mean—57.2 degrees; difference from mean of 43 yrs. +0.5 deg.  
Range—during week, 41.9 degrees; mean daily, 23.1 degrees.  
Mean humidity of air (saturation = 100), 76.  
Mean direction of wind, S.E. & S.W.—Rain in inches, 1.07.

### TO CORRESPONDENTS.

\* \* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

VILLAGE HOSPITALS.—SIR: I should feel much obliged if through the medium of your JOURNAL any one who has had experience in Village Hospitals would favour me with some facts relative to their practical utility; also, I should be glad to ascertain in what towns of England such institutions exist.  
June 8th, 1863. I am, etc., F. T. J.

[Our correspondent will find the information he asks for in the back pages of the JOURNAL. EDITOR.]

THE ASSOCIATION PRIZE.—In answer to the question of a "Surgeon's." "Whether the Annual Prize of the Association is to be given for an essay on medicine properly so-called, or on any branch of medicine or surgery?" We reply, that the prize is (as we understand it) for the best essay on Practical Medicine, and does not apply to surgical subjects.

AN ANNOUNCEMENT.—The following interesting announcement adorns the interior of London omnibuses:—"Ozonised Cod-Liver Oil discovered at the Brompton Hospital to be the nearest approach to a specific for consumptive known."

THERAPEUTICAL INQUIRIES.—SIR: As one of the Therapeutical Committee appointed by the British Medical Association to compile the Reports on the Action of Medicines in Certain Diseases, may I request you to remind our members that the Schedules are to be returned to the members of the Committee on or before the 1st of July.  
I am, etc., GEORGE HARLEY.

77, Harley Street, June 6th, 1863.

#### Addresses of the Committee:—

For Acute Pneumonia.—Dr. Hughes Bennett, 1, Glenfinlas Street, Edinburgh.  
For Non-Syphilitic Psoriasis.—Dr. C. Handfield Jones, 49, Green Street, Park Lane, London.  
For Tape-Worm.—Dr. Alexander Fleming, 20, Temple Row, Birmingham.  
For Scarlatina.—Charles F. Hodson, Esq., Bishop's Stortford.  
For Jaundice.—Dr. George Harley, 77, Harley Street, Cavendish Square, London.

LIFE ASSURANCE OFFICE FEES.—SIR: I received this morning from the Clerical, Medical, and General Life Assurance Office, the usual medical certificate to be filled up, accompanied by the following note.

"Mr. G. really referred to you as a private friend. We should, however, prefer to have your professional opinion, and we cannot think of availing ourselves of that without payment."  
Bristol, May 28th, 1863. I am, etc., W. F. MORGAN.

"SARRACENIA PURPUREA" and "VERATRUM VIRIDE."—SIR: I beg fully to coincide with you in your cogent remarks in the JOURNAL of May 30th, in reference to Mr. Cosmo Logie and the "Sarracenia Purpurea." Mr. Logie is only one of many victims of a delusion; but there is no excuse for a man of Mr. Logie's experience acting so foolishly.

The other day I met one of the surgeons belonging to the celebrated "Cunard" line of Atlantic steamers, and he told me that a physician in Boston told him that the introduction of the Sarracenia Purpurea in the treatment of small-pox was the work of a Yankee who was commercially interested in the sale of the drug. He at the same time informed me that this same dodge was rather a favourite in the States.

You could not have better specimens of the wholesale dodges of this kind than in the vendors of the Sarracenia Purpurea and the Veratrum Viride.

The vendors of the latter drug have gone a step higher; they have victimised every man in the States who favoured them with their favourable opinion of their own preparation, by giving publicity to their names in all the leading American, British, and continental journals; they, the vendors, have actually taken the pen in their own hands, and pulled their own wares in medical journals, aided by the willing testimony of their victims. It is positively melancholy to think of the blind ignorance of some members of the profession, both at home and abroad. If further proof is requisite of the commercial nature of all that has been written by a certain Yankee party on the virtues of the Veratrum Viride, let me just state that the same gentleman who opened my eyes to the sarracenia dodge, also positively assured me that, last summer, the vessel in which he is the surgeon, brought over no less than three barrels of the tincture of "veratrum viride," along with the owner of them, a Dr. —, of Massachusetts, who has identified himself with the preparation in every journal and meeting to which he could get an introduction, and who has an undoubted commercial interest in its sale.

May 30th, 1863. I am, etc., T. S.

[Mr. Cosmo Logie's letter has already begun to bear good fruit for the herbalists. We see that extracts from it are already finding their way into the country journals, as puffs for the sale of the Sarracenia. EDITOR.]

THE SARRACENIA PURPUREA.—SIR: Mr. Logie's letter in the Times is a very excellent advertisement for increasing and extending the sale of the pitcher plant. We are to presume that the letter was inserted simply pro bono publico. Nevertheless, the public expectation of the efficacy of the remedy would not have been raised to so high a degree if Mr. Logie had informed them that every recruit on entering the service is vaccinated.

As I have known a man who had been inoculated for small-pox when a boy, take the small-pox by infection, and die from the second attack, I am not surprised on seeing small-pox after vaccination; and I think Mr. Logie might have told the public that "every subject of his eleven cases had been previously vaccinated."  
I am, etc., W. A. R.

June 2nd, 1863.

COMMUNICATIONS have been received from:—Mr. WILLIAM CORNEY; Mr. J. D. HILL; Mr. JOHN BROWN; Mr. STEELE; THE REGISTRAR OF THE MEDICAL COUNCIL; Dr. HARLEY; Dr. HENRY GOODE; Dr. J. W. OGLE; Mr. RICHARD GRIFFIN; Mr. THOMAS BRANT; Mr. STONE; Dr. T. SKINNER; Dr. SANKEY; Mr. JABEZ HOGG; Mr. J. T. FEATHERSTONE; Dr. THUDICUM; Mr. OLIVER PENBERTON; Mr. SOUTHAM; Mr. WM. PARKER; Dr. HUMPHRY; Mr. E. G. NOOT; Dr. WOLLASTON; Mr. WALKER; Mr. THOMAS MARTIN; Mr. J. THOMPSON; Dr. J. M. BRYAN; Mr. P. MARTIN; Mr. E. CROSSMAN; Mr. F. W. WHITWELL; and Dr. LEARD.

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## University of London. Notice

is hereby given, that the next Half-yearly Examination for MATRICULATION in this University will commence on MONDAY, the 6th of JULY, 1863. In addition to the Metropolitan Examination, Provincial Pass Examinations will be held at Stonyhurst College; Owen's College, Manchester; Queen's College, Liverpool; and St. Cuthbert's College, Ushaw.

Every Candidate is required to transmit his Certificate of Age to the Registrar (Burlington House, London, W.) at least fourteen days before the commencement of the Examination.

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WILLIAM B. CARPENTER, M.D., Registrar.

June 5, 1863.

# Clinical Lecture

ON

## CONICAL CORNEA.

BY

HAYNES WALTON, F.R.C.S.,

SURGEON TO THE CENTRAL LONDON OPHTHALMIC HOSPITAL, AND TO ST. MARY'S, PADDINGTON; LATE TEACHER OF ANATOMY, AND DEMONSTRATOR OF THE SURGICAL OPERATIONS IN ST. MARY'S MEDICAL SCHOOL.

### *Morbid Anatomy and Pathology of the Affection: Treatment by Appliances and by Operation.*

THE name of this disease at once implies the physical changes that the eye undergoes, and which so completely spoil it. There is no other important ophthalmic affection so likely to be mistaken as conical cornea. Indeed, I may say that it is certain to be overlooked, except by one who has studied eye-diseases, and the impaired vision it causes attributed to a wrong cause. In the very early stage, even an expert ophthalmologist may be deceived, if he be hasty in his examination, or careless.

The cornea loses its spherical form, and literally grows conical, not quite regular, but more or less undulated; but this is apparent only when highly magnified. When the conical change has reached its maximum, it is at once apparent to any one who knows the disease; but in the commencement there is only at a first view an appearance of increased lustre—a symptom, in connection with bad sight, that should always induce a profile examination of the eye, when, if the conical change be going on, it will seem as if a drop of water were placed on the cornea. The anterior chamber always looks large in proportion to the projection. In exaggerated examples, the apex of the cone may be opaque at the summit, and dotted; sometimes the iris is slightly tremulous. The ophthalmoscope is a very sure means of diagnosis in doubtful cases. I made out this fact several years ago. The defective sight of a young woman had been a puzzle to all who had seen her, and for a time to myself; and I was able by ophthalmoscopic examination to detect a degree of conicity so trifling, that in the first instance, and by ordinary inspection, it escaped my notice.

These are the ophthalmoscopic signs of it. When the front of the cornea is focused, the apex is remarkably brilliant; while the base, the part not in focus, is in deep shadow, through the darkened circle may be imperfectly seen portions of the retinal vessels.

I have been invariably told by patients that the first symptom showing something to be wrong was near-sightedness; and, as the disease usually appears between the ages of fifteen and twenty, such an alteration in the focal range at that time of life demands a strict scrutiny of the eye. Very decidedly impaired vision follows, and distant things are lost to view; objects are multiplied, and luminous ones have zones about them. The best sight is got by looking sideways, as nothing can clearly be seen through the apex of the cornea. As the affec-

tion advances, the eye gets quite useless. Instead of the rays of light being concentrated, as by the natural cornea, and directed through the pupil, they are bent and thrown off, and otherwise influenced by the mechanical changes in the part.

The affection has been seen at birth, and has occurred hereditarily; but ordinarily it does not appear till after childhood. The slowness of the progress is among its characteristics; but the ratio of increase is uncertain, and there may be an arrest at any stage of development.

We are in ignorance respecting any predisposing cause; and as to the direct cause, nothing satisfactory has been established. I mean this to apply to the genuine conical cornea, in which there is nothing but the transparent cone; and not to staphyloma of the cornea; nor to bulging from ulceration; nor enlargement, not very uncommon in strumous corneitis.

Respecting the structural alterations that take place, it has been observed by actual dissections, that the cone is thinner than the unaffected portion of the cornea at the circumference that is healthy, and that the greatest thinness is at the apex. Still more accurate investigation has found that the anterior elastic laminae on the apex is thinned, having beneath it a congregation of nuclei; also that the laminae of the corneal tissue proper are converted into a web of caudate and nuclear fibres, and, among the meshes, clusters of cells; and that these changes increased from the base of the cone, where it began in the healthy part of the cornea at the circumference, to the apex. No alteration has been detected in the posterior elastic lamina, nor in the epithelium.

The important question of treatment now arises; and I shall first consider what has been derived from the various appliances of art, optical and mechanical; and how it may be obtained. The object sought is to direct the light into the eye through the circumference of the cornea, the portion of it not yet diseased. The principle is, to expand the pupil beyond the base of the cone. The success, then, must depend on the amount of the cornea involved, the size of the cone, its angle and undulations; for, when these exceed certain limits, a case may be irremediable—a distressing condition, at which any individual progressive instance may arrive. And the duration of benefit will be according to the arrest in the disease. As it progresses, so must there be decline in the assistance that has arisen, whatever may have been the source.

Dilatation of the pupil by atropine is sometimes beneficial. It is effected by a drop of a very weak solution, varying in strength from a quarter of a grain to a grain in an ounce of water, according to the amount of dilatation desired and the susceptibility of the eye; and renewed every third or fourth day. However, this method of artificial dilatation is difficult to regulate, and the effect is most likely to be in excess. Then the atropine much interferes with the adjusting power of the eye.

But by far the most generally applicable pupillary influence is to be got through the natural expansion, by shading the eye; that is, shutting off the general stream of light with a goggle of some kind, and admitting rays only through a small slit, or a circular hole. It is in consequence of the very decided benefit that I was enabled to confer, a few weeks ago, by means of an appliance of this nature,

that I have put these ideas together concisely in the form of a lecture.

CASE. The patient was a female cook, aged 27, sent to me by my colleague Dr. Markham. For some time her sight had been impaired, and medical assistance sought; but neither the physical changes in the cornea, nor the peculiar disturbance of vision, were recognised. A great blunder was committed, and wrong treatment instituted. The cones were small, and that in the right eye was the larger; but I detected them at a glance. As usual, there was that indistinctness of sight which is almost invariably spoken of as "confusion". There was no definition of any distant object; friends could not be recognised a few yards off. The nearer a thing, the better it could be seen; and large type held very close could be made out; but the indistinctness and confusion affected everything, however near it was viewed. Concave glasses afforded no benefit. The use of atropine in the one eye made matters worse. I then tried the effect of looking through apertures of different sizes and shapes in a piece of metal, and soon discovered that type which could not be deciphered with the naked eye could now be read. Moreover, there was much gained in focal range, and in distant definition. Things in the street, that before could not be recognised, were now readily named. The contrivances decided on were two bowls of metal, like the bowls of a teaspoon, with slits in them, united in front by a nose-bridge, and kept on by an elastic band around the head; and, as being more slightly for out of doors, a pair of ordinary goggles, with crape rims and neutral tint glasses the sides of which were made opaque by a circular piece of plaster stuck behind them. I was satisfied that the first gave the best vision, although the second were the easier to wear, and looked better.

It is quite incredible how much pains, care, patience, and time, are required to find out whether a patient can derive assistance, or cannot, by any of these means; and if he can, what is the highest attainable amount. And, so far as my own experience goes, the optician generally shirks to the utmost the trouble that all the trials and the alterations of the several contrivances impose on him, and which is not to be wondered at. However, in this instance, I found a remarkable exception in Mr. Millard of 334, Oxford Street. Supposing the disease in this case to progress, as most likely it will, and we have no power to check it, the woman is still very materially aided, perhaps for years. Should it be stationary, she has had as much done for her as art and science of the nineteenth century can afford.

I have made an allusion to concave glasses. I must tell you that occasionally very deep ones afford help in the early stage of the affection. I met with a gentleman who discovered that by having his spectacle-frame bent at the bridge, so as to place the glasses at certain angles to the eyes, he could see better.

Now, let us see what practical surgery can accomplish. If we could rely on what the authors of the several procedures advocated tell us, there are several perfect cures. But most of them have not survived the life of their originators. It is scarcely possible to conceive anything that has not been tried, even to so absurd a measure as removing the lens; but I shall not recount them, but direct attention at once to the only measure that has, according to my observation, proved trustworthy; and I do not think any could be named that I have not fairly tried.

An artificial pupil—that is, drawing the pupil

away from the centre of the cornea, the part spoiled by the cone, to the margin, the most perfect part, and displacing it there—is an operation admissible under certain circumstances, and to be recommended. To the late Mr. Tyrrell is due the merit of suggesting this. Sometimes he cut off a bit of the iris, sometimes he strangulated it in the corneal wound. There can be no doubt that Mr. Tyrrell did sometimes meet with success—sometimes he did not; but this highly practical man did not discover the secret of his success. It has been reserved for Mr. Bowman to show that, to get the desired benefit, there must be only a mere slit-like aperture of pupil. The large lateral opening which ensues when a considerable portion of the iris is excised is useless. In all probability, it was only when Mr. Tyrrell "strangulated" and did not "excise", that benefit was got. In operating, too, with his hook, the form of the pupil much depends on the amount of the iris drawn out. It would make too long a lecture, were I to describe the details of the modern operation; and to those surgeons who are likely to put it in execution, and are not already learned in it, I beg to refer to my work on the *Surgical Diseases of the Eye*, for an ample description, with illustrations.

Now, the great practical therapeutic question that arises out of this, is to decide when the one or the other of these two means should be adopted. To develop some principle, however narrow, for guidance, demands a careful study of many cases with a scrupulously unprejudiced mind, together with some experiments, and not less to examine cases that have been operated on by other surgeons.

My own present conviction is, that in the earlier stages of conical cornea the greatest improvement to the imperfect sight will be got through expansion of the pupil by shading the eye; that the artificial pupil tells most in the advanced stages, when either so much of the cornea is involved as to leave too little space for the light to pass through the dilated pupil, or the form of the cone prevents it. Then, too, it is; that there is no risk to our patient of rather dimming than improving him, as does sometimes happen from the side pupil in the early stage. After an artificial pupil at the period I advocate, I have even found a concave glass materially to assist in clearing objects.

DESTROYERS OF SALMON-SPAWN. Not one salmon-egg out of a thousand ever comes to maturity as a grown fish. In the case of the salmon, a thousand evils beset it on its way to the shallow water, where it wished, if he might so term it, to make its nest. When in this condition it was called a foul fish, and was not eaten in this country; but, unfortunately, it was not only eaten, but very much liked in France, which offered a ready market for the poacher. When, however, the spawn were laid, the perils of the young fish began at once. There might be a drought, or their might be a flood, and either would destroy the eggs. Other fish ate the spawn; trout sometimes ate their own, and five hundred eggs had actually been hatched after being taken from the maw of a trout which had swallowed them. The larvæ of dragon-flies, and the little insect called the "water sweep," were great destroyers of the young eggs. The poor little water ousel was often shot for his supposed depredations on the spawn; but the real truth was that he never touched it, and only came to prey on the insects that had assembled to prey on the spawn. A bird that did a vast deal of mischief in the way of devouring spawn was the swan. (F. Buckland.)

# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE III. (*Continued.*)

#### ON DISEASES OF THE JOINTS IN CHILDREN.

ON such a subject, the whole course of three lectures might readily be expended, and to touch upon it in the third lecture may to some appear foolish; but, to be consistent, I shall confine my observations to the differences which are met with in practice between these diseases as witnessed in early and in adult life; and I shall condense my remarks to the narrowest possible limits.

To speak generally, it may with some confidence be asserted that there are but two structures entering into the formation of an articulation in which primary disease ever commences; viz., the bones and the synovial membrane. Primary disease of the articular cartilage is unknown; and I have shown elsewhere, some years since (*Book on Joints*, 1859), that the diseases of the articular cartilage are secondary in the course of events, and are the necessary results of any lasting or acute affection of the articular extremities of the bones and synovial membrane. We may, therefore, exclude diseases of the articular cartilage from our consideration; at the same time recognising the fact that, in all extreme conditions of disease of the other two tissues, degeneration or so-called ulceration of this articular cartilage will take place, even to its total disorganisation. Taking, therefore, the diseases of the bones and synovial membranes as the sole causes of primary disease of an articulation, I believe that I am strictly within the limits of truth when I assert that in adults at least *two-thirds* of all the cases of diseased joints commence in the synovial membrane, and *one-third* in the bone; whereas in children these proportions may be reversed; at least *two-thirds* of all the cases of joint-disease commencing in young subjects in the articular extremities of the bones, and hardly *one-third* in the synovial membrane.

This difference in the seat of the primary disease is the most important pathological distinction which I have to notice between the articular affections of early and adult life. I will not, therefore, run the risk of depreciating its importance by attempting an explanation of its cause, further than to add, that the more active growth and development of the bone of the child renders it more prone to inflammatory affections.

The next pathological fact to which I would briefly refer is the nature of the disease; as it is under the inflammatory affections that the majority of cases may be unquestionably classed. Inflammation of the articular extremities of the bones is, therefore, the cause of at least two-thirds of all articular disease in children; inflammation of the

synovial membrane being the cause in the remaining third.

I would expunge entirely from our vocabulary the terms strumous or scrofulous disease of an articulation. I know no positive condition to which such terms should be applied. They convey no definite meaning to my own mind, and I have never yet met with any one who could correctly understand their true nature. If by such a term it is meant to describe an inflammation of a part of a cachectic and feeble type, it may be intelligible; but surely, under these circumstances, the expression, "an unhealthy or cachectic type of inflammation", would be pathologically more correct, and would more readily convey the right pathological idea. "Unhealthy inflammation" is the term to which I affix my preference; and the phrase "scrofulous or strumous disease of a joint" I would not employ, unless I confined it to the cases in which true strumous deposit exists in a tissue; under which circumstance it would be rarely written.

In the earlier portion of this lecture, when dwelling upon the inflammation of the articular extremities of the bones, I pointed out the chain of symptoms by which the pathological changes in the bone are usually manifested. I showed how the earliest symptoms of disease in the bone were characterised by a gradual expansion of the epiphyses, accompanied by an aching pain and increased temperature of the part, with tenderness. In the second stage, when the inflammation had extended to other tissues, I showed how some enlargement of the articulation from effusion is the most prominent symptom; the synovial membrane having become secondarily involved, and the inflammation thus manifesting itself. If the disease should have progressed still further, and the inflammation in the bone have passed on to suppuration and destruction of tissue, the inflammation in the articulation becomes severe and of a destructive type; and it is at this period that the degeneration of the cartilage and a disorganisation of the joint will take place. In the majority of cases of joint-disease originating in the bone in children, this inflammatory process is of a low type and of slow progress; and, if unchecked, it has but one ending—the disorganisation of the joint.

At the commencement of this disease of the bone, the joint is uninvolved, and is quite healthy; and, if rightly treated, no affection of the articulation may be produced. It is only in the later stages of the affection that the joint itself becomes involved; and this fact alone is enough to point out the danger of the case.

In the majority of cases of disease about the carpal and tarsal joints, unhealthy inflammation of the bone is the primary cause; and it is too well known that death of the bones involved is a frequent and destructive complication, the joints, as such, rapidly disappearing, and the bones exfoliating; and it rests alone with the constitutional power of the patient to determine the result.

*Disease of the Synovial Membrane.* It is unnecessary to dwell upon the symptoms which characterise synovitis, or to point out the differences between ordinary or healthy inflammation of the synovial membrane, and unhealthy inflammation which gives rise to pulpy or gelatiniform disease; they are essentially the same in children and in adults. In an early stage, both affections are remediable; but,

if neglected, disorganisation of the articulation will be the result.

*Treatment of Joint-Disease.* In the treatment of all cases of joint-disease, whether in the child or adult, it is right that we should have almost unbounded confidence in the reparative powers of nature to effect a cure, as it can be only through such a feeling that the surgeon will be preserved from interfering in the process of recovery, and from lapsing into the practice of that great error—meddlesome surgery. In the treatment of diseases of the joints in children, the necessity to bear this conviction in mind is far more necessary than it is even in adults; for it would almost appear as if there is no amount of mischief to the articulation of a child which is not remediable by natural processes; and that during young life every disorganised joint is capable of recovery, although perhaps it may be with ankylosis. I believe this opinion to be strictly true, with one exception; and that is, when any necrosed bone is present to keep up the irritation and prevent the completion of the cure. Under any other circumstances, a disorganised joint appears capable of repair; and, in the diseases of children, the proof of the accuracy of these opinions is constantly brought before us. The only drawback, however, to their universal application depends much upon the condition of the general health of the child; for it is in this that the grand fault always lies. The chronic inflammatory affections of an articulation are essentially diseases of debility; they are found in children who are naturally frail, or in others who have been brought into a cachectic condition by some other affection, such as fever, etc. Let these general conditions be improved, it is quite sure that the local affection will improve also; and that, as the general health of the child becomes reestablished, the local health of the articulation will also return. In the treatment of joint-diseases, the surgeon's duty lies, therefore, in the carrying out of simple principles. He must, first of all, look to the general health, and employ all hygienic and medical means to improve and to sustain the powers of his patients—good food, good air, and such tonic remedies as appear applicable, being of primary importance; for, without these, all local treatment will doubtless fail. Specific treatment, such as by mercurial remedies, is rarely required; and it would be better for such remedies to be altogether forgotten, than that they should be generally resorted to in chronic joint-affections. In some few instances they may be of service, but such cases are few and far between.

As to the local treatment of joint-affections, there is but one principle upon which we should always act; and that is, to remove all local sources of irritation by maintaining rest of the affected joint, and to soothe pain. The first indication is best carried out by the application of a good splint to support the limb, leaving the joint uncovered for observation; and the second is well secured by the application of warm fomentations, either by flannel stupes or strips of lint, kept moist by warm water or poppy decoction. Counterirritation in children is hardly ever required, and must be employed with great care and caution. It is very rarely indeed that I have recourse to such a practice, finding other treatment equally efficacious.

The above remarks apply more particularly to

cases in which diseased action is still progressing, although they are applicable to others in which only the effects of disease remain; but, in this latter class of cases, some additional local treatment may be used with advantage; and it is in such that the benefits of pressure are well exemplified. Firm, equal, and steady pressure upon a joint by means of strapping, cannot be too highly extolled; for few things have greater influence in exciting the reabsorption of inflammatory deposit, and thus of restoring the parts to their normal condition.

After these remarks, it may not be unfairly asked if operative interference is ever called for in the treatment of joint-disease when taking place in early life? and to answer this question, I must occupy your attention for a few minutes.

As a general answer, it may without doubt be affirmed that far fewer cases of joint-disease require operative interference in children than in adults; for it must be again remarked, that the natural powers in the repair of mischief are almost unlimited in early life, and operative interference is, as a rule, not only unnecessary but mischievous. Again, it is only in extreme conditions of joint-disease that any operation is ever needed, and then only when the bone is extensively involved and has become necrotic; the suppurative being kept up, and the repair of the disease being prevented by the presence of the foreign body—dead bone; and, if this be removed, the subsequent repair of the part may with some confidence be predicted; it is, therefore, in these cases alone that any operation is called for on account of local conditions. It would be foreign to my purpose to enter into the question of the propriety of operative interference on account of the general failure of the child's health. In certain cases, this practice may be called for, for higher motives than local considerations; for the life of the child may be imperilled unless the removal of the source of irritation be carried out. But, regarding the case purely from local considerations, it is only in cases of necrosis of the articular extremities of a bone that operative interference is demanded; in all others, the subsequent cure of the case may with confidence be left to natural processes. It is not, however, in all cases of necrosis in a joint that operative interference may be required; in many instances, the necrosed bone, if limited in extent, will come away, and recovery ensue. This fact was well illustrated in a case which came under my care in the year 1860.

CASE I. A boy, aged 5 years, had been the subject of diseased shoulder-joint for one year and a half; and for one year suppurative had existed. Partial ankylosis had also taken place. After he had been under observation for some months, a piece of bone came away, which was evidently part of the articulation, and recovery by ankylosis followed.

Instances like this are also met with in adults; I possess several. In other cases, however, operative interference is unquestionably demanded; the diseased bone being either too extensive or too deeply placed for external exfoliation by natural processes. In these instances, its removal by operation is justifiable and essential; and the following case is a good illustration of the practice.

CASE II. A boy, Henry F., aged 5 years, came under my care in July 1861 with a disease in the right



hip-joint of two years standing, suppuration in the part having been present for one year. It was quite clear that total disorganisation of the joint had taken place; and that dead bone existed, as it was readily felt upon passing a probe down the sinus which was present behind the trochanter. Regarding the case as one of disease of the joint, secondary to inflammation and necrosis of some portion of the femur, I proposed an operation for the purpose of its removal; and on August 27th I carried out the practice. Upon making my incision behind the trochanter, a piece of dead bone within the hollow of the trochanter was at once observed; and, on further examination, it was found that the head of the femur had separated at its line of junction with the neck, and was lying loosely in the acetabulum. I therefore thought it best to excise the head and neck of the femur below the trochanter; and the preparation which I now show to you contains the specimen. I may add, that the acetabulum had been deprived of its cartilaginous covering, but was otherwise healthy. Convalescence rapidly followed; and in three months the child got up, and was able to stand upon and flex the limb without pain. The wound also had quite healed. He left the hospital, and unfortunately contracted measles, which reduced his powers extremely; a large abscess also formed in the right thigh below the seat of the original disease. For this he was readmitted; and, after good feeding and tonics, this gradually disappeared, and he left with a good, useful limb. He is now quite well. The limb is about one inch shorter than its fellow, but otherwise it is quite sound. The boy can walk and run freely without the assistance of any stick. He can stand upon the limb alone, and bend and rotate it in any position. Indeed, the result of the case is as satisfactory as could be wished.

This case is given as a good illustration of joint-disease, the result of inflammation and necrosis of a bone. Natural processes could hardly have proved sufficient to get rid of the sequestrum and exfoliated epiphysis; and an operation was, therefore, strongly called for. The success of the case was most satisfactory.

As further illustrations of Nature's powers, assisted but feebly by art, in repairing extensive injury or disease of an articulation, the following cases may be read with interest. They are given as typical examples of distinct classes. The first was the result of injury.

**CASE III.** A boy, aged 10, was admitted under my care into Guy's Hospital in July 1859, with a compound dislocation of the right ankle-joint, produced by a fall of ten feet off a tree. The foot was twisted to a right angle with the leg; the sole presenting inwards; and the superior articular surface of the astragalus appearing through a large wound below the external malleolus. The articular surfaces also of the tibia and fibula were exposed to view. The fibula was broken three inches up. The dislocation was readily reduced by extension, and the foot fixed in position with a posterior and side interrupted splints; water-dressing being applied to the wound, and powdered ice in a bag around the foot. Everything went on well from the day of the boy's admission; and, when he left the hospital, he was quite well, and, what is more, had good movement in the articulation.

The success which followed the treatment of this

case was most marked, although it is hardly to be expected that in all such severe injuries a good recovery with movement of the limb will follow; nevertheless, I believe that, in a large proportion of like cases in children, an equally good result may be anticipated; and of this I am certain, that it may be obtained far more frequently in children than in adult life.

I must give one other case as an illustration of the recovery of a disorganised joint from disease with movement, as typical of a second class of cases; and will select the ankle again.

**CASE IV.** A boy, aged 8, had been the subject of joint-disease for three years, and with suppuration for two. When he was admitted into Guy's under my care, the right ankle was riddled with sinuses; and a probe could readily be passed through the articulation. Exposed but not dead bone was also observed. The child's health was bad; and it was a question, when I first saw him, of amputation, as it was feared that the health of the patient was incapable of supporting the tax upon its powers. Tonics and good diet, with perfect rest of the limb, however, worked wonders. With the improvement of the general health of the child, the local disease took on a healthy action; and in six months all sinuses had healed, and diseased action had subsided. In another three months, all appearances of disease had disappeared; and the child left the hospital well, with good movement of the articulation. I have seen the child since, one year after treatment; and the foot is as strong and sound as its fellow.

I might quote numerous other cases of disease of a joint to illustrate the truth of the remark which I made when first taking into consideration the subject of joint-disease—that in almost every instance, even the most severe, natural powers alone are amply sufficient to effect a cure. Time will not allow me to carry out these wishes; but I can fearlessly appeal to the experience of all surgeons to bear out the truth of the remark. Such experience, however, is of little use, if some practical deductions be not drawn to guide us in future practice; and I think that there can be little doubt as to the lesson which it teaches, for it is to leave Nature to herself. Let the surgeon aid to the utmost the natural powers by hygienic and general tonic means, and treat the local disease by placing it in the position in which it is least exposed to sources of irritation and local injury; relieving symptoms, and looking for indications of treatment, with the feeling of confidence that in time Nature's efforts will effect a cure even in apparently hopeless examples.

I must add one word upon the subject of excision of joints in children; and it will be to repeat what must have been gathered from the observations which I have already made—that it is rarely required. In necrosis of a joint, the operation for the removal of the dead bone may be called for; but such cases cannot with fairness be described as cases of excision, for they must be classed with other instances of removal of dead bone.

I have shown also that operative interference is rarely if ever demanded for any other local condition; and although I am prepared to believe that, in the joints of the upper extremity and hip, excision of the articulation may be called for, I am still, as I have always been, disposed to deny the value of the operation when applied to the knee;

the weight of evidence which has recently been adduced certainly tending to confirm me in the truth of this opinion, in which I am now supported by many of the former advocates of excision, who appear disposed to doubt the value of the practice when applied to children.

[To be continued.]

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### CASE OF PUERPERAL CONVULSIONS.

By S. H. SWAYNE, Esq., M.R.C.S., Bristol.

[Read Feb. 26, 1863.]

THE following case appears to present features of interest in relation to the vexed questions of the dependence of puerperal convulsions on uræmia, and of the treatment by bleeding.

Mrs. G., primipara, aged upwards of 40, of middle height, rather stout and thickset, expected her confinement about the middle of April 1861. For some days previously to the seizure, she had felt headache and pains in the left side of the neck, and immediately ushering in the attack there was temporary loss of vision.

About 3 P.M., Jan. 25th, a violent convulsion occurred, which lasted for several minutes, and after a short interval of remission, there was another of equal severity. Owing to a mistake in the message, several hours elapsed before I saw her. In the meantime, she was seen by a neighbouring surgeon, Mr. W., who applied mustard to the legs and feet and cold to the head. Some castor oil which had been taken in the morning acted about this time. On examining by the stethoscope, Mr. W. heard the foetal and placental sounds.

When I saw her, consciousness had returned, and she appeared to be considerably relieved. There was no sign of commencing labour. Under these circumstances, a blister was applied to the neck; and after waiting some time, and finding no return of fits, we left her.

I took away some of her urine, which, on examination, I found to be highly albuminous, becoming nearly solid on boiling; and the deposit, after some hours subsidence, occupied about five-sixths of the whole volume.

About twelve at night, the fits recommenced, and Mr. W. again saw her, and administered a turpentine enema, which was retained, but acted after some hours. She had altogether about eight fits up to three o'clock A.M., Jan. 26th.

On visiting her early in the morning, I found nearly complete unconsciousness and considerable restlessness, but no convulsion; pulse full, but not quick; face rather flushed; pupils slightly dilated; a very trifling appearance of swelling about the eyes; but no œdema of the extremities. On making a vaginal examination, I found the os uteri not at all dilated, and no indication of labour. Feeling that further attacks were imminent, I bled her to twenty-five or thirty ounces, without inducing faintness. After the bleeding, the restlessness, in great measure, ceased; but she remained during the day like a person in heavy sleep, but she could be partially roused by speaking loudly or shaking her. I was unable, by stethoscopic examination, to detect the foetal or placental sounds. Calomel and antimony were given at intervals, and a blister applied to the back of the head.

About half past five o'clock A.M., January 27th, after a quiet night, she awoke, recognised her friends, and spoke rationally, although some confusion of intellect remained. Some urine passed at this time was examined, and the albumen found to occupy only one-sixth of the whole volume, after subsidence.

From this time, she steadily improved, although several days elapsed before she had recovered the full use of her faculties. She had no recollection of anything that had passed, from the day before the first fit. There was no return of convulsions, and the albumen speedily disappeared from the urine.

On February 8th, labour set in slowly, and after some hours terminated favourably, without any return of convulsions; the child was dead, and rather decomposed; the cuticle peeling, and the head like a bag, with the cranial bones lying loose in it.

In August following, she again became pregnant; and I took occasion, during the latter months, to examine the urine for albumen, but there was never any trace of it; and on May 13, 1862, she passed through her second confinement favourably.

The points in this case that seem the most important are:—1. The large quantity of albumen in the urine before bleeding, and its rapid disappearance afterwards; 2. The complete recovery from the convulsions and albuminuria before labour set in, notwithstanding that the child was dead; and 3. The absence of convulsions during labour. No other exciting cause for the convulsions beyond the uræmia could be discovered; and that the presence of the foetus in the uterus had little share in bringing them on or maintaining them, would seem to be shown by the cessation of the convulsions and of the albuminuria, notwithstanding the presence of a dead child in the uterus, and by the uterus remaining quiescent for a fortnight after the first fits. That the improvement was due to the measures employed, especially to the bleeding, can, I think, scarcely admit of a doubt.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

#### ON THE NECESSITY OF COMPARATIVE OBSERVATION IN THE INVESTIGATION OF INJURIES.

By JOHN GRANTHAM, Esq., F.R.C.S., Crayford.

[Read April 24th, 1863.]

I MADE a remark in the paper I read to this Association last year (1862), to this effect: "Surely, there is something due to the power of observation in the investigation of diseases incidental to human nature." I would further pursue this subject, by referring to the importance of *comparative observation*. The cultivation of this faculty must be patent to every one of us in the duties of our profession, whether these duties be considered medically or surgically; and I would fain indulge the hope that the time is not far distant when the unnatural separation of medicine from surgery will forever be done away—the one being inseparable from the other; as the restoration of a disease or the reparation of an injury in any part of the body can only be effected by the vital law of the whole system.

I know that in this statement I am only reiterating the sentiments long ago promulgated by Peyronie of France, and Abernethy of our own country, and probably by many others equally worthy. When I reflect on the early effects of observation, I look back on the time when this principle appears only as a small speck or narrow line which time and experience have assisted in developing. This principle or faculty is pregnant with the amount of knowledge we may be able to impart; and, according to our individual acquisition, forms in after life the one important distinction of character between one medical man and another; it cannot, therefore, be a matter of surprise that the public should suppose that there is something added to the man who may happen to reside in London or some large city, surrounded as he is with so many opportunities of improving and maturing the faculty of observation. Now, the efforts of this Association are tending to remove this apparent

distinction, and enabling those of us who are isolated in country villages to have the opportunity of meeting and being known to each other in town and country. It is the fact that, with every one of us, wherever we may be, this part of our calling—I mean comparative observation—is known and felt to be defective in the investigation of disease, or damage to the body, that has given rise to my introducing the following subjects to this meeting; viz., “ruptured muscle” and “adherent capsular ligament.”

In the *Medical Gazette* for 1841, I published the first case of rupture of the rectus femoris muscle that had been recorded in British surgical literature; subsequently, in the same journal for 1850, a case of rupture of the flexor carpi radialis and palmaris longior muscles. Since this, I have attended three other cases of ruptured muscles; viz., of the rectus femoris and vasti muscles, unobserved at their commencement; also, a case of rupture of the extensor longus digitorum and rupture of the gastrocnemius muscles. These and other cases have afforded me much information as to the propriety or rather the necessity of making more careful and extensive examination of an injured limb, by comparing it with the one not injured; also, of not being led away by any definition the patient may offer to make in reference to the seat of the malady. For example, in a case of rupture of the extensor digitorum communis muscle, the patient complained of inability to extend the hand, in consequence of pain in the wrist-joint, caused by suddenly catching hold of a heavy weight with the tips of the fingers. I requested him to expose both arms up to the elbow-joints then and there; at once I observed the elevation of the lower end of the torn muscle on the upper third of the arm, with a depression above the swelling. I grasped the elevated portion of the lacerated muscle, and immediately the patient was enabled to extend the fingers and hand. This case had been treated with counterirritants for inflammation of the wrist-joint.

In July 1862, I attended a case of rupture of the gastrocnemius muscle. The following is the patient's narrative. “Four weeks ago, I was playing at cricket with some friends in one of those large hop-lofts in the Borough. I felt, while in the act of throwing the ball, as if I had been struck with another ball on the back part of the leg. On inquiry, I found that not to be the case; therefore, I sent for a surgeon, who, after examining my leg, stated it to be a rupture of the tendon of the plantar muscle. He ordered perfect rest, and the application of the iodine liniment.” Not improving, Mr. W. sent for myself; and, having compared one leg with the other, I observed a depression across the middle portion of the gastrocnemius muscle, with complete inability to raise the heel; consequently, I inferred separation of the muscular part of the gastrocnemius; to prove which, I grasped the muscle nearest the tendo Achillis; and, in so doing, the patient felt he could raise the heel and extend the foot. I applied strips of adhesive plaister, and secured the same with a flannel roller from the foot to the knee, so as to give support to the lower end of the torn muscle. After supporting the limb by these means, he was at the twelfth day able to return to London, and resume his duties.

In all the cases of rupture of the rectus femoris muscle, the pain has been referred to the knee-joint, and has consequently led the surgeon to suppose the seat of the malady to be there. One instance of rupture of this muscle occurred to a student at Harrow School. He was treated for some months by two men of no mean eminence, for inflammation of the cartilaginous structure of the knee-joint. I make this assertion not to condemn, but to prove that this subject requires greater extent of comparative observation than has hitherto been bestowed upon it.

Lastly, I will relate an instructive case of adherent

capsule, assisting, as it does, the necessity of furthering our duties of observation. In the commencement of 1862, Mr. H. applied to me in consequence of defective movement of the ankle-joint, the result of an injury received about three years ago. The imperfect flexion of the tibia on the astragalus incapacitated him to the extent of one-fifth degree of flexion. On examination, I found the dorsum of the foot depressed; not finding any displacement of the bones, I advised the slipper to be worn with an elevated heel, instead of the boot, which afforded him some relief, notwithstanding the inconvenience in walking from impeded flexion remained. He was persuaded by a friend to consult a non-professional man, who passed under the name of a “bone-setter”. He informed him there was a dislocation of one of the small bones of the foot. He used very forcible extension, with a rapid return movement of the foot towards the tibia, by which act he restored the joint to perfect mobility; so that the patient could use one foot as freely as the other, leaving only some tenderness in the front of the ankle and side of the foot.

Reasoning on this event, I applied myself to the consideration of this mode of treatment. Knowing the bones of the foot to be normal and not displaced, I inferred, and I think rightly so, the possibility of my not having observed some abnormal adhesion of the capsular structure under and in front of the outer condyle, which became separated by extending the foot at an obtuse angle, leaving the capsular ligament loose and painful, resembling two bursæ on the dorsum of the foot; it being a similar mode of treatment to that adopted by the first Mr. Hey of Leeds for displacement of the semilunar cartilage or cartilages on the head of the tibia.

The question, therefore, I ask, is: Might not the capsular ligament have been adherent from the effects of shock or partial dislocation? Mr. Brodhurst has published a very instructive pamphlet on the restoration of motion by forcible extension and rupture of the uniting medium of partially ankylosed surfaces, which is well worth perusal.

## Progress of Medical Science.

**FACIAL PARALYSIS IN CHILDREN.** The various forms of paralysis of the face met with in children have formed the subject of a clinical lecture delivered at the Children's Hospital in Paris by M. H. Roger. After a general consideration of the phenomena of the affection, which are on the whole analogous in the child and in the adult, he proceeded to examine the value of facial hemiplegia as a symptom.

1. *Facial Hemiplegia in newly born Children.* Paralysis of the face appears in a very small number of children as the result of the application of the forceps. In such cases, a slight deformity of the countenance, scarcely appreciable when the child is quiet, is observed at birth or a day or two afterwards. The deformity is perfectly visible when the child cries, because the defect of symmetry is then exaggerated. During sleep, the paralysed eyelids remain half opened: there is not, however, as in the adult, epiphora, or inflammation of the conjunctiva of the eye. The infant experiences some difficulty in taking the breast, especially if it be weak, and if the secretion of milk be scanty; and still more so when the breast is too tense, the nipple not sufficiently prominent, and the milk ducts permeable with difficulty. There is no paralysis of the muscles of the velum palati. On examining the face, traces of contusion produced by the forceps will be found. If, as most commonly happens, the instrument have compressed the nerve in front of the ear—at its point of exit—the paralysis affects all the

parts supplied by it: if, on the other hand, the upper or the lower division of the facial nerve have alone been compressed, the paralysis is confined to the eyelids or the lips. At first sight, it would be thought that paralysis should be produced on both sides of the face by the pressure of the forceps; but the pressure is not applied on the same point at each side, nor with equal force. Hence, M. Roger believes, double paralysis from this cause has never been observed. Sometimes there is no trace of contusion; but the diagnosis is here assisted by the history of the case, by the absence of any other sign of palsy, and by the fact that, in the newly born child, facial paralysis is not known to depend on any other cause than the application of the forceps.

Facial hemiplegia in newly born children differs from that of adults in the slight amount of alteration of the expression of the face, and in its rapid disappearance—at the end of some hours or days, or, at most, one or two months. The prognosis is very favourable, unless the forceps have produced some other lesion. M. Danyau once saw facial hemiplegia in an infant, accompanied by paralysis of motion of the arm of the same side; and there was a distinct impression produced by the forceps in the supraclavicular triangle. At the *post mortem* examination, there was not only effusion of blood around the facial nerve at its exit from the stylo-mastoid foramen, but also around the nerves forming the brachial plexus.

Two cases have come under M. Roger's notice. In one there was simple facial paralysis from application of the forceps; and the child recovered perfectly on the fifth day. In the other, there was also paralysis of the right arm, with permanent retraction of the fingers and tetanic rigidity of both legs. The child was unable to suck. Leeches were applied; the legs recovered in three or four days, the face in about a month, but the arm not until the end of three months.

2. *Rheumatic Paralysis of the Face* is much more frequently met with in adults than in children; it is attributed to a rheumatic affection of the nerve at its exit from the skull, in consequence of exposure to cold and wet. M. Roger has, however, seen a few cases in children. He was once called to two female children, who both had facial paralysis. The children had been accustomed to sleep at a porter's lodge, one in a bed placed near a very damp wall, the other in an over-heated room having an opening through which the cold air penetrated. Both recovered rapidly. The disorder is almost always curable, but not so quickly as the paralysis of newly born children.

3. *Facial Hemiplegia from Cerebral Hemorrhage or Softening* is very rarely met with in children, because the lesions which should produce it are in them not localised as in adults. Tubercle of the brain, however, may possibly be so situated as to involve the facial nerve at its origin, and produce paralysis of the face; but M. Roger was not aware of an example.

4. *Facial Paralysis from deep-seated Lesions of the Ear.* The most frequent cause of facial hemiplegia in children is compression or destruction of the facial nerve at some point of its passage through the petrous bone, from the internal auditory meatus to the stylo-mastoid foramen. The nerve may be compressed by swelling of the bony parts; it may be lacerated or destroyed by contact with angular portions of carious or necrosed bone, or by maceration in purulent matter. In a little patient under the care of M. Blache, an attack of measles was followed by otorrhœa, which lasted six months, when the child was found to have facial hemiplegia. The long duration, in this case, of the discharge from the ear, and its great fetidity, pointed to disease of the temporal bone. Moreover, there was considerable enlargement of the submaxillary and cervical glands, probably of tuberculous origin, as well as dulness with blowing respiration at the apex of the right lung:

hence M. Roger believes there was tubercular disease of the lungs, of the lymphatic glands, and of the temporal bone. In another instance, M. Roger once observed at the Foundling Hospital the case of a little boy aged 11 months, who had facial hemiplegia with chronic otorrhœa (the discharge being very scanty), emaciation, and general weakness. Six days before death, there were symptoms of pneumonia, with torpor and vomiting. At the *post mortem* examination, there was found non-tuberculous ositis of the petrous bone, involving chiefly the middle ear. The cavity of the tympanum was filled with a dense reddish liquid, slightly viscous, in which the ossicles of the ear floated: the mastoid cells were full of purulent matter. The bony tissue was greyish, and more spongy than in the normal state. It presented a carious aspect, but no trace of cheesy or tuberculous matter could be detected. The facial nerve presented no change in structure: it had evidently been only compressed in its passage. There were no traces of meningeal or cerebral inflammation.

In all these instances of facial hemiplegia from lesion of the petrous bone, it is the discharge from the ear, in the great majority of cases, that establishes the diagnosis. Nevertheless, the pus has been known, instead of escaping through the external meatus, to pass through the mastoid cells, and to form a fistulous abscess at the level of the mastoid process. M. Bouchut has described a case of this kind.

5. *Alternate and Double Hemiplegia of the Face.* Under the name of alternating hemiplegia, M. Gubler has described facial hemiplegia of one side alternating with paralysis of the opposite side of the body. He attributes it to a lesion of the pons Varolii after the decussation of the facial nerve. M. Roger has not observed any case of this kind in children; yet circumscribed tubercle of the pons Varolii is sufficiently frequent in them to be developed at the points described by M. Gubler, and to produce alternate hemiplegia. This occurred in two cases copied by M. Gubler from the *Bulletins de la Société Anatomique*.

M. Davaine has described a double paralysis of the face, in which the deformity is symmetrical; that is to say, the two sides of the face are equally immovable, and destitute of expression. The lower eyelids allow the tears to flow over them; the mouth is half open, and does not retain the saliva; various motions of the mouth are impeded, and the labial consonants are pronounced with difficulty. The voice is nasal; and deglutition, especially of liquids, is very difficult. This affection in adults is commonly traceable to some lesion affecting the brain on each side, which is not likely to be met with in children. Nevertheless, double paralysis may be produced in a child by tubercle at the base of the brain, or by scrofulous disease of the base of the skull. M. Roger has not, however, seen an instance. A slight and unequal paralysis of both sides of the face may be observed in tubercular meningitis: the deposits, the effusion of serum or of plastic lymph, the cerebral softening, may take place in such situations as to impair the functions of both facial nerves. In this case, however, the paralysis is a symptom—an epiphenomenon—of little importance among the numerous phenomena of palsy or convulsion which characterise the disease.

The treatment of facial hemiplegia differs according to the cause. The most simple treatment will succeed in the first two varieties described; while the most energetic and rational means may fail when the paralysis is connected with disease of the ear. In the facial paralysis of newly born children, M. Landouzy advises that the infant should not be laid on the paralysed side, and that the clothes which cover the head and neck should not be fastened too tightly. The little patient should be removed from a too strong light, and its cradle should be placed where it can receive only diffused light; the eye, as long as the paralysis continues, being not sufficiently

protected by the eyelids, nor lubricated by the tears. If sucking be impeded, and the difficulty be increased by want of prominence of the nipple, a wet-nurse with a sufficiently projecting nipple should be employed. Emollient topical applications may also be used. It is seldom necessary to have recourse to more energetic means, such as blistering along the course of the nerve with ammonia, or, in obstinate cases, applying electricity.

In rheumatic paralysis of the face, it is sufficient, when the affection is slight and not of long duration, to protect the nerve from the action of the external air in such a way as to keep the parts in a local vapour-bath by the imprisonment of the perspiration. Stimulating liniments may also be applied. M. Roger is not in favour, in such cases, of local depletion by leeches or cupping; nor of the endermic application of strychnine or veratrine, which has been recommended. If, however, the paralysis have continued a long time, he would, following M. Trousseau's advice, apply along the course of the nerve compresses soaked in tincture of nuxvomica, or small blisters, taking care not to allow supuration to occur.

In a small number of cases, where, from the long duration of the paralysis, there is danger that the muscles will become atrophied from disease, M. Roger recommends electricity.

In paralysis symptomatic of deep seated lesion of the ear, the indications of treatment are generally the same as those of the otorrhœa. If the facial nerve is only compressed by the swelling of the adjacent parts, emollient injections, or local applications in the vicinity of the ear, should be used. If lesion of the nerve have arisen from a morbid change in the petrous bone, the same treatment must be followed more energetically, and combined with the constitutional remedies proper for scrofula or tubercle. All these means will probably fail; but recovery has sometimes taken place in apparently hopeless cases.

#### ANEURISM OF THE LAST AORTIC INTERCOSTAL ARTERY.

A man aged 23 was admitted into the Hôtel Dieu at Nantes on September 25th, 1860, having, since the 17th, suffered from fever, headache, epistaxis, and great prostration of strength. His health had been generally good; but, six months previously, he had received a severe kick in the posterior part of the right loin, and had for some time felt an uneasiness in that region. On admission, he presented the symptoms of typhoid fever, and was treated accordingly. On October 1st, on attempting to rise, he fell back, and was unable to raise himself. When seen by M. Calloch at his visit, he was extremely pale; the skin was generally yellowish; the lips and conjunctivæ were exsanguine; the pulse 126, small, and very weak. The legs, thighs, scrotum, and abdominal walls, were strongly œdematous. There were indistinct signs of effusion within the abdomen; and he had violent pain in the right iliac fossa and in the upper part of the thigh of the same side. The intellect did not appear more affected than before. He died at noon on the same day.

In the course of the *post mortem* examination, the intestinal convolutions were found to be bound together by old adhesions, which were more numerous and closer near the diaphragm than elsewhere. Several of the mesenteric glands contained pus; the spleen was large and soft. The intestines were healthy, and presented no traces of the lesions proper to typhoid fever.

Before removing the intestines, a sanguineous effusion was perceived in the right iliac fossa. On careful examination, it was found that this effusion filled the fossa above and below the iliac aponeurosis, entered the lower pelvis, and passed along the sheath of the femoral vessels, being arrested at the upper third of the thigh. Upwards, it passed along the psoas muscles, until it reached a tumour of the size of two fists, situated at the

level of the crura of the diaphragm, occupying the left side of the right hypochondrium, and pushing the liver forwards and outwards. The tumour lay in front and at the sides of the vertebral column for the extent of nearly four vertebrae; it was in great part covered by the crura of the diaphragm, the muscular fibres of which were hypertrophied. The aorta was raised by it from the spine; this vessel was healthy, and presented no trace of atheroma. But, at the point where the orifices of the last right and left intercostal arteries should have been, there was a single opening of the size of a large goose-quill, communicating with the tumour. On opening the tumour through this orifice, it was found to contain red coagula in the centre; next, membranous and stratified fibrinous concretions; then a layer of cellular tissue infiltrated with blood; and finally some of the muscular fibres of the diaphragm. Above the diaphragm, the tumour pushed aside the lung and rose on the right side to the level of the eighth dorsal vertebra. The sac had ruptured in the right hypochondrium; and the blood had followed the course taken by pus in some abscesses.

The eleventh and twelfth dorsal vertebrae were deeply eroded in front and at the right side. At the front where the aneurism opened into the aorta—the junction of the above named vertebrae—there was an excavation in the thickness of these bodies affecting half the depth of the body of each of them. The ninth and tenth dorsal vertebrae and the first lumbar were slightly affected. At these points there was no trace of anterior vertebral ligament. The articulation of the twelfth rib was opened; and the rib itself was somewhat eroded near its upper and anterior aspect. (*Journal de Méd. de la Loire Inférieure*; and *Gaz. Méd. de Paris*, 11 Avril 1863.)

**PREPARATIONS OF GLYCERINE.** M. Surin, a *pharmacien* in Paris, has published a work in which he describes the applications of glycerine in the making of pharmaceutical preparations. He has determined its dissolving power in regard to more than two hundred substances used as external medicines; such as extracts, tannin, gums and sugars, tinctures, the metalloids, chlorides, bromides, iodides, sulphides, salts of iron, zinc, lead, mercury, etc., and the alkaloids and their combinations. The following are some of the formulæ which he gives for the formation of *glycerolates*. He divides glycerolates into two classes—liquid, having glycerine, and solid, having glycerolate of starch, as the excipient.

1. *Liquid Glycerolates.* *Glycerolate of alum* is made by dissolving 4 grammes of alum in 30 grammes of glycerine, and filtering. *Glycerolates of borax*, sulphate of iron, sulphate of copper, chloride of zinc, and other metallic salts, are prepared in the same way.

*Glycerolate of Perchloride of Iron* is made by mixing 4 grammes of solution of perchloride of iron and 30 grammes of glycerine. In the same manner are prepared the glycerolates of hypochlorite of soda, and of ammonia; as well as glycerolates of tinctures of opium, belladonna, etc.

*Glycerolate of Catechu* is prepared by dissolving 4 grammes of powdered catechu in 30 grammes of glycerine, at the temperature of a water-bath, and filtering. Tannin, aloes, etc., may be treated in the same way.

*Glycerolates of Extract of Rhatany*, belladonna, hemlock, etc., are made by dissolving, with the aid of heat, 4 grammes of the extract in 30 of glycerine.

*Glycerolates of Hydrochlorate of Morphia*, and of other alkaloidal salts, are made by dissolving, at a slightly elevated temperature, 30 centigrammes of the salt in 30 grammes of glycerine (1 in 100), and filtering.

All these preparations contain the active substance dissolved in the glycerine, and may be solidified by starch, if this be not incompatible with the medicinal agent.

2. *Solid Glycerolates* have, as their excipient the glycerolate of starch. This is prepared by rubbing up 5 grammes of starch in 10 grammes of water, adding 85 grammes of glycerine, and gently warming until a gelatinous mass is formed. The water facilitates the breaking up of the starch, and also supplies what is lost by evaporation during the preparation of the glycerolate. This is important, in order to prevent the glycerolate from acquiring the disagreeable odour which is manifested where glycerine, prepared by the prolonged action of heat, is deprived of its water.

*Glycerolates of Sulphide of Sodium*, iodide and bromide of potassium, tannin, etc., are prepared by rubbing up the medicinal agent with a little water, and operating in the same way as directed for glycerolate of starch.

*Glycerolates of Oxide of Zinc*, binocide of mercury, calomel, sulphur, tar, etc., are formed by simply incorporating 4 grammes of the substance with 30 grammes of the glycerolate of starch.

Numerous experiments made in the Hôpital de la Pitié, under M. Maticé, appear to show that glycerine has a laxative action. As an enema, 125 grammes (about 4 ounces) may be administered in a sufficient quantity of water. As a draught, from 60 to 100 grammes (2 or 3 ounces) may be given in mint-water. (*Gazette des Hôpitaux*, 4 Avril 1863.)

## Reviews and Notices.

PRACTICAL LITHOTOMY AND LITHOTRITY; or an Inquiry into the Best Modes of Removing Stone from the Bladder. By HENRY THOMPSON, F.R.C.S.; of University College Hospital; Consulting Surgeon to the St. Marylebone Infirmary; etc. Pp. 274. London: 1863.

THIS work is the production of a surgeon, who, in a comparatively short career, has gained a very honourable position among those who have made it their special duty to attend to the diseases affecting the urinary organs. Mr. Thompson is already well and favourably known by his writings on diseases of the prostate, on urethral stricture, and on lithotomy; and of the reputation which he has gained as a skilful surgeon, perhaps no better proof could be afforded than the fact of his having been recently called on to afford his professional aid to the King of the Belgians, with whose case men of world-wide celebrity have already dealt. In taking up this book for review, then, our knowledge of the author's antecedents leads us to expect, not a mere routine treatise, but an able exposition of the results of extensive experience and enlightened observation.

Before entering on the task of giving an outline of the book, we cannot omit to notice with satisfaction the very amicable manner in which numerous of Mr. Thompson's professional brethren have co-operated with him in laying the foundations of his work. In his preface, he acknowledges his obligations to many of the hospital surgeons of Great Britain "for very complete and valuable information relating to nearly 1500 cases"; to Mr. Crichton of Dundee for having entrusted to him the entire and unpublished notes of his late father's practice, amounting to above 200 cases; to Dr. Keith of Aberdeen, for his kindness in placing at the author's disposal the history of each one of more than 300 cases on which he has operated; and to Civiale, for having "unreservedly communicated on all occasions

his unrivalled experience in lithotomy," as well as for having been "especially desirous to afford all the aid in his power in connection with the present task." The manner in which this aid has been granted and received is equally honourable to the grantors and to the recipient.

The book is divided into twelve chapters. In the first chapter, the author offers some General Considerations regarding Lithotomy. He points out that the conviction has been gaining ground in Great Britain during the last ten or fifteen years, and for a longer period in France, that, instead of lateral lithotomy being the remedy, and other methods being merely exceptional, "it is neither philosophical nor politic to apply to every stone . . . one and the same proceeding. We have learned the importance of ascertaining the physical character of the stone, and the condition of the patient in relation to the state of his urinary organs and his general susceptibilities."

He then classifies lithotomy operations into those performed in the perinæum, and the high or suprapubic operation. The perinæal operations, again, are divided into lateral and central. Of lateral lithotomy there is but one typical form; while, under the term central, are included at least five procedures—viz., the median operation (Marian or Allarton's); Dr. Buchanan's operation with the angular staff; Dupuytren's bilateral operation; Civiale's medio-bilateral operation; and the recto-vesical operation. The remainder of the chapter is occupied with a description of the anatomical relations of the parts involved in lithotomy.

In the second chapter, the Lateral Operation of Lithotomy is described. Mr. Thompson begins by enumerating the several instruments which it is desirable to have at hand; and of each a wood-engraving is given. He speaks very favourably of the apparatus for securing the patient's wrists and ankles, described by Mr. Prichard of Bristol in this JOURNAL (Dec. 22, 1860).

"During the last few months," says Mr. Thompson, "I have myself used these anklets in three cases of lithotomy, and much prefer them to the garters for ease in application and for security afterwards." (P. 22.)

The author then goes on to describe the various steps of the operation. In the course of doing so, he makes some interesting remarks on the relative merits of sharp and probe-pointed knives and of gorgets, for making the deep incisions. After describing the instruments used by Sir W. Blizard, Clive, Sir B. Brodie, John Hunter, Langenbeck, Mr. Smith of Leeds, Dr. Keith of Aberdeen, etc., he observes that

"With respect to the choice which may be exercised among these methods of making the last incisions, there is a certain ease and simplicity in the use of a single knife, the sharp-pointed scalpel, which has commended it greatly to modern surgeons; and, unless there are some exceptional circumstances present, it must be admitted to be both a safe and convenient instrument. . . . But, on the other hand, there are circumstances, and by no means unfrequent ones too, in which I believe the probe-pointed knife is superior. When the stone is large, and the deep incision must therefore correspond to it, the latter is then a safer instrument, since its point leaves the staff in that act. When the perinæum is deep, as in very stout subjects, and in those suffering from enlarged prostate, so that the finger cannot follow the knife as far as the neck of the bladder, I decidedly prefer the probe-pointed knife for the last incision, as



well as the blunt gorget to dilate it, and conduct the forceps into the bladder." (P. 39.)

At the conclusion of the chapter, Mr. Thompson describes the late Mr. Aston Key's method of performing lithotomy.

The third chapter contains a notice of the Operations of Lithotomy performed in the Central Portion of the Perinæum. These operations have been devised, under the idea that severe hæmorrhage is less likely to follow incisions made in the centre than in the lateral parts of the perinæum; and also in order to avoid dividing the capsule of the prostate and opening up the cellular interspaces between the pelvic viscera.

The medio-bilateral operation of Civiale, devised by that distinguished surgeon in 1829, and performed by him ever since, appears to be scarcely known in England. Mr. Thompson, indeed, believes that he was the first to perform it in this country, in the autumn of 1861; and his colleague, Mr. Erichsen, who had, in the last edition of his work on Surgery, suggested it as an improvement on the median (with which it bears a close relation), has since also performed it. The operation is performed by Civiale in the following manner.

"Having introduced a staff with a median groove, which is firmly held resting against the pubes by an assistant, he makes an incision about an inch and a half long in the raphe of the perinæum, immediately in front of the anus, and carefully cuts down in the direction of the staff, endeavouring to avoid the bulb, until he reaches the membranous portion of the urethra. He then carries his knife into the staff in that situation by an incision sufficiently large to insert with ease the end of a double-bladed lithotome, resembling that of Dupuytren, but straight instead of curved, into the groove of the staff. He then slides the beak of the lithotome steadily inwards into the bladder; and, having done so, draws it outwards in the groove towards himself, dividing the neck and the prostate horizontally, as well as the deep fascia in its course. The external wound is oval in form, a vertical incision in the perinæum always becoming so; hence the skin is not cut transversely by the lithotome in the act of withdrawal. The finger is now introduced, and the forceps upon or guided by it, in the usual way; the external and internal openings are felt to correspond, and to form an easy and direct route for the removal of the stone." (P. 58.)

In the fourth chapter, the author describes the High or Suprapubic Operation; and at the end gives some statistics of the results following the performance of lithotomy, according to the various methods described. In 1827 well-authenticated cases of lateral lithotomy, there were 229 deaths, or 1 in 7½. In 139 cases of median operation (collected by Mr. Allarton) there were 13 deaths, or 1 in 11; the mortality, however, was nearly the same as in lateral lithotomy in between 40 and 50 cases operated on in the Norfolk and Norwich Hospital, which are not included in the 139 just mentioned, and among which there was a rather full proportion of unpromising cases.

The bilateral operation, in the hands of Dupuytren and his contemporaries, gave a mortality of 19 in 85 cases, or about 1 in 4½. "In other hands, it is said to have been more successful." Of the medio-bilateral operation (Civiale's) we have no statistics. The records of the recto-vesical operation give a result of about 1 death in 5; and a similar proportion of the patients who recovered were the subjects of fistula.

The suprapubic operation, according to the statistics collected by Dr. Humphry of Cambridge, has been followed by a mortality of 31 in 104 cases, or 1 in 3½.

In the fifth chapter, Mr. Thompson considers the important question of the Causes of Death following Lithotomy. He very judiciously objects to grouping together cases of all kinds, whether in adults or in children; for the causes of death vary with the age. The causes of death in the adult are first examined in the order of the frequency of their occurrence.

The most frequent cause of death is "acute inflammation of the tissues, especially of the loose cellular tissue around the neck, base, and sides of the bladder; always of a destructive character, and generally with a tendency to invade other parts."

Among the causes producing such inflammation, Mr. Thompson assigns a prominent place to violence in the removal of the stone; and this, indeed, he regards as more disastrous, at least according to the mode of operating now generally inculcated, than urinary infiltration, which has been so much dreaded by surgeons, but which he holds to occur less frequently than is usually supposed. He admits that rapidly spreading inflammation may occur from the infiltration of urine into the cellular interspaces, when too deep incisions have been made; but he believes that, in most cases where extravasation of urine has appeared to be cause of the inflammation, it has in reality been the result of destructive cellulitis induced by violence in operating. He doubts, indeed, whether urinary infiltration ever occurs as a result of simple incision of the cellular tissue, in persons of fair health.

"To judge from the language held respecting this subject, one would imagine that hollow intervals existed between the pelvic organs, over which urine had only to be poured in order to be drained mechanically into them. No such thing exists. In the child, where the cellular connections are of the loosest and most delicate kind, and where the bladder is active, powerful, and irritable, urine flows constantly after this operation over a cut surface which affords free access to them; nevertheless, with what extreme rarity do we meet with urinary infiltration in the child! But once inflame this cellular tissue, destroy its healthy character, or even, perhaps, let the patient be of unsound health, or one in whom 'the flesh never heals well,' to use a common phrase; and then we have the condition in which urinary infiltration may take place with rapid and fatal effect." (Pp. 88-9.)

The doctrine here expressed by Mr. Thompson is, he acknowledges, at variance with generally received notions. But he decidedly makes out very clearly that the dread of making too extensive an incision and thereby inducing urinary infiltration, has tended equally to produce an evil result. While he deprecates strongly the making a larger incision in the prostate than the size of the stone demands, he considers that the tendency is at present to make the incision much too small, and thereby to expose the patient to the dangers inflicted on the cellular tissue by the passage of the forceps and of the stone.

"Inflammation of the cellular structures is easily produced by that process of forcibly dilating the neck of the bladder which insufficient incisions render necessary, through the pressure sometimes producing sloughing, to which they are subjected; it is also no less certainly caused by the traction downwards of the viscus, which inflicts injury upon them. . . . And, when inflammation

has once extended through these structures, it rapidly invades the peritoneum, which very probably is more frequently implicated in this manner than by any other agency." (Pp. 82-3.)

Mr. Thompson prefers to extend the incision when the stone is large, rather than to attempt to remove it by violence; and he points to the fact, that gentleness in the extraction of the stone is the one point of agreement among the experienced lithotomists of our day, especially the provincial surgeons of this country, such as Dr. Keith and Dr. G. M. Humphry.

Cellulitis may also sometimes occur independently of traumatic influences; in unhealthy or predisposed subjects, or where erysipelas is present, or where the patients are placed in crowded wards. This, however, may be avoided, as is done at University College Hospital, by placing the lithotomy patient in a private ward, or in a small ward containing six or eight beds, where erysipelas rarely occurs, or is at once removed if it appear.

The next cause of death which comes under consideration is inflammation of the mucous membrane of the bladder itself, leading rapidly to inflammation of allied vital organs.

Absorption of poisonous products derived from the urine may also rapidly produce dangerous symptoms and even death; the poisoning, in Mr. Thompson's opinion, arising probably not so much from impaired excretory power on the part of the kidney and consequent retention of excrementitious matter in the blood, as from the taking up of poisonous products from decomposing urine and unhealthy discharges, in the neighbourhood of the wound. If the kidneys be organically diseased, of course the elimination of the poison is more difficult or even impossible.

Phlebitis and pyæmia, and "shock," are occasional, but comparatively rare, causes of death after lithotomy; and the latter cause must be distinguished from the rapid effects of blood-poisoning as well as from those of the exhaustion produced by loss of blood.

Hæmorrhage is regarded by the author as of grave import. It is not that patients often die actually from loss of blood during lithotomy—such an occurrence is rare. But

"Free bleeding, continuous bleeding, and bleeding that tends to recur, are always to be regarded as circumstances of very evil augury for the well-doing of the patient. Such hæmorrhage lowers the powers of life, impairs the adhesive action in the wound, and therefore also the resisting power in the newly-cut surfaces to the action of urine and other products passing over them. It diminishes the patient's power of resisting infection, or other deleterious influences which may be around him, and enervates him for the struggle with them when it has commenced. Lastly, it may endanger, and in any case prolongs, the period of convalescence." (Pp. 94-5.)

Mr. Thompson concludes the expression of his dread of loss of blood by observing

"That the surgeon should, during the operation, regard the patient's blood as valuable in the highest degree; and whatever may be his views respecting its loss under other circumstances, he should rest assured that every ounce of blood lost in lithotomy is, *pro tanto*, a positive injury to his patient." (P. 95.)

The causes of death in children are next considered. In them, lateral lithotomy is notoriously much less fatal than in adults; but the liability to death varies, according to a table of 850 cases in

children, drawn up by Mr. Thompson, in different periods of childhood.

"From the first to the fifth year inclusive, the deaths are about one in fourteen cases; they then decrease, so that between six and ten years inclusive, they are only one in twenty-three or twenty-four cases. Between eleven and sixteen the mortality gradually rises to one in nine and-a-half cases; and from the sixteenth to the twentieth year to one in seven cases." (P. 97.)

The principal cause of death in children is very different from that in the adult—that is to say, as regards the seat of the inflammation. Violence is the great cause of mischief in both instances; but, in the adult, its evil effects are exerted on the pelvic cellular tissue, while in children, "the undue manipulation of instruments in the cavity of the bladder, or exertion in withdrawing the stone, appear to excite peritoneal inflammation much more readily than any other lesion."

Exhaustion from loss of blood is another cause of death in children; and it is also to be remembered, that the condition of calculous children, if the stone have long existed, is sometimes very low. Death may also occasionally be produced in children by shock, disease of the kidneys or bladder, phlebitis, intrapelvic abscess, etc.

In the sixth chapter, the author discusses with great care and ability the Difficulties and Dangers met with in Lithotomy. These depend on the age of the patient; on personal peculiarities, such as excessive depth of the perineum, narrowness of the pelvis, unusual distribution of arteries, etc.; or on peculiarities of the stone. All these are carefully and practically treated of by the author, who then notices certain accidents which may attend or follow the operation; viz., wounding the rectum; removal of a portion of the prostate gland; retention of calculi or fragments of calculus in the bladder; secondary hæmorrhage; slow healing of the wound, and perineal fistula; sexual impotence; incontinence of urine; and inability to discover a stone in the bladder.

In the seventh chapter, Mr. Thompson introduces the subject of Lithotripsy. This operation, which was but a theory forty years ago, has subsequently undergone progressive improvement; so that, as Mr. Thompson observes, "the lithotripsy of to-day is not the lithotripsy of even ten years ago, but a safer and a better operation."

The author attaches great importance to the preliminary preparation of patients for lithotripsy; especially if they have been newly brought up from the country to London for the purpose of operation. By fresh comers from the country, a period of acclimatisation has to be passed, enduring from three or four days to a fortnight; and the symptoms attending the change, which may occur even in tolerably healthy subjects, ought to be overcome before an operation is attempted. Irritability of the bladder is also to be allayed, and the nervous system tranquillised, by rest and appropriate dietetic and medicinal treatment.

In the eighth chapter, the author notices the Objects of Lithotripsy, and the Principles on which Instruments should be constructed in order to attain them. The reader will here find a description, illustrated with wood-cuts, of various forms of lithotrite in use by different surgeons.

The ninth and tenth chapters contain an account

of the Systematic Application of Lithotripsy in the Various Stages of the Operation.

In the eleventh chapter, the author discusses a highly important subject—the Choice of Proceedings best adapted to Different Cases. As long as only lateral lithotomy, or sometimes the high operation, was practised, the characters of the stone were regarded as of little consequence; but since the introduction of the modifications of lithotomy, and of lithotripsy, it has become absolutely requisite to ascertain the size, form, and chemical characters of the calculus. If these be neglected, advantage from the operation cannot be expected in a fair number of cases; and Mr. Thompson does not hesitate to assert that the non-recognition of the importance of attention to these matters actually increased the fatality from stone operations in the earlier days of lithotripsy. So convinced is the author of the importance of ascertaining the physical and chemical characters of the calculus, whenever this can be done, before attempting its removal by lithotripsy, that, in any case of doubt, he would perform lithotomy.

“It is probably safer uniformly to practice lithotomy in every instance, if the surgeon does not arrive at an accurate diagnosis of the nature of the stone, and select an operation in accordance with it.” (P. 217.)

The author then goes on to give directions for the operation of sounding the bladder; he next describes the most marked physical characters of calculi, from which a judgment may be formed of their chemical constitution; and enumerates the points, in regard to the stone, which ought to be ascertained before deciding on an operation.

Other data which it is important to consider are classed under the heads of age, absence or presence of local disease, and susceptibility to constitutional disturbance as a result of local irritation.

In reference to age, Mr. Thompson has collected a valuable amount of statistics; and he gives a tabular statement of the mortality from lithotomy at different periods of life.

Age.	Cases.	Deaths.	Proportion.
1 to 5	473	33	1 in 14½
6 to 11	377	16	23½
12 to 16	178	19	9½
17 to 20	76	11	7
21 to 29	86	11	8
30 to 38	75	7	10½
39 to 48	100	17	6
49 to 58	191	40	4¾
59 to 70	233	63	3¾
71 to 81	38	12	3¼

From this table it appears that one-half of the number of calculous cases occur before the thirtieth year. It is not, however, correct to infer that calculus is absolutely most frequent in children. Mr. Thompson believes it to be so at the period between fifty and seventy years.

“That is to say, the proportion of elderly calculous patients to the existing population at their own age is larger than the proportion of children afflicted is to the number of existing children.”

As to the choice of operation according to age, Mr. Thompson says:—

“There is little temptation to employ lithotripsy, as a rule, below ten and eleven years of age. I believe lithotripsy has never offered any result at all comparable with these” (of lithotomy, as given in the table) “at this

period of life. The propriety of employing it is, however, a matter for consideration between fourteen and twenty, but only if the stone is small and easily dealt with. It becomes still more so subsequently, as far as to forty years of age, under the same condition. But the period which follows, embracing all ages above forty years, is essentially the period for crushing the stone; that during which we may derive the greatest aid from it; provided always, that some other considerations, which shall be discussed hereafter, are fully taken into account in dealing with individual cases.” (P. 229.)

In children, then, Mr. Thompson would perform lithotomy as a rule, except “when the stone is only a little too large to pass by the urethra,” and can be easily crushed. In such cases, lithotripsy is admissible.

In tolerably strong and healthy adults, the stone should be crushed, if it be of small or medium size, and single, whether soft, friable, or compact; provided, of course, that instrumental manipulations can be easily performed and are well borne. In feeble and diseased subjects, if there be no marked disease of the urinary organs, lithotripsy may be performed on small and friable stones, and perhaps on larger stones. When disease of the urinary organs is present, lithotomy is generally preferable; but the choice admits of modifications, an account of which will be found in the book.

The twelfth chapter, which closes the volume, contains Illustrations of the Applicability of the Preceding Principles to Practice, and consists of the narratives of twenty-one operations—fourteen of lithotomy and seven of lithotripsy; the selection having been made in reference to various practical points.

In reading through this book, a reflection has occurred to us, to which we must give utterance before closing the present notice. It is this: that the results of all the mechanical ingenuity which has been called into action in devising and improving instruments for removing stone from the bladder, of all the operative skill exercised in applying these instruments, of all the judgment exercised as to the choice of operation and the propriety of its performance under various circumstances, only lead one to wish, while admiring the manner in which these qualities have been exhibited by surgeons, that lithotomy could be prevented from ever being necessary. No one, we are sure, will acknowledge this more fully than the author, who admits that chemical solvents are of some service in the treatment of an already formed calculus, but more especially in the earlier stages of the calculous diathesis. It may be a long time, however, before medicine shall have entirely superseded manual surgery in the management of stone in the bladder; and, while we must depend on surgical resources, the labours of men who endeavour to render operative procedures as easy and as safe as possible cannot be too highly praised. Among such men, Mr. Thompson has established himself in the foremost rank; and, in his present work on *Lithotomy and Lithotripsy*, he has deduced from his own extensive experience and from that of other surgeons, a mass of practical information and instruction, which, we venture to say, even the ablest and most practised operators may study with advantage. The thanks of the profession are due to him for the valuable contribution which he has just made to surgical literature.

ON THE DISEASES OF THE HEART AND GREAT VESSELS. By H. W. FULLER, M.D. Cantab., F.R.C.P.L., Physician to St. George's Hospital, etc. Pp. 247. London: 1863.

THE matter contained in this volume is a reprint from Dr. FULLER's work on *Diseases of the Chest*, which was recently noticed in the JOURNAL. It contains, the author tells us, "those portions of his work on *Diseases of the Chest*, which relate to diseases of the heart and great vessels." He has thus reproduced this portion of the lately published volume, "urged thereto by some of his professional friends, for whose judgment he has the highest regard, in the hope that the present volume may be acceptable to many who have no occasion to refer to much of the matter contained in the larger and more comprehensive treatise." This volume, therefore, being a portion of the work which was recently noticed in these pages, requires no further notice from us.

## British Medical Journal.

SATURDAY, JUNE 20TH, 1863.

### THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ONCE every year, at all events, the College of Surgeons of England occupies an especially prominent position; and that is, on the occasion of its election of Councillors. We have taken previous opportunities thus offered of bringing under the notice of those concerned the shortcomings and defective constitution of this important medical corporation. It is well that this should be done; for it is a very remarkable fact that, on many most important points connected with the management of the College, the profession at large is lamentably ignorant. And it is evidently in consequence of this ignorance of the profession at large, that the managing body of the College has been hitherto enabled to elude carrying out those principles of reformation which are clearly indicated in its renewed and latest charter. A rapid review of the history of its present charter will enable the profession to judge whether or not the College has done its duty in accordance with the principles of its charter.

The corruption of the body corporate of surgeons was once a very notorious fact. Energetic reformers, amongst whom shone conspicuously Mr. Lawrence, attacked it in its shortcomings. But the corporation was powerful, and it was wise; and for a long time it resisted all the efforts of external pressure. Partly it quieted opposition by absorbing into itself the loudest of its reforming opponents; and so, by a wise administration to them of a share of the good things of office, converted loud-voiced democrats into silent observers, and eventually into ultra-conservatives. At length, however, even this re-

source failed; the abuses were too great, and the clamour too just and loud, to stand the attacks of a reforming age. The Council, therefore, determined to set its house in order; and of course it did so with as bad a grace as possible. It yielded, in the first place, the very smallest possible quantity of reform compatible with a decent pretence; and, in the next place, endeavoured to the best of its abilities to prevent the carrying into practice of the reforming measures. It may, indeed, still boast of being at this day as oligarchical in rule as the Emperor of all the Russias. This great and wealthy and important medical corporation, unlike all other medical bodies, has, in fact, never yet bent to general professional opinion. Need we add that it has failed in its great duties to the profession; and that it stands to this day a monument of misrule and of selfishness?

Let us see. By external pressure, the charter of 1843 was carried. It was the production of years of agitation outside, and of years of forced deliberation inside, the Council. This charter had for its object the reform of the constitution of the College; and so also had the charter of 1852, which was obtained to amend and improve that of 1843. Now this charter was a good charter, and had within it seeds which would have borne good fruit, had they been fairly dealt with and cultivated—had the spirit of the charter been honestly interpreted. Need we say that those who had to nourish and develop the bantling were not its friends; they looked upon it as the cuckoo in the sparrow's nest—as their enemy and their injury?

By this charter the number of the Council was increased from twenty-one to twenty-four; and the Council, instead of being, as heretofore, self-elected, were chosen out of the body of Fellows. A body of three hundred Fellows were created to form this elective power. Again, to the Council was given power of electing Examiners out of the body of Fellows; they were no longer, as previously, obliged to elect them out of their own body—the Council. The Examiners and Council, moreover, were no longer elected for life; the Council were elected for a term of years; and the Examiners during the pleasure of the Council. The President and the Vice-President were not to be taken exclusively from the Court of Examiners; and no Fellow was eligible to the Council who lived outside a five-mile radius of the Post Office. Into this charter of 1843 was slipped, as a sop to Cerberus, a clause distinctly opposed to its main principles; viz., the confirmation in office for life of those members of Council and Examiners who held office at the date of the charter.

Now this charter, as we have said, contained in itself much good; but, unfortunately, its interpreters took care to prevent its principles being liberally carried out and duly developed. To stop discontent, three hundred more Fellows were added to

the former three hundred, making a formidable body of six hundred Fellows. But discontent still prevailed; and to such an extent that, in 1852, a new charter was obtained, "at the humble petition of the Royal College", as the preamble of the charter itself affirms. But in these very words there was plainly a loose screw perceptible to those who looked closely; for the Royal College at that time consisted of "Council, Fellows, and Members"; and neither Fellows nor Members were consulted on the subject.

Under this improved charter of 1852, however, the five-mile radius clause was done away with, and Members were no longer excluded from the fellowship merely because they practised midwifery. The body of Fellows was also again enlarged. Any one who was a Member of the College before 1843 could, on the recommendation of six Fellows, become a Fellow by paying £10. The Examiners were to continue in office five years, instead of holding at the pleasure of the Council; and the bye-laws of the College, for the election of members of Council, were altered and made unfair and stupid.

Such are the chartered laws under which the College now carries on business. Let us next see how far the administrators of the charter have acted in accordance with its manifest intentions and its spirit. But first we must remind our readers that the powers given in the charter were manifestly given (unless the whole proceeding in obtaining the charter was a pure farce) for the purpose of being brought into play. At least, the profession at large thought so; and so also did the governing power which granted them. The permissive power would, in fact, have been equal to a positive injunction to the Council, had they honourably carried out its distinct purport and intentions. Thus the power to elect a President or Vice-President from outside the Court of Examiners was clearly given for use, and not as a mere verbal figment. But has it ever been acted upon? No! not once in the past twenty years. So that the clause in the charter has been used as a blind—a pretence of liberality; whilst its spirit and intent have been purposely eluded. To his lasting honour, Sir Benjamin Brodie retired from the Court of Examiners in the full vigour of his intellectual powers, to make way for younger men, in order to show that he knew how to carry out honestly the intent of the charter. And how was he rewarded? He was actually passed over when his turn should have come on for election to the presidency; because, as we may fairly suppose, he had set such a *bad* example in retiring from the Court of Examiners, and in thereby rebuking others for their unseemly attachment to the rich loaves and fishes of office. The Council seems to have resolved to punish condignly any attempt of this sort at acting in accordance with the spirit of the charter. By a most stupid and unfair mode of election, we may add, the Council have so

contrived that some Examiners are elected President *twice* before others are elected *once*.

Now, grand practical abuses result from this eluding of the charter's spirit. In the first place, as the only way to the presidential chair is through the Court of Examiners, and, as all Examiners are naturally ambitious of attaining to the presidential chair, the Council have never elected an Examiner except from their own body; they have never elected one from the general body of Fellows, as they are indirectly enjoined to do by the charter, and bound in honour to do, if they cared to obey the spirit of the charter. And, in the second place, however ancient an Examiner may be, he never retires from office so long as he has a chance of obtaining a seat in the President's chair.

Such is the viciously rotating circle under which the Council have managed to elude reform. The Council were directed by the spirit and words of the charter—the giver of the good charter weakly putting his confidence in the honourable actions of that soulless, conscienceless thing, a body corporate—to infuse new and young and capable blood into the Court of Examiners. They were directed to go outside and choose a good man from the body of Fellows at large; but not once have they done so. The framers of the charter doubtless thought that those who taught physiology and anatomy thirty or forty years ago were hardly the men to examine in physiology and anatomy at the present time of day. They wished the highest scientific knowledge to be associated with the gravity and grey hairs of practical experience. But they wished in vain. The Council, as we have said, have never once elected a Paget or a Hewett to help their Court of Examiners. They have stuck with exactness and scrupulously to their good old times system of distributing the loaves and fishes of office amongst themselves.

Under the new charter, again, the Examiners are elected to office for a term of five years; the plain idea involved in this new clause, of course, being that, at the end of their five years of office, new Examiners should be from time to time appointed. But, as we need now hardly tell our readers, the intention and spirit of this clause have also been most scrupulously evaded. New elections, it is true, have regularly taken place at the end of each five-years term of office; but, without one single exception, the Examiner temporarily defunct has been re-elected.

We again plainly state these facts, because of the remarkable ignorance concerning them which prevails; and we beg to tell those gentlemen who are now about to seek admission into the Council of the College of Surgeons, that not in one single important particular have the Council of the College carried out the alterations—the reforms intended by the new charter referred to. Sir Benjamin Brodie's conduct in connexion with the governing body of the

College, whilst it is the condemnation of the Council, is the sole honest instance of an action in these particulars done by a member of the Council, in accordance with the manifest intent of the charter.

What is the reason, it may be asked, of this determined resistance to a fair interpretation of the charter? The answer is this: The gains of office are great, and the voluntary relinquishment of them a thing which ordinary human nature cannot contemplate. The practical result is something of this kind: an Examiner under the system rarely attains office before the age of fifty or sixty; and the youngest Examiner now in action was elected a Member of the College thirty-eight years ago!

We shall, on a future occasion, show how it is that reformers outside become conservatives inside the Council of the College of Surgeons. In the meantime, we have said enough to show how it is that our most wealthy medical corporation is the most unpopular corporation in the kingdom. It is regarded as the abode of rank Toryism and place-holding. We especially notice the subject now, because we consider that the Fellows would do well to obtain a pledge from those whom they return to the Council that they will earnestly do their best to carry out the spirit of the charter of the College.

#### VACCINO-SYPHILITIC INOCULATION.

At a meeting of the Académie de Médecine held lately, M. Devergie gave some particulars of a patient, 15 years of age, who had been vaccinated at the Hôpital St. Eugénie.

The patient, who was admitted for pleurisy, left the hospital apparently well; but returned, after an interval of seven months, affected with syphilis. Every effort was made to trace the origin of the syphilis in this patient; but it could not be traced to any other cause than the vaccination practised seven months previously. The evidence upon this point was not, however, conclusive.

Nevertheless, M. Ricord, with his love of truth for its own sake, and his openness to conviction, publicly stated his opinion that syphilis might be introduced into the body by vaccination. This opinion he founded, not on the case that M. Devergie had exhibited to the Academy, but upon other cases which he had carefully considered. He had long resisted the growing conviction arising in his mind on account of his dread of the effects which such a doctrine might exercise upon the future practice of vaccination. He now, however, confessed the opinion, that although cases of such transmission of disease were, fortunately, very rare indeed, yet their occurrence proved that no child vaccinated was absolutely safe from syphilitic infection.

How can we, asks M. Ricord, obtain a guarantee that no such infection will take place? Are we to

seek the guarantee from the parents of the vacciner? The parents may appear to be in perfect health; and unless the contamination of the child come from the mother, it is often difficult to prove the origin of the syphilis. Are we to look to the vacciner himself? Syphilis in new-born children often does not appear for some time after birth. This is, in fact, usually the case.

And, besides this, the syphilitic diathesis can exist in children without the least external appearance of the disease. Does the vaccine vesicle present any characters by which the infection in the child's system can be diagnosed? No! absolutely none. Hence, then, according to M. Ricord, there is real cause of alarm lest, in the process of vaccination, syphilis may be introduced into the body of the vaccinated.

Now, we would venture to draw a conclusion quite opposed to that of M. Ricord. Our opinion is, that the discussion of this question and the admission of truer views concerning syphilis is more likely to do good than harm, by rendering vaccinators more careful in the performance of the operation of vaccination. Admitting fully, with M. Ricord, the possibility of the transmission of syphilis through vaccination, it must be confessed that, under any circumstances, the cases are excessively rare in which such an accident happens. Several, indeed, of the cases which have been produced in favour of the fact—even this very one of M. Devergie—are far from being complete and conclusive.

If all the conditions under which syphilis is liable to be communicated through vaccination are distinctly understood, vaccinators will of course avoid the intervention of those conditions, and so render the operation positively free from danger. These conditions have been clearly laid down in recent works, and especially in the late work of Mr. Henry Lee; and it may be well that we just repeat the four simple rules which he gives for the performance of vaccination. These are:—

1. The lancet should be clean;
2. The lymph used should be taken from the vesicle not later than the eighth day;
3. The lymph only should be taken; and it should be free from blood or other secretions; and
4. The lymph should be taken from a healthy subject.

Now the chief rule to be attended to in reference to the subject of vaccino-syphilitic inoculation is the third one. In every instance in which syphilis has been communicated by vaccination, blood or bloody fluid has been mixed up with the vaccine lymph. Consequently, we learn, from an admission of the fact of vaccino-syphilitic inoculation, and of its mode of transmission through the blood, the very important practical lesson; viz., that blood and all bloody fluids must be carefully excluded from admixture



with the vaccine matter employed. "The pure vaccine lymph," says Mr. Henry Lee, "it would appear, will produce only the vaccine disease, although that lymph be taken from a patient suffering from syphilis, or even from small-pox."

Instead of drawing doleful conclusions from the admission of these facts, as M. Ricord has done, we should draw the very reverse. It seems to us most reasonable that their acceptance as facts will naturally lead to greater care in the performance of the operation of vaccination, and in the collection of the lymph; and consequently, that the operation will itself become more safe—actually less fraught with any possible dangers—than it has heretofore been. The chance of a vaccino-syphilitic inoculation has been most minute; now, under our better knowledge, it will become almost impossible.

### THE WEEK.

KIND and instructive words on medical evidence from the lips of the Lord Chief Justice of England should be regarded as pearls dropped from the mouth of wisdom. The medical profession has not a warmer friend than Sir A. Cockburn; and we may be very sure, therefore, that what he tells a body of medical students is told all in love. But who has thought upon the subject, and does not feel the justness of the remarks made by him when he distributed the prizes to the students at St. Mary's Hospital Medical School? Study (he said) to give your evidence, when called into a court of justice, in plain and simple language; shun the pedantry too often shown by medical men there. Call a skull a skull, not a cranium; don't talk of clavicles when you can tell of collar-bones; breast-bone is comprehensible to a jury, but a sternum is unknown to them; why say axilla when you could say arm-pit, or popliteal space when you could say under the ham? don't talk about abdomens or cerebrums, speak of bellies and brains. The lesson is excellent, and the pupils—members of the profession—who require instruction in it are very numerous. But more important still was that other topic of the Chief Justice's discourse. It is one which has of late too often been prominently, and of necessity, brought under our notice in these pages. Remember (he said) that you medical men are expected to come into court as scientific witnesses. Do not, therefore, accept a summons from the first man who asks you to back his cause. First examine his case thoroughly, and see if your opinion go really to second his side. If it do not, have nothing to do with him. It is very sad (he said) to see six honourable-minded members of your profession enter the witness-box and swear the very opposite opinion to that of six other equally honourable-minded members of the same profession. This

should not and could not be, if you would consider yourself solely as scientific witnesses, and give evidence on the merits of the case as your conscience and intelligence direct you, and not in accordance with the wishes of the first lawyer who subpoenas you. We trust these golden words—which have been so often preached in these pages—may now, when dropped from the lips of so high an authority—of one who loves and admires the profession, and who admits that he has often been pained to experience in courts of justice the thing which he condemns—we trust (we say) that these words may make a strong, and effectual, and practical impression on the minds of those who require instruction in the lesson which they convey.

Our readers will be pleased to hear that the King of the Belgians has received very great relief from the surgical assistance of Mr. Henry Thompson. We learn from good authority that Mr. Thompson has succeeded in removing by lithotripsy a phosphatic calculus of considerable size, larger than a filbert, from His Majesty's bladder. The King had previously suffered most severely, and, as it was supposed, in consequence of the impaction of a broken fragment of calculus in the urethra, for which he has been lately treated. The real cause of his sufferings, however, was the vesical calculus which has now been so happily removed by Mr. Thompson. The King has been thereby greatly relieved, and is, in fact, much better than he has been for the last fifteen months. The following is the official communication on the subject made to the journals.

"The health of the King has notably improved during the last few days. The operations have been performed by Mr. Henry Thompson, Surgeon of University Hospital, London, who was recommended to the King by Queen Victoria. Everything tends to show that in a very short time the King will be completely restored to health."

THE Acclimatisation Society, of which Mr. Frank Buckland is the leading member, is flourishing and progressing. It has just issued its third annual report, which tells of its doings during the past year. The report says:—

"The Council cannot but regard the progress of the Society with great satisfaction. With increased numbers and augmented means, the Society appears to be approaching the period when it can safely and prudently embark in the prosecution of experiments upon a larger scale than it has hitherto been able to attempt. The Council feels confident that as a knowledge of the Society and of its objects increases, many will be found ready to join its ranks who, although themselves unable to assist personally in its operations, may not be unwilling to contribute to its support."

WE can only again repeat it, that any member of the profession who adds the title of M.D. to his name (not possessing the diploma of Doctor of Medicine) offends against the laws of his country, sub-

jects himself to a legal penalty, and outrages professional morality. In whatever way the act be regarded, it is manifestly unjustifiable. The very last things which a title thus falsely appropriated can give to a man are either dignity or grace. We have no doubt that the expression of professional opinion on the point will eventually bring those men to a proper sense of decorum, who thus offend against the laws of their country, and in the face of their professional brethren. At all events, the subject should be brought under the notice of the Medical Council.

ST. THOMAS'S in search of a resting-place reminds of the tale of *Japhet in Search of a Father*. The history of the whole business is ludicrous, as well as most deplorable. We cannot continue a weekly detail of the hospital's misadventures. Certainly its managers are either the most incapable or the most unfortunate of men. At present, the future prospect of the hospital is just one of those things which, as Lord Dundreary would say, no man can explain. We have heard a good deal of late of the disadvantages and objections attaching to the government of hospitals by an open board; but we will venture to say that no hospital managed by an open board of governors ever yet, in the history of the world, brought their charity into such a fix as the doubled-edged close board of St. Thomas's has brought theirs. What must be thought of the management of a hospital which in the year 1861 (by a curious coincidence) admitted precisely the same number of in-patients as St. George's Hospital, and which expended during that year upwards of £32,000; whilst the open board of St. George's expended under £16,000? If St. George's Hospital is not cruelly parsimonious, St. Thomas's must be playing the egregious spendthrift.

SINCE the above lines were written, we have received information which renders it probable that, after all, pressure from without will be exercised on the Governors of Bethlehem Hospital. The folly of the Governors in refusing the offer of the rulers of St. Thomas's Hospital has brought into the field Lord Shaftesbury, the Commissioners of Lunacy, and Sir George Grey. The Commissioners have addressed a letter to Sir George Grey, who has sent it on to the Bedlamites, with an expression of his own views. The Commissioners say that they have long reprobated the unnatural and unfitting position of Bethlehem, hedged in as it is in the midst of a noisy population; that it ought to be placed in the country, where plenty of space, quiet, and fresh air and exercise, could be had; and that, therefore, they ought to seize upon the present favourable opportunity of carrying out the desired translation of Bethlehem into the country—an opportunity which may not again occur. Sir George Grey requests the Presi-

dent of Bethlehem to lay the letter of the Lunacy Commissioners before the Governors of Bethlehem, and to tell them that he fully concurs in the views expressed in the letter, and that he hopes they will yet seize upon the offer which they have already rejected. This unmistakable hint from so high an official will probably have the desired effect, and so bring about a settlement for St. Thomas's and the removal of Bethlehem into the country. It may seem curious, but we know it as a fact, that many of the Governors of Bethlehem voted against the removal of their hospital solely on philanthropic grounds; viz., because they firmly believed that the cure of their lunatics went on better in the midst of the noise, and smoke, and close confinement of their present hospital, than it would do in the country!

ONE Castex, who has been long practising as a curer of all diseases by electricity in Toulouse, has fallen into the hands of justice, and been condemned to a fine of 600 francs and six months imprisonment for the illegal practice of medicine!

*L'Union Médicale* tells us that a Dr. Paolo has practised paracentesis abdominis, in a case of ascites, 255 times in ten years and eight months, drawing off altogether 3111 litres of water.

Doctors differ. At a late meeting of the French Academy, M. Depaul asserted that when the parents are infected with syphilis, their offspring have signs of the disease when they first come into the world. Nothing of the sort, replied M. Ricord. "It is a great mistake to imagine that syphilitic children are born with present manifestations of the disease. I totally dissent from M. Depaul, and with the most positive conviction of the correctness of my views. Very often, three, four, five, or six months elapse, before the least signs of syphilis appear." M. Depaul, in reply, insisted, *per contra*, on the frequency of the appearance of syphilis at the birth of the child; and M. Ricord rejoined by insisting on its rarity.

Dr. Morel-Lavallée tells the Academy of Sciences that he has discovered a new sign of hydro-pneumothorax. He gives to it the name of *bruit de moulin*, the mill-sound. It is at one time intermittent, and coincides with the contraction of the ventricles; at another time, it is continuous, but increased during ventricular contraction. It gives the sound of an hydraulic wheel, whose floats beat the air and the water alternately. It may be heard all round the bed, and even beyond it. It is loudest over the cardiac region. The doctor had observed it in only two cases of injury of the chest with effusion of blood into the pleura. The heart beats the water and air together, and so determines this *mill-sound*.

## THE LORD CHIEF JUSTICE ON MEDICAL EVIDENCE.

THE following is a summary of the address delivered at the distribution of prizes at St. Mary's Hospital, by Sir A. Cockburn.

The Lord Chief Justice begged sincerely to congratulate those who had received prizes and certificates of honour. Even those who had been unsuccessful in the competitions would be benefited, for, like the man who dug the field to find the hidden treasure, they would get their reward in one way if they did not get it in another. He was quite sure that none of them would rest satisfied with the progress they had already made, and, therefore, he would not take up their time by urging them to steadfast perseverance. He would say a few words on a subject which he hoped might be useful to them—especially to those who were about to enter on the active duties of their profession. There was common ground on which the professions of law and medicine came into contact—he alluded to that branch of the science which came under the name of medical jurisprudence. It was impossible for him to express his sense of the importance of the services rendered by the medical profession in the administration of justice. Of course the value of that assistance would depend to a considerable extent not only on the knowledge which medical men possessed, but also on their appreciation of the points in which that knowledge could be brought to bear on the proceedings of courts of law. Therefore he would urge them to turn their attention to the study of medical jurisprudence. Very likely all of them would in the course of their lives be called to give evidence in courts of law. They would remember that the most momentous issues often depended on the opinions given by medical men. Guilt might be punished or it might escape; innocence might suffer or it might be rescued from the suspicion surrounding it. He also wished them to remember that medical men giving evidence in courts of law were not to be regarded like ordinary witnesses, but as scientific men, who were assisting in the administration of justice. And furthermore, he would remark that more confidence would be placed in their opinions by judges and juries if the medical witnesses showed not only that they were well acquainted with the matter on which they were examined, but that they were also conversant with the views which had been published upon it by leading men in the profession. All these considerations showed how important was the study to which he had directed their attention. It sometimes happened that scientific witnesses differed from one another, and that in consequence the value of their evidence was considerably diminished. He had seen one set of scientific witnesses called, and give their opinion on one side, while another set of witnesses had testified just to the reverse. From this description of scientific evidence medical evidence was not exempt. Now, on this point he would say that there was a natural tendency for men to become biassed in favour of the side for which their evidence was sought. They were inclined to look with more or less favour on the side that paid them the compliment of asking their assistance. He did not mean to say that they intended in any way to depart from the truth, but, unconsciously, they looked at all the circumstances on the one side, while they did not give the same attention to circumstances on the other. He therefore hoped that whenever they had to appear in courts of law they would take care to allow no sort of bias to enter their minds. Scientific men frequently showed a tendency to speak of their science in hard technical terms, which was natural, but evidence given in pedantic language was often nearly unintelligible to laymen, and consequently its value was lessened. He recollected once that a medical man of vast attainments

drew up a report which was read in court. He (the Chief Justice) was counsel on the other side, and the report being couched in bombastic and pedantic language he turned it into ridicule and got the verdict. On grounds which he explained, he believed the verdict was right. Some time afterwards he fell ill, and he sent for the doctor whose report he had ridiculed. The doctor said to him, "Well, I thought you were a clever fellow, but I have altered my opinion." "How so?" he (the speaker) asked. "Because," replied the doctor, "you are foolish enough, after speaking of my report in the way you did, to put yourself under my care." The doctor treated him with the greatest care and skill, and he soon recovered. After dwelling on the expediency of medical men giving their evidence in the plainest and simplest language, he said that however much he might be disqualified from presiding at the distribution of prizes, he could sincerely say that a man entertaining a profounder respect and esteem for the medical profession than he himself did could not be found. The care, skill, kindness they displayed in the discharge of their duties was above all praise.

## SERGEANT *versus* THE MEDICAL COUNCIL.

IN this case, which was heard in the Court of Queen's Bench on June 12, a rule had been obtained calling on the Medical Council to shew cause why a *mandamus* should not issue to compel them to register the plaintiff, or to hear and determine his application. The case raised a question of great importance to the medical profession. The question was as to the functions of the Council in regard to registration of medical practitioners. The Act imposes on the Council the duty of keeping such registry; and the 14th section provides as follows:

"It shall be the duty of the registrars to keep their respective registers correct, in accordance with the Act, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under the Act; and it shall be lawful for the registrar to write a letter to any registered person addressed to him according to his address on the register, to inquire whether he has changed his residence or has ceased to practise, and if no answer shall be returned within six months to erase the name of such person from the register, provided that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

Another section (28) provides that for certain causes names may be struck off the list. In the present case the applicant, a Mr. Sergeant, was a member of the College of Surgeons, and had been upon the *Register*. The registrar sent the usual letter in 1860, and owing to the applicant's absence he did not get it, and in April 1861, the six months having elapsed without an answer, they struck his name off. He did not hear of it until December 1861, and in November 1862, he applied to the Council to restore his name. This was not done; but in March 1863, the secretary intimated that it would be referred to the General Council, which only met once a year. They met on the 26th of May last, and referred the matter to the executive committee, who were ready to consider the application on being satisfied as to character and qualification. The real question was whether the Council had any authority to entertain this question as to character, or were under an absolute duty to restore the name. The Council, it was said, were under this difficulty, that by the Act they could only meet once a year, and had now referred the matter to the executive committee. This was done at the next annual meeting after the application. The Lord Chief Justice said he thought it could not be contended for a moment that the Council could arbitrarily refuse to reenter the name of a

practitioner merely on account of the miscarriage of a letter through his accidental absence; and it was not reasonable that the question of a reentry of his name should be hung up for nearly a year. Surely, the Council should meet oftener for such purposes. Mr. M. Smith said they had now delegated such matters to the executive committee, which sat permanently; and were now ready to hear and determine the matter. Mr. H. James said that the Council had no right, in such a case, to enter into any inquiry into character, but were bound absolutely to reenter the name; but Mr. Justice Wightman pointed out that there could be no *mandamus* to the Council to register, because the duty of registry was on the registrar. The duty of the Council was to hear and determine the matter. The Lord Chief Justice pointed out that the words of the Act were, "if they shall think fit," and thus implied that they were to exercise some judgment. Mr. Justice Crompton said it could not be contended that the Council could not consider under what circumstances the applicant in such a case had been absent or abroad, as they might have been disgraceful, though it might not be so in this case; they could not be precluded from inquiry into that matter. The Court said the applicant could not possibly be entitled to move at present than a *mandamus* to the Council to hear and determine the matter, and that they were ready to do, it appeared, without a *mandamus*. If, indeed, they decided against him on a wrong ground, there might be a ground for a *mandamus* to register; but it could not be anticipated that they would decide wrongly, and, therefore, though the rule for a *mandamus* might be made absolute, the writ need not issue unless the decision should be adverse to the applicant, and he should desire to have the ground of the decision considered.

### THE SAINT GALMIER MINERAL WATERS.

A COMPANY has recently been formed in London for the sale of mineral waters procured from St. Galmier in France. These waters appear to have an extensive and increasing reputation in that country; according to a statement before us, the town of Lyons alone consumes one million of bottles annually. According to an analysis by M. Ossian Henry, the water contains air very rich in oxygen; a large proportion of free carbonic acid; carbonates of soda, potassa, lime, and magnesia; sulphates of soda and lime; chlorides of sodium and magnesium; alkaline nitrates; and a small amount of silica and strontia. It is said to be antilithic; so much so, that the inhabitants of St. Galmier are free from calculous disorders. The water is also recommended for use in functional disorders of the digestive organs; in chlorosis, amenorrhœa, dysmenorrhœa, and leucorrhœa; and in various affections of the urinary organs. Experience has yet to prove the beneficial effect of the St. Galmier water as a medicinal agent in this country: it may readily be supposed, however, that its alkaline properties render it likely to be serviceable where it is desired to neutralise and remove an excess of acid. Having received some of the water from the company, we have tried it as an ordinary drink—using it as Seltzer water; and, from our examination, are enabled to confirm the statement made to us regarding it, "that it has a pleasant taste, and possesses the most perfect limpidity." We believe that it will be found safe and agreeable for general use.

MUSCLE AS A CONDUCTOR OF ELECTRICITY. Rank states that dead muscle is a much better conductor of electricity than living, from the presence of certain products of decomposition, and that living muscle is 3,000,000 times a worse conductor than mercury, 115,000,000 worse than copper.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASH. & CHESHIRE. [Annual.]	Medical Institution, Liverpool.	Wednesday, June 24th, 12 noon.
SOUTH-EASTERN. [Annual.]	Bull Inn, Rochester.	Wednesday, June 24, 1.30 P.M.
EAST ANGLIAN. [Annual.]	Yarmouth.	Friday, June 26th, 3 P.M.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.
MIDLAND. [Annual.]	Board Room of the Infirmary, Derby.	Thursday, July 2nd, 2 P.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 7, 3.30 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyli.	Tuesday, July 7, 1 P.M.
SOUTH MIDLAND & CAM- BRIDGE & HUNTINGDON. [Annual.]	Infirmary, Peterborough.	Thursday, July 9th, 1 P.M.

### LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-Seventh Annual Meeting of this Branch will take place at the Medical Institution, Liverpool, on Wednesday, June 24th, at 12 o'clock, noon. President-elect, J. R. W. Vose, M.D.

Notices of papers or other communications to be sent to the Honorary Secretary, as early as possible.

A. T. H. WATERS, M.D., *Hon. Sec.*

27, Hope Street, Liverpool, May 27th, 1863.

### METROPOLITAN COUNTIES BRANCH.

THE Eleventh Annual Meeting of this Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 7th, at 3.30 P.M. President-elect: Francis Sibson, M.D., F.R.S.

The members will afterwards dine together.

A. P. STEWART, M.D.,  
ALEXANDER HENRY, M.D., } *Hon. Secs.*

London, June 11th, 1863.

### SOUTH MIDLAND AND CAMBRIDGE AND HUNTINGDON BRANCHES.

THE Annual Meeting of these Branches combined will take place at the Infirmary, Peterborough, on Thursday, July 9th, at 1 P.M. President-elect: William Paley, M.D.

Gentlemen intending to read papers or cases will oblige by forwarding the titles as early as possible to the Honorary Secretaries,

JOHN M. BRYAN, M.D., Northampton; or  
G. M. HUMPHRY, M.D., Cambridge.

## Correspondence.

### MR. CÆSAR HAWKINS AS AN EXAMINER.

SIR,—Allow me a small space to say a few words in reference to my experience of the conduct of Mr. Cæsar Hawkins as an examiner.

His table was the second I went to at my examination. As I approached the table, he pointed to a chair for me to take on his right hand. I felt that I should be in a better position if I sat on his left, between him and his colleague. He kindly assented, and immediately rose and fetched a chair, placing it where I desired to sit. Mr. Lawrence rose at the same time, and assisted him in his courteous act. I cannot but add that this gentlemanly treatment gave me the assurance that I should have nothing but fairness at their hands. Mr. Cæsar Hawkins was the examiner, and his manners throughout made me feel that I was in the society of the polished gentleman. It was the first and last time I ever had an interview with him; and I feel convinced that that gentleman is incapable of behaving with rudeness or unfairness to any candidate. I am, etc., S. F.

June 17th, 1863.

### PUBLIC VACCINATORS.

#### LETTER FROM WILLIAM ALLISON, ESQ.

SIR,—From what I read in the JOURNAL of June 13th, I understand that Mr. Bottomley wished to exonerate a Board of Guardians from what he considered an unjust charge; namely, that of "indirectly discouraging vaccination"—to exonerate them by himself assuming the office of dictator to Poor-law medical officers; his dictum signifying that "the medical officers can better afford to act gratuitously for ratepayers, than ratepayers can afford to remunerate medical officers for services rendered to paupers, even in a matter which is of infinitely greater importance to ratepayers than to medical officers." I also find that a medical officer who was present ventured to say, "a refusal to pay for vaccination, or to pay sufficiently, would be a discouragement to vaccinating."

It does not appear that the chairman accused Mr. Bottomley of being dictatorial, though he thanked Mr. Bottomley for having "explained the duty (?) of medical officers in respect to vaccination."

Mr. Spofford could, with complaisance, hear Mr. Bottomley dictate to medical officers; but became irascible and violent when Mr. Jeynes differed in opinion from Mr. Bottomley; and during his "little brief authority" called Mr. Jeynes "our dictatorial insulting officer."

If I have fallen into misapprehension of what passed at the meeting, I shall be obliged to any party who will give me correct information on the subject.

I am, etc.,

W. ALLISON.

SIR,—Having occupied the position of public vaccinator to several parishes for many years past, I beg to thank you for holding up to opprobrium such sentiments as Mr. Bottomley was pleased to enunciate before the Croydon Board of Guardians.

I daresay the chairman of the Board did feel "extremely obliged to Mr. Bottomley for saying medical men were contented with eightpence per case of successful vaccination." If they receive so paltry a sum, sure am I that

"Their poverty, and not their will, consents";

and we well know that the plan of gratuitous labour for the public brings us up a harvest of contempt instead of commendation.

As a brother medical officer and public vaccinator, I thank Mr. Jeynes for talking common sense on such a

subject as the payment for vaccination. It is an important subject; and the effective vaccination of the community is a great public duty. That duty will be far better discharged when we are adequately paid for the performance of it, and when the proper carrying out of the Compulsory Vaccination Act is taken out of the hands of Boards of Guardians altogether—ever a prejudiced ignorant body—and placed under the immediate supervision of a Public Board of Health, who, we may hope, will approach the subject in a wise and liberal spirit.

I am afraid Mr. Bottomley lost his *esprit de corps*, and was carried away by the "hear, hear" and applause of the Croydon Board. We must whisper in his ear,

"Praise undeserved is censure in disguise."

The noisy approbation of some men,

"Whose greatest boast must surely be,  
To snub the doctor, and to mulct his fee,"

is not to be desired; and this I say, not out of any ill-feeling to Mr. Bottomley, but from a wish to set him right in his very mistaken notion that public vaccinators share the sentiments he is pleased to avow.

I am, etc.,

M.R.C.S., L.S.A.

### EXTREMES IN PRACTICE.

#### LETTER FROM THOMAS MARTIN, ESQ.

SIR,—I am encouraged to offer a few observations in reference to the subject of Dr. Mayo's communication in your last number on Extremes in Practice, as the result of reflection on my experience as a general practitioner during half a century, although I have been in retirement for the last twelve or fourteen years, during which time I have scarcely seen a patient.

In the diagnosis of disease, I am humbly of opinion that gentlemen do not sufficiently distinguish between *inflammation* and *irritation*; the consequent difference of treatment being most important with the requisite modifications.

In the years 1796, 1797, and 1798, I had the good fortune to enjoy the tuition of Dr. George Fordyce; and he, amidst an abundance of practical and valuable instruction, insisted on the importance of distinguishing between *real debility* and the semblance of it, *depression of strength* arising from congestion of diseased structures, and partial determination of blood before or after the accession of inflammatory action; and consequently of deciding when and to what extent to deplete, and when to stimulate and support, or when to combine the two modes of treatment.

In the treatment of acute disease, Dr. Fordyce relied much on "relaxants", more especially on the preparations of antimony, placing the chief reliance on emetic tartar.

In reference to acute diseases, I have cured hundreds of cases—if applied to early, or immediately after the seizure—by perhaps one very moderate bleeding; the abstraction of ten, twelve, sixteen, or more, ounces of blood—enough to produce a *decided impression on the action of the heart and arteries*, with or without syncope (bleeding from a good sized orifice, not a mere pin-hole), followed up by the administration of emetic tartar, so as to produce required effects. From this moment, the pulse, having been hard and wiry, has become soft; the bowels have acted spontaneously, or as the result of medicine; and all the operations of the system have been restored to harmonious action. The patient has begun to turn the corner, and all goes on well; we may then administer our *placebos* or medicines of second rate efficacy as auxiliaries until the cure is complete.

In many cases of chronic disease, where there may be congestion, local or general, bleeding with discretion may be very beneficial. Of course, the decision of the practitioner must be guided by the symptoms of each individual case.

I have no doubt, however, that thirty, forty, or fifty years ago, there was a great deal of over-bleeding. We are much indebted to Dr. Marshall Hall for pointing out the utility and efficacy of opium; and in many cases, where there has been no over-bleeding, the benefit from the use of opium is very great indeed.

In the course of the last twenty years, from all I have heard of medical practice, I am of opinion that the acute diseases which now occur are not so urgent and do not require so much depletion as formerly. I have been pained to hear that gentlemen have exclaimed, "Oh! I never bleed"; and I have not the slightest doubt that patients have been lost from the want of the early and timely relief which the lancet would have afforded.

We may ask, of what utility is our judgment and discrimination, if we do not weigh the various points of a case, instead of being actuated by a blind empirical adhesion to any given system, whether of depletion or stimulation? I am firmly persuaded that of late years a vast deal of mischief has been done by the too copious administration of stimulants, just as formerly we had too much depletion.

Certainly, we are very much obliged to Dr. Mayo for having invited attention to the subject of Extremes in Practice.

I am, etc.,

THOMAS MARTIN.

Reigate, June 8th, 1863.

## THE USE OF VENESECTION.

LETTER FROM EDWARD CROSSMAN, ESQ.

SIR,—Dr. Mayo's "Remarks on Extremes in Practice," contained in last Saturday's JOURNAL, induce me to report a case pertinent to the subject of venesection.

The case itself is so commonplace, and the indications for treatment are so obvious, that, but as an illustration of the truth of Dr. Mayo's remarks, I should not venture to intrude it upon your readers.

Late in the evening of the 7th of May last, I was hurriedly summoned to visit a cattle-dealer between 40 and 50 years of age, who was well known to me as a man of full habit, a free liver, and habitually, in his avocation, drinking much and often. I found him seated upon the floor, in violent delirium, with difficulty restrained by four men. His head was hot; his face deeply flushed; his eyes injected; the pupils widely dilated and insensible to light; and his pulse frequent and hard.

The account I received from his wife was, that he had complained for several days of headache, and particularly that morning before he went out from home; that he had been unusually irritable and ill-tempered during the same time, and had on several occasions given way to violent fits of passion; that he had been out all day about his business, had come home in the evening, and put away his horse as usual; but that, as soon as he entered the house, he sat down in a chair and burst out crying, after which he began to talk incoherently, and had been rapidly getting worse up to the time of my arrival.

I immediately opened a vein in the arm, and succeeded in drawing about twenty ounces of blood, with such marked relief that, although from his violence I had the utmost difficulty in opening the vein, he allowed me to close it without resistance, and quietly submitted to be carried up stairs to bed.

Compelled to leave home that night, and to be absent twenty-four hours, I ordered repeated doses of calomel and saline purgative, and left him in charge of a neighbouring friend. To my astonishment, when I returned the following evening, I found him quite rational, and free from all symptoms of cerebral congestion. A few days more of active purgation removed all traces of the attack, and in a fortnight he was at his business again.

I ascertained from him afterwards that he had taken

nothing more than usual to drink that day; but that, while he was out, he had felt the sun affect his head very much, and had several times lost his way, and found himself where he had no business to be; but that, as late as 4 o'clock in the afternoon, he had made a satisfactory deal with a farmer for some calves.

In such cases as the above there can, I think, be but one opinion as to the necessity for free venesection; and, although I have found occasion to bleed only about as many times as I have been years in practice, I feel firmly convinced that, in certain acute disturbances of circulation, no remedy we possess may safely replace the lancet.

I am, etc., EDWARD CROSSMAN.

Hambrook, near Bristol, June 10th, 1863.

## THE ARMY MEDICAL SERVICE.

SIR.—In your JOURNAL of the 30th ult. I read some observations regarding the naval medical service, and feel it right to correct an error relative to the army medical service contained in the article alluded to.

The army medical officers are still deprived of the full benefit of the warrant of 1858, and great efforts are being made in influential quarters to obtain a further withdrawal of the advantages and rank, etc., then conferred. I need not remind you of the vast importance of at least maintaining the present position. Any retrograde movement must be not only injurious to the officers immediately concerned, but also insulting to the whole profession. Candidates are required in August; it is to be hoped that they will not rashly rush into a snare. Danger is threatened; and the hearty assistance of the medical press is of great importance.

I am, etc., VERITAS.

June 1863.

## THE TREATMENT OF TAPE-WORM.

LETTER FROM ARTHUR LEARED, M.D.

SIR,—I stated, in a letter published in the JOURNAL for March 21st, that there are two tests of the cure of tape-worm—either finding the head or heads corresponding to the bodies which have been expelled from the intestines; or the non-appearance of segments with the faeces after the expiration of three months from the time of taking the ténicide drug.

In a letter, in reply to mine published April 4th, Dr. Ogle says:—"I there adduced" (referring to his paper of March 14th) "probable reasons why the 'head' of the worms was not brought to me by the patients. I would only adduce, in addition, the observations said to have been made by Bremser, that out of one hundred persons affected by, and treated by himself for, tænia, in only one of them was the expulsion of the head of the worm detected, and yet ninety-nine out of the hundred were cured."

I have to observe that while the immediate test of cure depends on finding the head or heads, as already stated, this test is so seldom available, that it is fortunate that we possess another. It does not positively appear that Bremser made the statement in question; it is only "said" that he did. But whether he did or not, I feel no hesitation in expressing my disbelief in such remarkable success. No matter what treatment is adopted, re-appearance of the worm, when looked for after the lapse of three months, will be found to have occurred in a much larger percentage of the cases treated.

Some years ago, a regiment returned from India, in which a number of the men were affected with tape-worm. Acting upon my suggestions, the surgeon of the regiment gave, in some cases kamala, in others oil of male-fern, in large doses, and in some both these remedies combined. A number of cures was the result. But we invariably found that out of the total number treated,



a large proportion again passed portions of worms after an interval of between two and three months had elapsed. As the patients remain under constant observation, the regimental system is the best for testing the treatment of an affection like the present. I well know, by experience, that patients finding themselves not cured at one hospital, instead of returning to it, usually repair to another.

I have brought this matter forward in relation to the investigation now pending as to the relative merits of certain remedies for tape-worm; and I cannot avoid repeating that it is a pity that kamala, one of the best, if not the very best, has been omitted from the scheme.

Dr. Ogle states, in his letter of April 4th, that I have been inaccurate in supposing that he spoke "of the propagation of tape-worms in children by swallowing fragments of the worms." The sentence, "I think there may be reason for believing that the tenia may be communicated to infants and children from others," etc., did convey that impression to my mind. Dr. Ogle has, however, explained that he intended to convey that by this means children may become affected by cysticerci. As far as I am aware, no case has been recorded in which cysticerci were found in the tissues of a very young subject.

I am, etc.,

ARTHUR LEARED.

12, Old Burlington Street, June 20, 1863.

## DR. HODGKIN'S THEORY OF NIGHTMARE, ASPHYXIA, ETC.

LETTER FROM CHARLES KIDD, M.D.

SIR,—It is interesting to find, from various independent sources, that the true *rationale* of "apnoea" is becoming more and more clear. The observations of Dr. Hodgkin (page 501), are of great and peculiar interest, especially to physicians who seek the true reason of persons being found occasionally dead in their beds, not so much from organic disease of the heart, as mere distension of its right cavities from apnoea.

That there may be, simultaneously with anaesthesia under chloroform, suspension of the involuntary movements of respiration, as suspected by Dr. Hodgkin, is too painfully true, and forms the one single abnormality in chloroform administration against which we have to guard. A new function has been given to the cerebellum, that it presides over all such involuntary movements of Bichat's splanchnic arrangement; and Dr. Carpenter's theory is not proved. If this be true, we must look in that direction for the source of apnoea, as also the cause of nightmare, etc. I rather think, as to the latter, that anything pressing on the surface of the body may cause nightmare, as well as a distended stomach; and, as to the alternate play of parts in sleep, this passage occurs in my small work, now written some years ago.

"I believe that in natural sleep, where the mind, as Locke says, retires—where the perceptions accompanying impressions made on the body are absent, as the cerebrum proper is dormant; or, explain it how we will, during common sleep, when the will is passive,—that then ordinary breathing is carried on *solely* by the diaphragm, which becomes a sort of second heart. If, out of a deep sleep, one is calmly awake by some low murmuring noise, it is easy to perceive an involuntary action of the diaphragm still going on that you cannot control without pain, followed by a deep inspiration, which seems to startle or wake up the external respiratory nerves! It seems to me also that this is a plain provision to afford rest during sleep to the *external* respiratory nerves and muscles. We have the same kind of slumber, under chloroform, of the external respiratory muscles.

"I know of nothing more beautiful than the alternate action of the voluntary and involuntary muscles of

respiration—the associated action of the *scaleni serratus* and *intercostals* in inspiration, so much under the influence of the will, and so soon anaesthetised under chloroform. And then the diaphragm, '*musculus nobilissimus post cor*'; but, like the heart, still keeping up its action, independent of the will and the *slighter* degrees of etherisation by chloroform.

"The great problem was to be solved, to continue respiration when sleep brought on its deep unconsciousness, and to leave respiration also voluntary for its uses in connexion with the spinal nerves and those of the human voice: the former is effected through the agency of reflex nerves and diaphragm; the brain proper is dormant; there is no association of ideas or reception of ideas in the mind;

'*Mens sine pondere ludit*.'

but still the ever wakeful diaphragm keeps all right through its phrenic nerve."

As to nightmare occurring from external pressure of any kind, I may mention the following. A gentleman in good health suffered most terrible nightmare three or four nights one after another. Being superstitious, he got alarmed the fifth night, and started up determined to come at the bottom of it; for the nightmare always took the same form—viz., a horrid railway train came and crushed him under it, cutting off both his thighs, without his being able to move! He is a most abstemious man; but one of his frailties is to go to "dog-shows", where, or somewhere, he purchased a small dog of the size of a very big mouse. This little creature felt the cold at night; and it would lie on the stomach of his sleeping master, for the sake of the warmth. This was the mystery.

I am now almost sure that, by certain manipulations of a patient half under chloroform, one can add a hundredfold to or equally take from the horrors of this agent, as in nightmare.

We could not at first, at the era of the discovery of chloroform, give a proper estimate of the part played by syncope in these accidents; because experiments were instituted to ascertain certain purely physiological conditions in the lower animals, where the higher psychical or mental bearing of emotion in hospital patients' minds was absent. Large numbers of such animals were killed with chloroform; and we found what was called "cardiac syncope"—a simple *post mortem* indication of asphyxia. We certainly had a long series of facts—indicative facts, like pearls in the figure of Dr. Whewell, requiring a string to colligate them; but, after all, they are only coincidences, or part of the sources of danger; and leave out 40 per cent. of the cases produced by emotion—viz., syncope proper. These syncope cases never occur in the lower animals; so that this *post mortem* appearance of asphyxia misled observers, and was even itself misinterpreted. We must test and verify by clinical experience what we wish of physiological experiments to be useful in further every day practice; and, to make these asphyxia cases useful, we must trace them to the respiratory muscles, not to the heart.

We have had at one time a hypothesis that all the deaths were from fatty heart; next it was observed that accidents occurred from neglect of some instrument in form of inhaler. Such hypotheses have a certain value; but it is alone by constant comparing of groups of cases one with another that we can give them their value aright. All practical medical science tends towards deduction rather than induction; and it is in this direction one would, in much humility, indicate that this and some kindred subjects, such as the mortality in croup with or without tracheotomy, mortality after drowning with or without various means of restoring suspended animation, etc., should be studied. Chloroform accidents are, in point of fact, not more frequent than railway accidents. We do not wish to systematise or continue such chloroform accidents; but rather, by careful

study of where the sources of danger may lie, we may combat them more effectually. If accidents occur just as often with an inhaler as without one, it is clear the inhaler has not much to do with the catastrophe. If accidents occur, as they do most frequently, from apnoea, and, I sometimes fear, from rough handling, pressure, nightmare, etc., it shows us the wisdom of Dr. Hodgkin's views, and that "fatty heart" has been rather a fancy than a fact; and artificial respiration with the "Silvester method" will do more for us in relieving the distended right cavities than anything directly to the heart itself, as also well argued out by Dr. Hodgkin.

I am etc., CHARLES KIDD.

Sackville Street, W., June 1863.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** The following gentlemen passed the first part of the Professional Examination for the Licence of the College, on June 5th, 1863:—

Foster, Charles William Ellis, Leeds School of Medicine  
Lamb, George, 162, Caledonian Road, Islington  
Lupton, Richard John, School of Medicine, Liverpool  
Lyle, William Vacy, St. Mary's Hospital  
Taibon, Jesse Wheelock, St. Bartholomew's Hospital  
Walker, Henry George, University College  
Wolston, Walter Thomas Prideaux, King's College

At a general meeting of the Fellows, held on Saturday, June 13th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Buckle, William Henry Fleetwood, Royal Mint  
Embling, William Henry, 30, Oakley Square, Regent's Park  
Hunt, William John, Hathersage, near Sheffield  
Macdonald, Keith Norman, Bath  
Rendle, James Davy, M.D. St. Andrew's, Brixton Hill  
Richards, Alfred, Armley, near Leeds  
Sutcliffe, Edward, 1, Champion Grove, Camberwell

**ROYAL COLLEGE OF SURGEONS.** The following members of the College, having undergone the necessary examinations for the Fellowship, on May 26th, 27th, and 28th, were reported to have done so to the satisfaction of the Court of Examiners, and at a meeting of the Council on June 12th, were admitted Fellows:—

Brown, Frederick James, Rochester; diploma of membership dated November 1st, 1844  
Carr, William, Gomersal; October 26, 1855  
Clarke, William Fairlie, Curzon Street, May Fair; Jan. 30, 1862  
Helm, George Frederick, Cambridge; January 14, 1859  
Lund, Edward, Manchester; April 9, 1847  
Marsdin, Frederick, Stanforth; March 2, 1859  
Merle, Victor de, Brook Street, Grosvenor Square; June 11, 1847  
Rivington, Walter, Upper Holloway; March 18, 1859  
Rouse, James, Coleshill Street; April 11, 1851  
Thompson, John, Bideford; November 4, 1842  
Tuson, John Edward, H.M. Indian Army; April 25, 1851

At the same meeting of the Council, the following members of the College, who had been elected Fellows at previous meetings, were admitted as such:—

Byass, Thomas Spry, Cuckfield, Sussex; diploma of membership dated August 7, 1829  
Eden, Thomas Edward, Brighton; March 27, 1835  
Hutchins, John Henry, Rochester; September 2, 1831  
Lowe, George, Burton-on-Trent; May 3, 1837  
Thomson, Charles Edmunds, Ross; June 13, 1828

**UNIVERSITY OF OXFORD.** In a Congregation holden on June 10th, the Degree of Doctor in Medicine was conferred on

Harvey, Edward R., Christ Church  
Monro, Henry, Oriel

**UNIVERSITY OF CAMBRIDGE.** First M.B. Examination. Easter Term, 1863.

Balls, W., B.A., St. Peter's College

Graham, A. B., M.A., St. Peter's College  
Hoffman, H. W., M.A., Trinity College  
Second M.B. Examination.  
Bagshaw, F., M.A., St. John's College  
Welch, T. D., M.A., Calus College  
Wilks, A. G. P., M.A., Trinity College

**APOTHECARIES' HALL.** On June 4th, the following Licentiates were admitted:—

Angus, James Acworth, Newcastle-upon-Tyne  
Barnes, Thomas Henry, Clare, Suffolk  
Burdett, Francis Henry, Birmingham  
Davidson, Christopher M. D., Wandsworth Road  
Hayward, William Henry, Oldbury  
Jefferson, Thomas Jewison, Market Weighton  
Lawrie, John Douglas, Bradford  
Lindop, John Crump, Newport  
Nash, W. Llewellyn, Cheltenham  
Wesley, John Sebastian, Southampton Row

Admitted on June 11th:—

Evans, Thomas, Llandyssil, Cardiganshire  
Harman, John, Canterbury  
Jackson, Thomas Creswick, Wimpole Street  
Laidlaw, William, Newcastle-on-Tyne

Passed as an assistant:—

Kenyon, John Kilshaw, Liverpool

## APPOINTMENTS.

\*HUTCHINSON, Jonathan, Esq., elected Surgeon to the London Hospital, in the room of G. Critchett, Esq., resigned.  
\*MITCHINSON, George, I.K.Q.C.P.I., has been placed on the Commission of the Peace for the city of Lincoln.  
THOMAS, Lyle, Esq., elected Assistant Medical Superintendent of the Devon County Asylum.  
TOLLER, Ebenezer, Esq., elected Medical Superintendent of the Gloucester County Asylum.  
YEO, Isaac B., Esq., appointed House-Surgeon and Secretary to the Haunts County Hospital.

## POOR-LAW MEDICAL SERVICE.

BROWN, John M., Esq., to the Burton District of the Kendal Union.  
BRYAN, Andrew H., M.D., to the Ballyneen Dispensary District of the Dunmanway Union, co. Cork.  
KING, Henry, Esq., to the Brideswell Dispensary District of the Athlone Union.  
LANGDON, Henry W., Esq., to District No. 6 of the Devizes Union.  
MOORE, Adam J., Esq., to the Caversham District of the Henley-on-Thames Union.  
OLIVER, S., M.D., to Cromdale, Abernethy, and Duthill, Morayshire.  
SLADE, Robert, Esq., to the Puddletown District of the Dorchester Union.

## ARMY.

OVENS, Staff-Assistant-Surgeon J. C., to be Staff-Surgeon.  
STEWART, Staff-Surgeon-Major J., retiring on half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

## ROYAL NAVY.

CALDWELL, John, Esq., Surgeon, to the *Osprey*.  
COOKE, George P., Esq., Surgeon, to the *Dee*.  
FRAZER, John, Esq., Acting Assistant-Surgeon (additional), to the *Royal Adelaide*.  
LONGFIELD, William D., Esq., Assistant-Surgeon, to the *Slyx*.  
M'DONOGH, George P., M.D., Surgeon, to the *Active*.  
M'IVER, Donald, M.D., Acting Assistant-Surgeon (additional), to the *Royal Adelaide*.  
WARD, John, Esq., Surgeon, to the *Trincomalee*.  
WHITAKER, Joseph, M.D., Acting Assistant-Surgeon (additional), to the *Royal Adelaide*.  
WHITLEY, Alfred W., Esq., Acting Assistant-Surgeon (additional), to the *Victory*.  
WORDSWORTH, William D., Esq., Acting Assistant-Surgeon (additional), to the *Victory*.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

TAYLOR, C. G., Esq., to be Surgeon 2nd Essex R.V.  
WEST, R., M.D., to be Assistant-Surgeon London Irish R.V.  
WILKERS, John St. S., Esq., to be Assistant-Surgeon 1st Warwickshire R.V.  
WILSON, J., Esq., to be Assistant-Surgeon 19th Lancashire A.V.  
To be Honorary Assistant-Surgeons:—  
THORN, J. T., M.D., 1st Kincardineshire A.V.

## MILITIA.

PIRIE, J., M.D., to be Surgeon Argyll and Bute Artillery Militia.

## BIRTH.

SOPER. On June 8th, at St. George's Villas, Stockwell, the wife of William Soper, Esq., Surgeon, of a daughter.

## DEATHS.

ARTHUR, Thomas Norway, Esq., Surgeon, at Prees, Shropshire, aged 52, on May 22.  
 AYRES, Philip D., M.D., at Port Louis, Mauritius, aged 49, on April 30.  
 COMUS. On June 6th, at Hastings, Henry James, infant son of J. W. Combs, Esq., Surgeon, of Burwash, Sussex.  
 HARRIS. On June 1st, at Brighton, aged 69, Sarah Rose, wife of Charles Harris, Esq., Surgeon.  
 HODGES, Thos., Esq., Surgeon, at 104, Guildford Street, on June 11.  
 NEWNHAM. On June 16th, at Tunbridge Wells, aged 72, Caroline, wife of \*William Newnham, Esq., late of Farnham.  
 WEST. On June 14th, at Woolwich, Eliza, wife of M. T. West, Esq., Surgeon R.N.

THE VACCINATION (IRELAND) BILL. This bill has been read a third time in the House of Lords, and passed.

BEQUEST. An old lady has left £10,000 to the Royal Society for Prevention of Cruelty to Animals, to be expended solely in the reform of the slaughter-houses of London.

AN ARMY SURGEON MORTALLY WOUNDED IN BATTLE. Surgeon Hartmann, of the 107th Ohio Volunteers, was shot through the bowels at Chancellorville, and died of peritonitis.

THE LONDON HOSPITAL. Mr. Hutchinson's appointment as surgeon to this hospital leaves a vacancy for an assistant-surgeon. Mr. Walter Rivington is, we understand, a candidate for the latter office, and has a good prospect of success.

GARIBALDI. According to the following, Garibaldi's wound is healing at last:—The General's wound is rapidly healing. All the symptoms are now favourable. In his daily walks, on crutches, the General can now occasionally rest his foot on the ground without feeling any pain in the articulation, or in the wound itself. ENRICO ALBANESE.

PENSIONS ON THE CIVIL LIST. The following are among the pensions granted on the Civil List:—Mr. Joshua Alder, of Newcastle, £70, for his labours as a naturalist, especially in the department of marine zoology; Mr. George Bartlett, £100, in appreciation of his pursuit of the natural and physical sciences during thirty-six years, resulting in the establishment of the "Devon and Cornwall Natural History Society;" Dr. Robert Latham, £100, in appreciation of his eminence in the studies of grammar, philology, and ethnology.

ROYAL COLLEGE OF SURGEONS OF IRELAND. The annual election of President, Vice-President, and Council, to serve for the ensuing year, was held on June 1st, as provided by the Charter of the College. The following are the names of those elected:—*President*, William Coles; *Vice-President*, Josiah Smyly; *Secretary*, Edward Hutton; *Council*, A. Jacob; W. Hargrave; R. Adams; James Barker; Hans Irvine; E. Hutton; R. Pentland; S. G. Wilmot; R. G. H. Butcher; A. P. Banon; P. Shannon; R. Macnamara; H. Labatt; B. McDowell; E. Ledwich; W. Jameson; A. Carte; W. Healy; J. H. Wharton.

RAILWAY TRAVELLING. Dr. Waller Lewis, the medical officer of the London Post-office, states in his report just issued, that he has arrived at these conclusions from observations of the health of the travelling officers of the Post-office. Railway travelling has little, if any, injurious effect on healthy, strong, well-built persons, if the amount be not excessive and if they take moderate care of themselves; but persons who take to habitual railway travelling after the age of 25 or 30 are more easily affected than those who begin earlier; and the more advanced in age a traveller is the more easily he is affected by this sort of locomotion. Weak, tall, loosely-knit persons, and those suffering under various affections, more especially of the head, heart, and lungs, are very unsuited for habitual railway travelling.

QUININE IN INDIA. Mr. Clements R. Markham writes as follows:—"As great numbers of persons are watching with deep interest the progress of the experimental cultivation of quinine yielding cinchona trees in India, I should feel obliged if you would make public the important and gratifying fact that quinine and other febrifuge alkaloids have already been extracted from bark grown in India. Specimens of bark of only two years growth have been forwarded from the Neilgherry hills, and analysed by Mr. Howard with most satisfactory results. He obtained crystallisations of very white sulphate of quinine, as well as cinchonidine and cinchonine, and the percentage product of alkaloids is as great as would be met with in South America.

ENFORCING VACCINATION. There is before the House of Commons a Government Bill, extending only to Scotland, proposing that after February next a schoolmaster or schoolmistress shall be liable to a penalty for receiving into a school a child under 14 without a medical certificate of its having been vaccinated. There is to be a penalty also upon any one who shall receive into his or her employment or service a young person under 18 without such a certificate. Every prisoner and every person admitted to the parochial relief is to be vaccinated as soon as possible after admission to such relief or imprisonment, unless the surgeon is satisfied that such person has been vaccinated or has had small-pox.

THE TESTIMONIALS TO DR. AND MRS. CHADWICK, OF BOLTON. The inhabitants of Bolton are about to present to Dr. and Mrs. Chadwick, a most flattering testimonial. Dr. Chadwick is gloried in as having been an ornament to his profession and a benefactor to the poor. The testimonials consist of a large *épergne*, a massive salver, and a neat and compact rosewood workbox, bearing the inscription: "Presented to Samuel Taylor Chadwick, Esq., M.D. Edin.; F.R.C.S. Eng.; J.P., etc.; in testimony of the grateful appreciation by the inhabitants of Bolton and the neighbourhood, of his long continued and valuable services as a learned physician and skilful surgeon, and of his gratuitous devotion of time and ability to the poor. Bolton, May 13th, 1863."

ROYAL COLLEGE OF SURGEONS. The following are the names of the Fellows who are candidates for seats in the Council at the ensuing election on Thursday, July 2nd:—Mr. Caesar Henry Hawkins, of Grosvenor Street; and Mr. Thomas Tatum, of George Street, Hanover Square. These gentlemen offer themselves for reelection; and for the chair vacated by Mr. Coulson, there are four candidates in the field; viz., Mr. Samuel A. Lane; Mr. George Busk; Mr. Thomas Blizard Curling; and Mr. Henry Hancock. After the election, the Fellows will dine together at the Albion Tavern; on which occasion Mr. Turner, of Manchester, will preside.

SMALL-POX PATIENTS IN PUBLIC VEHICLES. In the House of Commons, on Thursday, June 11th, Sir A. Agnew asked the Attorney-General whether the officials of railway and steam-boat companies might lawfully remove from carriages or vessels under their supervision persons who were obviously labouring under small-pox; and whether individuals thus wilfully travelling from place to place at the risk of spreading so dreadful a scourge through a whole community were subject to any penalty on conviction before a magistrate? The Attorney-General said it appeared to him that by the common law the officials of the company would not be justified in removing the persons alluded to. In respect to the second question of the hon. gentleman, he was not aware of any Act of Parliament on the subject.

DEATH OF EDMUND BELFOUR, JUN., ESQ. The members of the profession will no doubt sympathise with the worthy Secretary of the Royal College of Surgeons, in the lamentable death by drowning, of his only son. The sad event took place on the 4th instant, when Mr. Bel-

four left his residence, Grove House, Putney, soon after six o'clock, for his usual early pull on the Thames. As he did not return, some uneasiness was felt which caused inquiries to be made. The result was that his boat, one of those dangerous out-riggers, was discovered drifting without him; and it soon became evident that he had met with a watery grave. Search was immediately commenced, and a large number of boats were employed in dragging that part of the river over which he was supposed to have passed; but no trace of the body could be found until Saturday, when it was discovered at Chiswick. An inquest was held at Hammersmith, when a verdict of "Found drowned" was returned. The deceased, who was only in his fortieth year, leaves a widow and seven children. This catastrophe has not only plunged his family and numerous friends into deep grief, but is keenly felt by all who enjoyed the privilege of his acquaintance, as was exhibited at his funeral which took place on Wednesday, and was attended by a large number of the principal inhabitants of the neighbourhood and several members of the London Rowing Club, of which the deceased was Vice-President.

THE NATIONAL MEDICAL REGISTRATION ASSOCIATION. This Association was established immediately after the passing of the Medical Act in 1858, to secure, as far as possible, the efficient operation of those clauses which it was expected would confer much benefit upon the public and profession, by affording them protection against the unqualified and dishonest pretender. That this Association has not attained to all that was hoped and expected, has been due to the failure of a certain clause of the Act referred to, and of the means at its disposal, rather than to a want of effort on its part. Prosecution after prosecution was undertaken, and manfully fought to the death, nor did they desist until they had demonstrated but too clearly the worthlessness of the 40th clause in particular. The Committee then memorialised the Medical Council to obtain from Parliament an amendment of this clause, but at present to no purpose. Until, however, the clause is altered, the Association, as a prosecuting body, is powerless. But we regret to learn that, owing to the members' subscriptions being very much in arrear, a debt of nearly £200 properly incurred is pressing very heavily on the Committee, and that their respected treasurer, J. Lavies, Esq., is really subject to personal annoyance on account of it. This ought not to be, and we wish to call the attention of our readers to the fact. All members of the Association are beyond doubt legally liable for the debts of their Committee. There is, however, a higher feeling, and one that we feel sure will actuate them and the profession generally, and they will feel in honour bound to protect the pockets of those who have so generously bestowed their time and energies, as well as their money, in this service. Some members of the original Committee have determined to relieve their treasurer of the annoyance to which he is subject, and a subscription has been started for the purpose. Subscriptions should be sent direct to J. Lavies, Esq., Great George Street, Westminster.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.  
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations 1 P.M.—Royal Free, 1.30 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Curling, "On Sterility in Man"; Mr. Moore, "Strangulation of the Stomach in an Umbilical Rupture"; and papers by Dr. Cockle, Dr. Kramer, and Mr. George Southam.—Zoological.  
WEDNESDAY. Society of Arts (Anniversary).  
SATURDAY. Royal Botanical.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—JUNE 13, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys... 995 Girls... 1000	1995 1186
Average of corresponding weeks 1853-62 .....	1791	1143
Barometer:		
Highest (Sat.) 29.611; lowest (Sun.) 29.331; mean, 29.441.		
Thermometer:		
Highest in sun—extremes (Th.) 105.5 degs.; (Sun.) 96.7 degs.		
In shade—highest (Wed.) 68.3 degs.; lowest (Sat.) 45.7 degs.		
Mean—54.7 degrees; difference from mean of 43 yrs.—3.2 degs.		
Range—during week, 22.6 degrees; mean daily, 16.8 degrees.		
Mean humidity of air (saturation=100), 78.		
Mean direction of wind, S.W.—Rain in inches, 0.76.		

#### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE REVIEW OF DR. HARLEY'S BOOK.—SIR: In the review of my work on *Jaundice*, which appears in the last number of your JOURNAL, your reviewer, in quoting my classification of the causes of jaundice, has put "anæmism" instead of "congestion" of the brain as one of them. I shall feel obliged by your kindly correcting this error, which is of more importance than at first sight appears. I am, etc., GEORGE HARLEY.  
77, Harley Street, June 15th, 1863.

THERAPEUTICAL INQUIRIES.—SIR: As I have not received any of the schedules of the Therapeutical Committee, referred to in Dr. Harley's letter published in the JOURNAL of to-day, I presume that their issue has been limited to gentlemen who were members of the British Medical Association in 1862.

It may, perhaps, be considered too late for any alteration in the present arrangements; but I would venture to suggest that if any copies of the schedules remain in the hands of the Committee, they might be issued to the members who, like myself, have joined the Association during the current year. The reports upon the various subjects included amongst the Therapeutical Inquiries would then actually represent the opinions of the whole of the members of the Association in 1863, which would, of course, be the data borne by the reports. I am, etc.,

WILLIAM ABBOTTS SMITH, M.D.

32, Doughty Street, W.C., June 13th, 1863.

P.S. If my suggestion be not now practicable, it may be worthy of consideration whether, in future inquiries, the schedules ought not to be sent out at the commencement of the year, so as to include all of the members of the Association.

[The inquiry was not limited to members of the Association. It was distinctly stated that information would be gladly received from any members of the profession; and that schedules (as far as practicable) should be supplied to any member requiring them. Schedules shall be forwarded to our correspondent. EDITOR.]

COMMUNICATIONS have been received from:—Mr. THOMAS BRYANT; Mr. S. H. SWATNE; Mr. JNO. GRANTHAM; Mr. WILLIAM COPNEY; Mr. S. WOOD; THE HON. SECS. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; F. S.; Mr. T. M. STONE; HOMO LIBER; DR. HARLEY; Dr. W. PRICE; Dr. BARCLAY; Mr. J. VOSE SOLOMON; Mr. GRAMSHAW; Mr. W. ALLISON; Dr. WM. ABBOTTS SMITH; C. DE CING MAISONS; and Δ.

#### BOOKS RECEIVED.

1. Outlines of Surgery. By F. Le Gros Clark. London: 1863.
2. The Watering-Places of England. By Edwin Lee, M.D. Fourth Edition. London: 1863.

# Lettsomian Lectures

ON

## THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

THOMAS BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

### LECTURE III. (Concluded.)

#### ON TUMOURS IN CHILDREN.

THE pathological nature of the tumours found in children differs but little from those in the adult. They may possess peculiarities which are due to the rapid growth and structure of all infantile tissues; but, in their morbid and natural pathology, they are strictly analogous. There are the simple or innocent, and the malignant or cancerous tumours. In both forms, fibre-tissue is deficient, and cell-development abundant. Of the simple tumour we have, therefore, the fibro-plastic or fibro-cellular more frequently than the fibrous; and of the cancerous, the carcinoma medullare rather than the carcinoma fibrosum.

Tumours also, when they appear in any gland or tissue, as a rule have a rapid growth; the increase of the tumour keeping pace with the increase of the body; the cell-growth and multiplication of the abnormal equalling the cell-growth and development of the normal tissues.

In the bones of children there seems to be a special tendency to the development of tumours; cartilaginous growths appearing in these parts more frequently at an early period of life than at a late one. Cartilaginous or enchondromatous tumours of bone are almost always found in children; and, when in the adult, they have generally originated in early life. The explanation of this fact does not appear difficult, when we recollect that bony development almost always proceeds through the cartilaginous; for the cartilage-cell has but to remain as such, and to go on repeating itself, instead of progressing towards the development of a bone-structure, in order to form a tumour. This cartilage or enchondromatous tumour, under these circumstances, appears developed within a bone, and expands its shell. A most beautiful instance of this disease has recently come under my care; it was in a woman aged 32, and was of congenital growth, its increase having been gradual. It occurred in the little finger, and was treated by amputation. The specimen I now hand round.

*Congenital Tumours.* One of the most frequent forms of congenital tumours is the *sebaceous*, and its most common seat is the neighbourhood of the eyebrow. These sebaceous tumours have also one peculiarity: they are not situated in the skin, as are the other forms, but are placed beneath the muscle and close upon the bone. They very generally contain hair, in addition to the ordinary sebaceous matter; and this is found either in masses, or like fine eye-

lashes. These sebaceous tumours may appear also in other parts. I removed one from the labium of a child four months old, which contained abundant hair; and a second, of the size of a walnut, from the extremity of the coccyx of a girl aged 10 years.

Congenital *fatty* tumours are not unfrequent; and they occasionally possess a peculiarity for which it is difficult to account. In adults, fatty tumours are, as a rule, encysted; that is, they are distinct tumours, and can be enucleated. In children, an opposite condition is not infrequently found; the fatty tumour appearing as a diffused growth, and without distinct limits. I had an instance of this under my care in 1857, in a boy aged six weeks. He had a diffused congenital fatty tumour around the right elbow-joint, and this grew with his growth. It had no boundary, nor any borders; but its margins gradually disappeared in the tissues around. I have witnessed a second case in a child aged 5, a patient of Mr. Cock's; and in this instance the region of the occiput was the seat of the disease. I have also under care at the present time a child aged one year and a half, with the same affection; the tumour occupying the left axilla and side of the chest.

Congenital *pedunculated fibro-cellular* tumours of the integument are very common, and need no description. The best example I have ever seen was in a male child who came under my care a few months ago, when only three days old, with a pedunculated tumour, of the size of a large walnut, growing behind the left ear; it was black from effused blood, and was very firm. It was excised, and recovery followed. The preparation and drawing, which I hand round, indicate its size and nature. An interesting case has also lately been under my care, of congenital fibro-plastic tumour growing from the little toe of a girl aged 8; it was of the size of a walnut, and occupied the whole of the extreme phalanx of the toe. It was amputated; and the specimen I now hand round.

Congenital *cancerous* growths also occur, but it has never fallen to my lot to witness an example.

*Non-congenital Tumours; Sebaceous Tumours.* One of the most singular cases of sebaceous tumour which has ever come under my care was in a female child aged five months, whose face and head were literally studded with sebaceous tumours, varying from the size of a hempseed to a large almond. They had been of three months growth, and were in all stages of development; some just appearing, others suppurating; and some had enucleated their contents, and presented excavated granulating surfaces. I removed many by pressure with the nail, and the larger by incision; giving tonics, and maintaining cleanliness. Recovery followed.

The fatty and fibro-cellular and fibro-plastic tumours need not occupy our attention, as they present no points of contrast or peculiarity which deserve notice. But I cannot refrain from quoting a case of *simple cystic tumour* which came under my care in 1861. It was in a boy aged six weeks, and was, when seen, of about the size of a small egg, situated on the right side of the median line over the occiput. It was evidently cystic, and appeared to be connected solely with the soft tissues. It was observed the day after its birth, and was believed to have been congenital; and was then of the size of a small nut. I tapped it, and drew off some fluid stained with blood; and the cyst collapsed. When seen

three weeks afterwards, no appearance of a re-collection could be observed. I have no later observation to record.

*Keloid Tumours.* These do not appear to be infrequent growths during young life. I have seen several such. One was in a male aged ten years. The keloid tumour was over the forehead, and was of the size of a nut. It was said to have been congenital, and was growing. It was excised. Recovery followed. I have also observed the same disease in a boy six months old, growing from the cicatrix on a spot from which I had removed a nævus by ligature some months previously. The same disease appeared also in the child of a cousin of the former patient, in the cicatrix of a nævus which I had similarly treated.

*Cancerous Growths* are not uncommon in young life, and these appear to attack the bones more frequently than other parts. The best example which I have seen was in a boy aged twenty months. The tumour was in the head, and occupied the position of the metacarpal bones, spreading the tendons over it. It was globular, as seen in the drawing and preparation; and was, as usual, of a medullary character. The glands were uninvolved. No other treatment than amputation could be thought of; and this I did in September 1859. In 1862, the child was well, and had had no return.

*Tumours of the Testes.* Tumours of the testes must occupy our attention, although only for a few minutes. I have the records of one interesting case of inflammation of both organs in a boy six months old, who had had an enlargement of both glands from birth. When I first saw the child, the right was of the size of an unshelled almond, and the body of the testis was the part involved; and the left was about half the size of the right. I regarded the case as inflammatory, although no history of injury or of syphilis could be obtained; and gave tonics. In one month the right testis suppurated, and subsequently recovered; the left gradually became smaller.

I have also had under my care a child only six weeks old, with an abscess in the right testis of a day's duration, after inflammation a week old. No appearances of injury were visible, although, from the rapidity of the attack and progress of the disease, perforation with a pin appeared probable.

Respecting *cancerous disease*, I can relate an interesting case of a boy aged two years, who came under my care at Guy's Hospital in February 1860, with medullary cancer of the right testis of six months' growth. The organ had enlarged gradually for four months, and for the last two had increased more rapidly. When excised, it was of about the size of a small bantam's egg. On April 3rd, I removed the gland; and a speedy recovery followed. He remained well till May 1862, nearly two years, when a return growth appeared at the original seat; and this increased rapidly for three months, when I again saw him. At this date, there was a tumour of the size of a walnut in the position of the original testicle; it appeared moveable, and gave but little pain. No glandular enlargement could be detected. On August 6th, 1862, I again excised a portion of the growth, but found that a narrow neck of it dipped downwards into the perineum, which could not be removed. The wound healed kindly, but the growth increased; and in November 1862, when I

last saw the child, he was sinking from apparently cancerous infiltration of the lumbar glands.

Strumous disease of the testes may also be found during young life. I have seen it in a child two years old, and of one year's growth; and again in a second aged 2½, in which the disease had existed six months. In the last case, excision was called for; and the gland contained a large mass of strumous deposit, which was softening down. Recovery followed. Both of these cases were under my own care.

*Inflammation of the Sterno-Mastoid Muscle.* I must not omit to dwell upon a class of cases to which attention has not been much drawn, although it can hardly be doubted that most surgeons must have had such instances under their charge, although their true nature does not appear to have been understood. I allude to thickening and enlargement of the body of the sterno-cleido-mastoid muscle. I have observed it in three separate instances; and have always, from the ill-defined nature of the swelling, looked upon it as inflammatory.

CASE I. A boy, aged 3 months, was brought to me in 1857. The mother stated that the disease had appeared three weeks, and had gradually increased. The muscle was hard and much thickened; and, on manipulation, the child gave evidence of pain. I gave cod-liver oil and ordered warm water fomentation, which rapidly dispersed the disease.

CASE II. A female child, aged 2 months, came under my care in 1858. The disease was of one week's standing, and was of the same nature as in the last case. It was cured also by the same treatment.

CASE III. This case occurred in 1862, and was in a male child aged 5 months. The disease had existed five weeks, and was very marked; the body of the muscle stood out like a distinct tumour, but it had no defined boundary. Quinine and fomentation proved rapidly successful, and a cure resulted.

In none of these cases could any history of injury be traced. The disease was in all alike; it was in the sterno-mastoid muscle, and was evidently inflammatory; the inflammatory product apparently infiltrating the body of the muscle.

My colleague Dr. Wilks has recently reported several cases of a like kind; but, with these exceptions, I have no other record of the affection.

*Tumours at the Umbilicus.* The fleshy tubercle at the umbilicus is an affection which occasionally comes under notice; it is evidently composed of nothing more than exuberant granulations, as it always follows the separation of the umbilical cord, and is readily removed by the application of a ligature. I have had five cases under my care within the last few years in children, aged respectively fifteen, six, and five months, seven and five weeks; and in all a cure was at once effected by ligaturing the growth.

In connexion with this subject, I cannot refrain from quoting the brief note of an interesting case of growth from the umbilicus, of a totally different nature from those I have described. It was in a boy aged 8 years, who had a fleshy growth springing from the umbilicus, precisely like the glans penis of an infant. It was very red, and covered with mucus; and in its centre there was a distinct canal, through which urine passed; when the child retained its



urine, it flowed freely from the opening; for it appeared tolerably certain that the canal was an open urachus. I was anxious to admit the child into Guy's, to see if anything could be done for his relief; but the mother refused, and I consequently had no opportunity of carrying out my wishes.

Cases like these are very rare, and are, therefore, worthy of a separate record.

I have thus, in these three lectures, brought before you the principal points of difference between the diseases of the various systems in the child and adult; and have, as far as I have been able, dwelt upon many of the special affections of early life. I have attempted to find an explanation of these differences, in the physiological and pathological processes as witnessed at these different periods of existence; and I have aimed at giving principles, rather than details of daily practice. How far I have succeeded I must leave to your kind judgment to decide. But of this I am sure, that I have advanced nothing which experience has not sanctioned; and, if I have been too short and brief in many of my descriptions, I have been so from the necessity which has been always before me of confining my observations to the few hours which are allotted to these Lettsomian Lectures. In conclusion, I have to express my thanks for the kind attention with which you have followed me; and to assure you that, if I have added anything either of interest or of fact to the important subject which has occupied our notice, I have been amply repaid, and I shall feel that the object for which these lectures were instituted has not suffered from having been intrusted to my care.

## Original Communications.

### CASE OF RENAL CALCULUS.

By W. H. DAY, M.D., L.R.C.P.Lond., Newmarket.

IN the BRITISH MEDICAL JOURNAL for June 6th, 1863, Dr. John Brown of Rochester has related a very instructive case of renal calculus. After death, "four calculi and several ounces of thin pus" were found in the left kidney, and there was a large cyst in the right kidney. A case of renal calculus, beset at one time with obscurity in diagnosis, and attended with great danger to life, has lately come under my observation. I extract the following report from my case-book.

Mr. R., aged 59, a tall, well-formed man, of regular and active habits, and seldom ailing, except from occasional constipation, which usually yielded to a domestic remedy, was attacked on the evening of Oct. 8th, 1862, with severe stabbing pain in the left lumbar region, so that he could not keep in one position for a minute together. He vomited dark green bile, and could retain nothing on his stomach. His suffering was referred to the left side, between the crest of the ilium and the lower ribs. The pain was very acute, extending across the lumbar region to the edge of the spine; the pulse was quick and sharp; countenance most painfully anxious; tongue brown and dry. The abdomen was clear on percussion over the cæcum and region of the colon; but some dullness was detected at the umbilicus. The urinary secretion was scanty and high coloured, and the bowels had not acted for two days. Ten grains of calomel were placed on the back of the tongue, turpentine stupes were applied to the side, and a turpentine and castor oil enema thrown up the rectum.

On the 9th, he was worse; sickness had continued uninterrupted during the night, and there had been no relief of the bowels; pulse 120. A cathartic enema was ordered, which returned without any tinge of fecal matter. Ten leeches were applied to the side; six grains of calomel and one drop of croton oil were given; and small doses of the sulphate and carbonate of magnesia, with syrup of ginger and dill water, were also ordered.

On the 10th, I found him much worse. The belly was tympanitic, and tender on pressure; his knees were drawn up, and his breathing was entirely thoracic; vomiting and hiccup were constant; and he could not keep his medicine down.

I was fearful, from these symptoms, that there was either internal strangulation, or very severe spasmodic stricture at or near the splenic curve of the colon, producing colic in its most severe form. I was impressed with the belief that in cases of obstinate constipation, with pain and sickness, purgatives are apt to become eventually irritants; I omitted the medicine prescribed the day before, and gave the citrate of soda in effervescence, with small doses of nitrous ether and prussic acid.

On the 11th, the bowels acted gently, and the vomiting and pain were relieved. Late in the evening, it seemed so probable that fecal matter was the main exciting cause in operation, that I determined to try two pills every four hours, made with two grains of extract of ox-gall, two grains of aqueous extract of aloes, and two grains of extract of hyoseyamus.

On the 12th, the bowels acted most copiously; and, although there was great tenderness in the left renal and splenic region, he was so much relieved, that I took my departure, after advising two of the pills twice a-week, and a dose of castor oil in the morning if they should effectually clear the bowels. He was to take a warm bath every night at bed-time.

He went on well till November 6th, when I was again asked to see him. A similar train of symptoms prevailed, and vomiting was again urgent. I now began to suspect the presence of a calculus in the left kidney; the bowels being undisturbed, and the pain extending in the course of the ureter.

On the 18th, he was cupped over the left lumbar region, and copious enemata of warm water were thrown up the bowels night and morning.

On the 19th, he was no better. Fearing that the case might lead to disorganisation in the kidney—although no enlargement could be detected, and there was an absence of pus and blood in the urine—I met Mr. Image of Bury St. Edmunds in consultation. He thought there was a calculus in the kidney, and advised a continuance in the treatment, particularly the enemata, to which the patient had a great objection.

A fortnight later, after despairing of recovery, and being very worn and sallow, he passed a calculus of phosphate of lime of the size of a horse-bean. From that hour, he rapidly gained his health and strength.

REMARKS. This case commenced with symptoms of spasmodic constriction in the splenic curve of the colon, or of strangulation at this part. No evidence existed of renal mischief, beyond the sickness and lumbar pain; there being no frequency in micturition, no trace of blood or pus in the urine, and no fever.\* Such obstinate constipation is not usual where the intestines are not involved. This, no doubt, partially kept up a state of hyperæmia in the kidney, favourable to pain and vomiting, and unfavourable to the descent of the calculus.

\* The pain of colic is often associated with sickness and retching; and it may occupy those parts of the abdomen which correspond to the place of the ureters. The urinary functions are undisturbed, and this is a capital point of distinction. The numbness of the thigh and drawing up of the testicle are sufficiently characteristic when they happen, but they are frequently altogether absent. (Dr. Watson, *Principles and Practice of Medicine*, vol. ii, p. 617.)

Later, we have indications of the presence of an irritant; though the same symptoms may occur, according to Sir B. Brodie, when there is no calculus in the kidney.

Another point applicable to all cases of constipation, irrespective of the cause producing it, is the danger of continuing aperient medicines when they have shown signs of failure. They increase the evil by adding to the irritability of the stomach, and exciting pain and commotion in the intestinal tube. We have a well marked example here of the stomach becoming quiet from the least irritating medicines. When this is achieved, if spasm alone exist, it relaxes under rest and sedatives, and the bowels begin to act.

A single calculus is less perilous than where several exist, as in Dr. Brown's case; for so long as it is small and remains in the pelvis of the kidney, it may give rise to scarcely any discomfort or uneasiness; but, when once it has attained any magnitude, it is likely to cause great suffering, till it either enters the bladder or again falls back upon the kidney. In the latter case, we must always be fearful of suppuration. It is not improbable that the constipation may have arisen independently of the renal disorder, and may have been the exciting cause of that disorder. If not, the coexistence of the two states increased the difficulty in diagnosis; for no sooner was the constipation overcome, than a mitigation of the other symptoms ensued. At the same time, it is not to be overlooked, that any disturbance or irritation of a vital organ like the kidney, is enough to derange the whole abdominal viscera, and to paralyse their functions.

### MUSHROOM POISONING.

By THOS. R. MITCHELL, M.D., F.R.C.S.I., Swanage.

In the month of October 1862, I was called to see a lady and gentleman, whom I found in the greatest state of alarm and suffering, which they attributed to having freely partaken of a dish of mushrooms about eight hours previously.

The lady's symptoms were much more violent than her husband's, and partook of more of the irritant character. She complained of a burning sensation extending down the whole pharynx, with great constriction; the stomach and abdomen were much distended; and the whole nervous system on the rack—no doubt from fright. The stomach was irritable; but there was no actual vomiting, but slight purging. She said her sight was dim, and that everything appeared blue.

In the case of the gentleman, the symptoms were more of a narcotic nature, and appeared much earlier. He was very drowsy, and complained of giddiness; and the symptom noticed above in the case of the lady, of everything appearing blue, was absent.

I lost no time in administering a zinc emetic to each of them; but I was obliged to repeat the dose in both cases before any effect was produced. Large pieces of undigested mushrooms were evacuated; and, after a smart attack of purging and vomiting, which left them weaker for a day or two, all bad effects disappeared, with the exception of both having nervous twitchings occasionally.

REMARKS. It is not usual for cases of poisoning by mushrooms to terminate fatally, although in some cases such has been the result; it being generally only necessary to get rid of the offending substance as quickly as possible. From some cases I have had under my care, I am satisfied that the constant use of mushrooms, and particularly of ketchup, is highly deleterious. We have no positive means of ascertaining whether a mushroom is poisonous or not; and, although there can be no doubt that a great many of them are not only harmless, but highly nutritious, still I should not feel inclined either to try or recommend many which have been highly ex-

tolled as excellent, and as possessing peculiar flavour. For instance, the *fistulina hepatica* has been compared to veal cutlet; the *hydnum* to oysters; the *lycoperdon giganteum*, or puff-ball, to sweetbread. Of course, there is no accounting for taste; and no doubt those persons who so strongly recommend us to get rid of our fears of all the toad-stools, are actuated by a kindly motive to supply the poor with additional food. At the same time, I think it is the duty of the medical man to warn people to be careful, particularly as it is well known that locality alone will influence the wholesomeness of the mushroom; and the rule laid down by Richard, one of the best botanists of the age, never to touch one that was not grown in a bed, is, I think, the best to be followed.

On examining some that were left from my patient's repast, I picked out two of the most poisonous species, the *amanita muscaria* and the *boletus luridus*. The former is used principally for making fly-poison in England; but in Tartary a very intoxicating liquor is made from it, and which is highly valued by the natives. A few days afterwards, I met a mushroom-gatherer, and stopped to examine her basket, and picked out in a few minutes eight or ten of the lurid *boleti*. I told the woman to throw them away, as they were poisonous; but she refused, saying that they yielded the largest quantity of ketchup of any kind. I, therefore, think it by no means improbable that others act similarly, and that many cases of indigestion and irritation are produced from the use of such impure ketchup in cooking. In like manner, I think we may account for children having illnesses after eating gingerbread, as it is well known that a fungus (*tilletia*) destroys wheat, and renders it useless for flour, from its fetid odour, but which odour the ginger covers.

### CASE OF PLEURAL FISTULA.

By F. WHITWELL, Esq., Shrewsbury.

RICHARD JAMES, aged 17, was admitted into the Atcham Union House on April 17th, 1862. The statement gleaned from himself was, that he was taken with pain in the left side on the 5th of May, 1861. He was bled to fainting, and ten leeches were applied next day; which treatment was followed by five blisters in succession. He was confined to his bed for eighteen weeks; and about the twelfth he observed a swelling forming a little below the left nipple, which the surgeon in attendance opened with a lancet, and let out about five pints of thick pus.

On my examination of the chest, I found the left lung quite impervious to air, the heart forced over to the right side, and a continuous drainage of fetid pus from a fistulous aperture where the abscess had been opened.

I ordered a generous diet, and prescribed various tonics, with little if any improvement, until the month of September, when I told him that, if he would allow me to make the attempt, I thought I knew a mode of treatment very likely to be of service in his case. He was very anxious to have it tried.

The following day, I introduced a metallic catheter through the aperture in the walls of the chest to a distance of six inches, and drew off about a pint of very offensive pus, and then washed out the cavity with a weak solution of chloride of lime. This proceeding was repeated daily; and the discharge became less offensive, and the amount gradually diminished. I then substituted a solution of nitrate of silver (four grains to the ounce), which was used in the same way; and by the middle of November, the discharge having entirely ceased, the fistulous opening was allowed to heal.

During the treatment, I observed that, in proportion as the left lung resumed its functions, the heart approached its normal situation; and now there is little or

no indication (except the external marks) of the former long continued disease.

The young man was employed in cultivating the ground attached to the union house for several months after he was cured; and has since been employed regularly as an agricultural labourer at a farm-house, and enjoys excellent health.

### THE CALABAR BEAN PAPER, AND ITS EFFECTS UPON THE PUPIL OF THE EYE.

By JOHN W. OGLE, M.D., F.R.C.P.

IN the number of this JOURNAL for the week before last, I made some remarks upon the action of the Calabar bean on the pupil. I there stated that I had had a "paper" prepared by saturation with a solution of the bean, analogous to that which, at Mr. Streatfeild's request, was made with a solution of atropine; but that I had not yet been able to use it. Owing to several inquiries having been made about the matter, and to the fact that Mr. Squire had placed in my hands a portion of Calabar-bean "paper", I have since then conducted some observations which show that the Calabar bean paper is equally useful and active, and equally commodious, in another direction, with the atropine paper to which I alluded.

I subjoin the following experiments, which, perhaps, will suffice to confirm what I have remarked.

EXPERIMENT I. In the case of a young woman, in whom the right pupil was about one-fourth larger than the left one, I inserted a portion of the Calabar bean paper between the lower eyelid and the eyeball at 12.20 P.M., and left it there. The patient reappeared at 12.30; and the pupil of the right eye was reduced to the size of a pin's head, being about one-fourth of the size of the left one.

EXPERIMENT II. In another case in which the pupil of the right eye was of larger size than its fellow, I inserted the Calabar bean paper (as before) at 1.6 P.M. At 1.13, the pupil was beginning to contract. At 1.20, the pupil of the right eye was decidedly less in size than that of the opposite one; and at 1.27, it was of the size of a pin's head.

EXPERIMENT III. At 1.55 P.M. I inserted the Calabar-bean paper as before. At 2.6, the pupil was decidedly smaller than its fellow. At 2.10, it was much smaller; and at 2.15, it was of about the size of a pin's head.

EXPERIMENT IV. In the case of a patient whose pupils were equal, at 1.55 P.M. I inserted a portion of the Calabar bean paper as before. At 2.6, the pupil of the eye was decidedly smaller than the opposite one. At 2.10, it was much smaller; and at 2.15, it was perfectly contracted.

EXPERIMENT V. In this case of a man whose pupils were equal, of ordinary size, and acting well under light, I inserted a portion of the "paper" at 12.44 P.M.; and at 1.20, when the man returned to me, the pupil of the eye to which I had applied it was reduced to the size of a pin's head.

I have not had the opportunity of ascertaining how long the contraction of the pupils continued in these cases.

It is quite clear, I think, that the Calabar bean paper will answer well as a contractor of the pupil. The task which remains in using the Calabar bean and the atropine papers as antagonisers is, to regulate the strength of the respective solutions of which these "papers" are made.\*

\* In two of the above cases, but in one especially, I noted a peculiar movement of the iris of both eyes whilst the pupil of one was under the influence of the Calabar bean. It consisted in the frequent and alternate dilatation and contraction of the pupil, and appeared to be quite independent of any modification of the access of light or of movement of the eyeball. This lasted for at least ten minutes; and, it may be, for a longer period.

## British Medical Journal.

SATURDAY, JUNE 27TH, 1863.

### THE COLLEGE OF SURGEONS: ELECTION OF COUNCILLORS.

A CORRESPONDENT suggests to us that we were unjust to the Council of the Royal College of Surgeons of England, in saying that they had never fulfilled the terms of their new Charter. He reminds us that in one particular, at all events, they have been most faithful to their charge. As we mentioned last week, a clause—a sop—was introduced into the Charter in order to make it more palatable to the ancients of the College, or, as our French friends would say, to the *satisfaits de la vieille*. Under this clause, the men then in office were permitted to hold it for life—that is, never to relinquish, as long as they lived, the £300 or £400—or whatever number of hundreds of pounds sterling it is that attaches to the performance of the pleasant, or at all events lucrative functions of College examiner.

Now, this clause the original men in office have most faithfully obeyed—with the one single exception, last week referred to, of Sir Benjamin Brodie. It may be interesting to record here who the original holders of office were—that is, in 1843. They were, Mr. Andrews, Sir B. C. Brodie, Mr. Samuel Cooper, Mr. H. L. Thomas, Mr. Keate, Mr. Vincent, Mr. Guthrie, Mr. A. White, Mr. Copeland, Mr. Briggs, Mr. Lawrence, Mr. Travers, Mr. Swan, Mr. Stanley, Mr. Green, Mr. Callaway, Mr. Babington, Mr. Liston, Mr. Arnott, Mr. South, and Mr. Morgan. Of these, all but five have disappeared from the scene; and, we may add, all died in College official harness. The five survivors of this famous Council are, Messrs. Lawrence, Swan, Green, Arnott, and South; and they are still Councillors, and four of them Examiners.

Sir Benjamin Brodie—the exceptional—disturbed by his action the even tenour of official holding which these "Antients" had struck out for themselves; he thought that the Charter's spirit should be carried out; and he paid the forfeit of his disobedience to their code of tenure of place. He was never made President of the College after that act. His crime was unpardonable. Those who stuck to office in spite of the Charter were made presidents two and three times; but Sir Benjamin Brodie, who vacated office according to the Charter, thereby showed that he was unworthy to occupy a second time the presidency of the College.\*

\* Under this head, we may refer to the very words of the Charter of 1852. We there read: "That the President and Vice-Presidents of the said College shall no longer be chosen from or out of the Examiners of the said College, but from and out of all the members

The "Antients" said, in unmistakable language, and *pour encourager les autres*; "It is very true you have got a new Charter; but, in spite of its terms, so long as we live, we mean to hold office, and so long as we hold office be assured none of the new fangled notions contained in this Charter shall ever come into play. We never have yet elected a president outside the Court of Examiners, and we never will. We never have elected an Examiner outside the Council, and we never will. As Examiners we nominally go out of office every five years; but we shall always re-elect ourselves, you may be very sure of that. We are not going, as long as we live, to loose out of our hands these hundreds of pounds sterling *per annum*, and this power of office. We are the dignitaries of the profession. We have gradually 'lived' our way up to these high offices; and the fact is, we now consider that we have a prescriptive right to hold them. These rich places were meant for surgeons of our standing and position. They are a sort of prebendary stalls. They have always been considered, and very properly, as equivalent to retiring pensions for estimable and renowned surgeons; and it is not we who will ignore so excellent an idea. Happily, this new Charter is worded in so gentlemanly and considerate a form as to enable us readily to evade its plain meaning."

Thus the original Councillors seem to have argued; and, assuredly, thus have they acted, and thus have they indoctrinated all who have since joined them in Council.

Now, these facts are worthy of especial note at this moment. It explains the whole history of the anomalous and improper conduct of the Council of and Court of Examiners of the College. The "Antients", be it remembered, were originally through their number omnipotent in office, and they held for life. Additions, to be sure, were made to their body from time to time; and it might have been thought that new blood would thus have gradually leavened the old corrupt mass; but not so, indeed. The originals formed the Court of Examiners as well as the Council; but the Court of Examiners were, curiously and strangely enough, the masters of the Council which elected them. The Council were and are a sham.

The Examiners, in truth, who were nominally elected by, actually ruled the Council; and the whole aim and ambition of a Councillor's life appears to have been to become an Examiner—in fact, to touch the high fees and exercise the pleasure of power.\* The Examiners had a sovereign

remedy for the silencing of any "troublesome customer" in Council. Anything in the shape of a reformer had no chance of ever touching fees and exercising power as an Examiner! Under such prospects, the valour of reforming Councillors soon oozed out once they entered under the portals of the edifice in Lincoln's-inn Fields. In fact, the new Councillor soon learnt the lesson—the utility and benefits—of passive obedience. It was clearly pointed out to him, in precept and example, by the "Antients", that he who attempted to carry out any of the reforms intended by the Charter would ever remain a tabooed and neglected Councillor—utterly inadmissible to the high office, the power of, and incapable of touching the very desirable fees attaching to, an Examiner's office. None but "Friends in Council" were held fit to be Examiners.

The lesson thus taught by the "Antients" has been hitherto most effectual. Though many men have been elected out of the Council into the Court of Examiners to supply the places of those Originals who simultaneously quitted life and office, they had all previously, as Councillors, given satisfactory pledges of future good behaviour before they gained admittance there. All Councillors went through their facings under the eye of the Court of Examiners before they were admitted into the choice band of richly paid Examiners.

Examiners, it must not be forgotten, are all Councillors, but Councillors are not Examiners! This is the key of the position. The Council, as we have seen, had power to elect Examiners from out of the general body of Fellows; but this provision of the Charter the Court of Examiners would never allow the Council to listen to. We must keep all these things amongst ourselves, they argue; let no one of the Council ever dare to think of such a novelty; no one of you Councillors shall ever come up here who proposes that the terms of this reforming Charter shall be carried out.

In this way has been kept up by the Court of Examiners the spirit and intention of the Originals, instead of the spirit and intention of the Charter. By this clever and most astounding system of misgovernment—though only five out of the twenty-four original holders of office remain—though nineteen new men have been elected to fill their vacant places, or rather to step into their slippers—the very worst spirit of the old corrupt corporation, which existed before the birth of the new Charter, has been inoculated into new comers, handed down, is still alive, and as vigorous as ever.

The tale as told in these pages must now be plain to every member of the profession. It is hope-

of the Council indifferently, whether Examiners or not." The three words in italics are put so by us. This looks something like a positive injunction; but we need hardly repeat to our readers, that in no single instance have the Examiners ever obeyed it. The President has invariably, and in the teeth of the Charter, been elected by them out of the Court of Examiners.

\* Well worthy of note is the fact—probably known to few of

our readers—that the fees of an Examiner amount to something like £100 or £500 *per annum*, perhaps more; and that the fees of a Councillor are about 20 or 30 shillings a quarter, so that in truth he must serve several years as a Councillor before he is even recouped the £20, of which he is mulcted on taking office as a Councillor!

less to look for a growth of reform within this ill-governed body. Reform can only be had through pressure from without; but it can be had by such pressure. The Fellows may now, if they please, create a knocking at the door, such as will effectually awaken from their repose, and astonish the satisfied men in office.

The annual election of Councillors is at hand. This election is decided by the votes of the Fellows of the College. The Fellows, by their votes, can, if they please, express their disapprobation of this continued rule of misrule; and in their hands alone lies the chance of reform. Their votes must decide whether or not they wish the terms of the Charter to be complied with, or whether they approve of the present system which ignores, in spirit, the very existence of the Charter, except in so far as it gives the Councillors and Examiners the power of keeping themselves in office.

If the Fellows of the Royal College of Surgeons really wish to break the neck of this confusion, they will, on this occasion, take the first step in the direction which leads to it. They will not vote for the replacing in office of men who have so long been participators in and supporters of this obsolete system of misgovernment. More than this. They will exact pledges from those for whom they record their votes, that they will, if elected to the Council, do their best to carry out the terms of the Charter, instead of assisting in the burking and defacing of it.

The lively contest which is now going on amongst those new men who are anxious for the honour of Council office is an excellent occasion for the Fellows at large. It is their own fault if they do not improve it. Why should they not say to the candidates, "Gentlemen, we will vote for none of you, unless you will pledge yourselves to carry out the Charter? We are sick of all this hole and corner work in Lincoln's-inn Fields; and we now, from this day forth, mean, by our votes, to show that the system of the "Antients" shall come to an end. We will not endure that it shall survive longer, and that it shall continue to taint all those who come under its influence. More than this. We will not only demand this pledge from new candidates; but we tell the old ones, who now come and ask for readmission to office, that we will not have them again. We tell them that they have proved themselves unworthy of their trust, because they have not fulfilled it honestly and faithfully. We also tell every Councillor who may in future offer himself for reelection that we will not have him at any price, unless he does his duty as prescribed by the Charter—unless he carries out its intentions, instead of thwarting and stifling them."

And why should not the Fellows demand this pledge of the representatives of their collegiate interests? Is it any great thing to demand of a can-

didate for the Council that he should honestly obey the Charter of the College, instead of assisting in the evasion of its plainest precepts, and that too out of the purest (if the term may hold) motives of selfishness and place-holding.

In our opinion, the Fellows must now make their choice. If they choose, without protest, to allow the present state of things to continue, it seems to us that they will do so because they look upon these College offices as capital rich benefices which they hope some day themselves to enjoy as snuggeries in their old days. If they regard them as held for the benefit of the profession at large—for the exaltation of surgical science—and not simply for personal and selfish purposes, they will express that opinion by excluding those who have supported the vicious system we have described, and will vote only for those new men who publicly pledge themselves to carry out the Charter.

If the Fellows now take no decided step, it is evident to us that the only remaining hope of reform lies in the obtaining of a new Charter similar to the present, except in this, that its terms shall be imperative instead of permissive. Perhaps, indeed, it is hopeless to expect patriotism where the sacrifice to be made in its display is so great. Certain, at all events, is it, that the anomalous position of the Court of Examiners and of the Council should be put an end to. The Court of Examiners ought to be ruled and regulated by the Council; instead of having the Council as a tool in its hands.

In conclusion, we will once again repeat the real facts of this strange tale. The College does not possess a distinct governing body. Its nominal executive is the Council; but the Council are virtually a flock of sheep in the hands of the Court of Examiners. No member of the Council is a man of authority unless he be also an Examiner. No member of Council can ascend the President's or Vice-President's chair unless he be also an Examiner. Members of Council, again, do not taste the rich sweets of office, unless they find their way into the Court of Examiners. Consequently, to become an Examiner is the end and object of a Councillor's life. Virtually, therefore, the real power of the College executive lies in the Court of Examiners, who, as we have seen, contrary to the spirit of the Charter, regularly, through the Council, reelect themselves when their period of office as Examiners expires. However much a new Councillor may be of a reforming turn of mind on taking office in Council, he soon learns that such exhibitions will not answer in practice. The prize which lies before him, and awakens his hopes and awakens his fears, is an Examinership, and its attendant possibility, the Presidency of the College. But no Councillor can ever hope to become an Examiner who is indiscreet or troublesome; or, in other words, who attempts to

introduce any novelty into the management of the great College. The Councillor must be a discreet personage if he aspire to the rich emoluments and sweets of an Examiner's life. And thus it is that the reforming Fellow of to-day becomes a rank Conservative in Council to-morrow. We know that there are many members of Council who deplore this vicious state of things, and would gladly see it altered; but they are powerless against the overwhelming majority of those who are well pleased to let things run their old course.

### HOW THE COLLEGE OF SURGEONS ELECTS ITS COUNCILLORS.

THE candidates now in the field for the vacancies in the Council of the College of Surgeons are Messrs. Lane, Busk, Curling, and Hancock; Mr. Turner of Manchester having withdrawn his name. From the names brought forward, we must suppose that the election will be something of a struggle; and as, under such circumstances, we may conclude that the usual electioneering moves will be brought into play one way or another, we think it our duty once again to point out the outrageously senseless, if not illegal, method of taking the votes which is adopted by the College. It is, in truth, a part of the whole administrative system of the College; viz., the conducting of their affairs in a sense directly opposed to reason and to justice, and strictly in accordance with jobbery and place-holding.

Whoever will candidly consider the facts of the case will, we are sure, agree with us that it is impossible by the present mode of election to obtain a fair and true expression of the wishes and intentions of the voters—i.e., of the Fellows of the College; and, secondly, that the method adopted is one remarkably well fitted for the encouragement of those who have a natural tendency to indulge in the arts of electioneering jockeying and trickery; therefore, especially prejudicial to the interests of those more reserved and high-minded men who will have nothing to do with such methods of obtaining honours. Doctors are notoriously bad men of business; and we should venture to suggest that, of the very worst displays they have ever made in this direction, it would be difficult to find one more utterly contrary to common sense and common justice than the one we are now speaking of. Our readers shall judge.

"The present mode of election is this. A list of candidates is printed, and served out to the electing Fellows. If there be on it more candidates than are required to fill the vacancies, the elector must thin the number down, so that it shall not contain *more* names than there are vacancies. But he need not stop here. He can make the list as fine as he pleases; and the truth is, that many electors, as was strikingly exemplified last year, do so please, and strike out the names of all except their favourite, whom they run to win. The conse-

quence of this is, that the election becomes little better than a racing arena, wherein fine jockeying may be displayed, and second and third rate horses brought up first to the winning post. The result is (as happened, in fact, on the last occasion), men may be elected, notwithstanding that the majority of electing Fellows actually record their votes against them. It is utterly incomprehensible how a method of voting so contrary to common sense and fair-play, so demoralising in its action, and so unrighteous in its consequences, should ever have been devised by the wit of a man, or adopted by a body which calls itself royal. The only explanation we can give of it is, that the Council have adopted it for the purpose of throwing ridicule on popular elections." (JOURNAL, May 3, 1862, p. 462.)

The profession could hardly believe in the existence of such a mode of election, if they were not aware of the "general method" of the College. A majority of the votes of Fellows present is not necessary to carry an election. As we showed on a former occasion, two elections of Councillors were made by a minority—one being carried by a *minority* of sixteen, and another by a *minority* of forty-four votes; the majority of Fellows present, of course, voting against them. But, to show the sublimity of absurdity of this mode of election, we may state as a positive fact, that, under favourable and quite possible circumstances, a Fellow may, by voting for himself, secure his election as a Councillor, though all the other Fellows—say seven hundred—present vote against him!

Now we have heard that advantage of this absurd law is being taken on the present, as it has on former occasions. Men are trying to obtain plumpers for their especial favourite. Instead of honestly recording their votes for as many candidates as there are vacancies, jobbers will, of course, vote only for one man; and the College favours their jobbery by allowing them to do so. It is plain to the common sense of every one of us that, if the election were a true and an honest one, no Fellow would find his way into the Council except he had a majority of the votes of those voting; and it is equally clear that no balloting-paper would be accepted which did not contain as many votes as there were vacancies to be filled. The present mode of election, we again repeat, is simply an insult to the common sense of the profession, and highly injurious to its morality.

### THE EXAMINERS OF THE COLLEGE OF SURGEONS.

WE have seen how completely the Examiners of the College have eluded the intent of the modern charter. Let us now see one of the results.

There is and can be no more important function exercised by the College of Surgeons than that of supplying the country with effective surgeons. This function is, we need hardly say, performed by the Court of Examiners. Now we ask every candid surgeon in this country, who does not hold a seat on



the Board, this question: Is the constitution of this Court of Examiners worthy of the confidence of the profession? Does the Court of Examiners, as at present formed, represent the science of the anatomy and physiology of the day? Is it reasonable or possible that sexagenarians and septuagenarians can be the expounders of the highest and most advanced surgical knowledge and practice of the day? It is useless, and worse than useless, to blink the question. The Court of Examiners of the Royal College of Surgeons is not a fair representative, as an examining body, of the anatomy and the surgery of the present day. Under the present system of election, it is manifest to every one who will fairly consider the matter, that the Court of Examiners, as now elected, never can be a proper Court of Examiners.

It is a fact—no one can deny it—that, after a given period of life, men are not apt to change their opinions. Men at a certain age grow weary of the labour of acquiring fresh knowledge and scientific minutiae. The physiology and anatomy—aye, the surgery—of the working surgical spirits of 1863 are not, and cannot be, the physiology and the anatomy and the surgery of those who were working surgical spirits in 1833. Science and art move forwards; the horizon of knowledge is ever expanding; but men's faculties and powers are limited. As age advances, the body grows weary in research; the mind becomes less vigorous and active, and thus is outstripped by the ever onward march of knowledge.

The framers of the charter of the College knew and admitted all this; and they meant that the difficulty should be duly provided for. They said in the charter: "All future Examiners of the said College shall be elected by the Council of the College, either from the Members of the Council, or from the other *Fellows of the said College*, or from both or either of them." And how has the College accepted this order of the charter? *It has never once elected an Examiner from "the other Fellows of the College"*. It has invariably filled up death-vacancies in the Court of Examiners with Members of Council. More than this, by the charter of 1843, Examiners held office during the pleasure of the Council—*i.e.*, during their own pleasure. But, by the charter of 1852, it was enacted that Fellows "who shall henceforth be elected to the office of Examiner of the said College shall go out of office at the end of five years"; the Council having the power of re-electing them.

Well! here surely was clear indication enough of the intent of the framers of the charter. "Go", they said, "for Examiners outside the Council, and outside the Court of Examiners, as well as within. We wish you to secure for the Court of Examiners modern scientific knowledge, as well as the steadiness and gravity of long acquired and well stored up practical knowledge. We have no faith in the ana-

tomical knowledge of those who ceased to teach anatomy thirty years ago—who flourished as teachers at a time when physiology was an unknown tongue in the schools. Again, we wish to secure for the College men whose surgical knowledge is on a level with the most advanced surgical knowledge of the day. We wish to see the sound practical wisdom of age and long experience illustrated by and mingled with modern progressive knowledge." This is clearly what the charter dictates. And how have its interpreters responded? They have never elected an Examiner from the body of Fellows; and, at the end of his five years of office, have invariably re-elected the retiring Examiner.

We regret to say it, there is not one just action we can quote, done by the College Council, which saves them from condemnation. Let the Council reflect (now that these facts are all before the profession) what an answer they could have given to these serious charges, had they happily been so inspired with an honest sense of duty as to have placed a Paget or a Prescott Hewett on their Court of Examiners! But what answer can the Council now give to us, when we tell them that the Court of Examiners is not an examining body which has the confidence of the profession at large, which is a representative of modern surgery and modern anatomy and physiology? For example, to show how grievous this injury is to surgery, we will quote one fact which, we believe, is universally known outside the walls of the College. The student of to-day is in too many instances forced to fit his surgical and other replies to suit the *opinions* of the questioner who was a teacher forty years ago. He has, in fact, at times to repeat the very reverse of that which he has been taught in his school; or, if he does not do so, is subjected to the severe correction of his questioner. And how could it be otherwise in a Court which is unrepresented by any modern illustration of our physiology and our surgery, into which no man finds admission before the age of fifty or sixty, and the youngest of whom was elected a Member of the College nearly forty years ago? Could any system be imagined more fitted to drive candidates into the grinder's hands? Do not the Examiners of the College of Surgeons encourage the grinding system?

#### BEDLAM AND ST. THOMAS'S.

THE letters of Sir George Grey and of Lord Shaftesbury have had, as we last week suggested they would, their effect. The Bedlamites have met, and have come to a sane resolution this time. They have carried a proposition to the effect, "that the president, treasurer, and five of the governors of Bethlehem and St. Thomas's shall meet for a preliminary discussion." This preliminary discussion, consequent on the late final breaking off of all negotiations be-

tween Bethlehem and St. Thomas's, is highly satisfactory, although, in one sense, somewhat ridiculous. In the meantime, the medical staff of St. Thomas's publish their unanimous opinion as to the proper site for a new St. Thomas's. Their choice is confined to two sites; viz., Bedlam and

"The site which the Metropolitan Board of Works is about to create, partly by removal of present buildings, and partly by embankment of the river at Stangate, near the south end of Westminster Bridge, and directly facing the Houses of Parliament."

Either of these will do admirably, they say, and is incomparably superior to any possible third site.

"We unanimously believe that either of these sites would be admirably well suited for the reconstruction of the hospital; that either of them would be incomparably superior to any third site which has been named for the purpose."

But of these two admirable first rate sites they unanimously think that the Stangate site is superior to the site of Bedlam. And, therefore,

"The entire medical staff of the hospital desires respectfully to submit to the General Court of Governors its unanimous and most earnest recommendation that, unless unforeseen circumstances should render the object unattainable, the river-side site at Stangate be chosen for the reconstruction of St. Thomas's Hospital."

We are glad to find from this letter of the medical officers of the hospital, that the general principles so frequently and so long ago urged in this JOURNAL, in reference to the reconstruction of St. Thomas's Hospital, are at length accepted as correct. We have all along maintained that the hospital ought to go westward; and we have also always maintained that Guy's Hospital was quite sufficient for all the wants of the neighbourhood in which it is placed; and that to reconstruct the hospital on its former site, or as close as possible thereto, which has been so often urged as the right thing, would be an absurdity. The staff now say:—

"We should regard it as an unqualified advantage that at either of the sites in question St. Thomas's Hospital would be standing considerably westward of its former situation. If, indeed, the demolition of our old hospital had occurred at a time when Guy's Hospital was not existing, the Governors might well have sought to erect our hospital as nearly as possible on the spot where its founder established it. Under existing circumstances, however, it is manifestly for the public convenience that the two great South London hospitals should not again stand closely together in the eastern quarter of the area which they have to serve; but that the new St. Thomas's Hospital should stand fully a mile westward of Guy's, and thus let the western half of the South London population enjoy a larger proportion than heretofore of the relief which the two charities have to dispense."

We welcome these arguments from such an authoritative quarter, though they do come somewhat late in the day.

The only fault we find with them is, that they do not go far enough—that is to say, they do not take the hospital far enough in a westward direction, into the district where it is most wanted, and can be

of most service. One mile westward may be right; but would not two miles be better? The district of Vauxhall, and away southwards and westwards, is where a hospital is most especially wanted. It must not be forgotten that the Westminster Hospital lies close to, and that the Charing Cross and St. George's Hospitals lie not far from the site proposed by the medical officers of St. Thomas's Hospital.

As far as we can judge as to what the decision will be, we think, notwithstanding the unanimous recommendation of the medical staff, that the betting is now decidedly in favour of the Bedlam site being eventually adopted. We sincerely trust, if St. Thomas's of the future is erected on this former abode of lunacy, that its managers will cease to exhibit any more of those eccentricities, to use a mild term, which have characterised their proceedings of late. If that hackneyed term, the "cause of humanity," be really of any consideration in the matter, there cannot, we should consider, be the slightest doubt as to the immense superiority of the Bedlam over the Stangate site. The humanitarian who takes a capacious view of human misery will have no difficulty in seeing that, by removing Bedlam into the country, the immense woes of that dismal abode will be greatly diminished, and that by raising St. Thomas's on the site of Bedlam we shall have, as the medical staff say, an "admirable site" for the object required.

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## THE WEEK.

SIR CHARLES LOCOCK is, we are happy to state, favourably recovering from his severe accident. The humerus was broken immediately beneath the shoulder-joint. The elbow, also, was somewhat bruised, as well as the muscles of the thigh.

MR. HENRY LEE has tendered his resignation of the office of Surgeon to the Lock Hospital, offering another example worthy of general imitation; viz., of not holding office after a certain period of time, or when other avocations preclude the holder from properly performing his duties. Mr. Lee, having been appointed Surgeon to St. George's Hospital, finds that a field quite sufficiently large to occupy all the time he has to spare from his private practice. No one who has ever held the office of Surgeon to the Lock Hospital, we will venture to say, has made better use of the opportunities thus afforded him than Mr. Lee has done. He has by his writings made himself one of the first authorities on syphilitic diseases in this country.

We understand that the Chloroform Committee of the Royal Medical and Chirurgical Society are not able, at present, to deliver in any report to the Council. The investigation, as we may well suppose,

is very extensive and laborious; and no doubt the gentlemen who are engaged in it are resolved not to put forward any premature conclusions, or any conclusions which do not bear the test of and rest upon careful experiment. We have no doubt that the results of the labours of the Committee will prove most valuable.

Dr. Kœberlé of Strasburg, in operating for the removal of a fibrous tumour of the womb through the abdominal walls, found the uterus and one ovary so altered that he determined to extract both these organs, leaving only the neck of the womb. Five weeks after the operation, the woman was, we learn, convalescent!

#### MR. CURLING AND THE COLLEGE OF SURGEONS.

WE think it fair to Mr. Curling to print the answer which he gives to an electioneering, and, we need hardly add, an unjust attack, made upon him in the columns of the *Lancet*. We regret to find that members of an honourable profession should attempt to back their own friends and injure their opponents' election by such unworthy means as these.

*To the Editor of the Lancet.*

SIR,—In your journal of last week you have given so prejudiced an account of the proceedings relating to my candidature for the Council of the College of Surgeons, that I am compelled to notice it. I will briefly describe what passed.

It was generally believed that Mr. Lane and Mr. Turner of Manchester would be candidates. Mr. Busk was uncertain, but inclined to come forward. I informed him that, if he did so, I would not stand unless a Fellow junior to myself became a candidate. In accordance with this determination, my papers were prepared; and in the notes sent to the Fellows who did me the honour to sign my certificate, I stated that I should not come forward unless a junior Fellow was a candidate. My papers were sent to the College on June 2nd, with the following note addressed to Mr. Trimmer, the Assistant-Secretary.

"To prevent any mistake occurring, I write a line to say that I do not wish to become a candidate for the Council of the College this year, except Mr. Busk declines to stand, or except a Fellow junior to myself comes forward. In either of these events, I desire to become a candidate."

On June 5th, Mr. Hancock informed me that he had been solicited to come forward, but that he would not do so if I was a candidate. I explained to him my position. He said his object was to force me to stand. I consented at the moment to do so; but, perceiving that my coming forward in this way would not be consistent with my assurance to Mr. Busk, with my statements to the Fellows who had signed my certificate, and with my letter to Mr. Trimmer, I felt that I must adhere to my original determination. I was called out of town, and there was some delay in my giving a further explanation to Mr. Hancock; but I took care that he was informed in time not to lose his chance of standing.

To the insinuation that "I am playing the cards of a clique, and allowing myself to be used as a tool by a small party in the Council whose intentions are practically obstructive," I reply, that I have acted without

consultation or communication with any member of the Council, and in perfect independence of any College influence. In that spirit, I declare that I shall go to the poll.

I am, sir, your obedient servant,

T. B. CURLING.

39, Grosvenor Street, June 22nd, 1863.

#### THE ABBEVILLE JAW-BONE.

THE *Charivari* give the following lively, but, we believe, tolerably correct report, of the proceedings of the Academy of Sciences *in re* the famous inferior human maxillary of Abbeville. On the Horatian maxim of "ridet-tem dicere verum, quid vetat," we recommend this report as it appears of a scientific mare's nest to the consideration of our readers.

A charming comedy has been acted in the Academy of Sciences—a kind of serious *improptu*. It is only the last act of the comedy, however, to which we shall allude, and which has been just played out to the delight of that extensive academical without rank—the public. As we have already said, the more arguments M. Quatrefages brought forward in favour of M. Boucher de Perthes' jaw-bone, the fewer became the number of his partisans in opinion. However, he managed to gain over to his cause MM. Milne-Edwards, father and son; and with them also a few amateur zoologists. It was decided that a great *coup* must be struck. The English *savans* were invited to assist in answering this knotty question; and an unexpected irruption into the gravel-pits, where M. Perthes turned up so many flint hatchets and one molar tooth, was improvised. The scientific expedition was most successful. The twelve *savans*, English and French, worked away with a will at the gravel, and brought to light five flint hatchet-heads. But neither jaws nor molars did they find. This fact M. Milne-Edwards communicated to the Academy in a paper half an hour long. M. de Quatrefages was happier than if he had gained a large prize at a lottery; he carried his head high in the air. Most of the academicians were, however, unimpassioned, as men both serious and *ennuyés* ought to be. M. Elie de Beaumont alone had something on his mind; he held his nose between his hands in a way which seemed to say, "Go on, my fine fellow; put your foot deeper in it; you have been too long at this sort of game, and it's a very bad one." The public at this meeting of the Academy were more numerous than ordinary, despite of the rain which had been falling all day. It was evident that there was something in the wind. But what was it? Coming to his conclusion, "Lastly," said M. Milne-Edwards, "the molar was sawn in two, and carefully examined by all of us; it was analysed; and all the witnesses, English and French, *concluded* (*sic*) in the existence of antediluvian man." M. Quatrefages thereupon demanded to speak. "Yes," said this apostle of the molar, "science has gained a great victory; I hesitate not in saying that this jaw-bone is the proudest day of my life. And our English friends—those *savans* of so many sciences, in spirit and in heart—those admirable men, who at first derided our discovery—now believe in it. They believe! Ah! they are true *savans*. Victory!" Hereupon M. Velpéau, the President, proclaimed M. Beaumont as speaker. Silence reigned; the rustling of a pocket-handkerchief might have been heard. "Ah! now for it," said the public. "I deny not the existence of the molar," said M. Beaumont. "All that our very learned colleagues have been telling us for the last five weeks is a very pretty tale; but it has one slight defect. Our colleagues forgot to take a geologist with them to Abbeville. I don't think I am doing a bad action in telling them that

what they have taken for *diluvium* is ground of recent formation, and has none of the characters of diluvian formations." A thunder-bolt falling at the feet of M. Quatrefages would have astonished him less. The whole scaffolding he had been erecting was shivered to the ground. The public grinned, and immediately quitted the Academy, whose business was ended in their eyes. M. Milne-Edwards swore, but rather too late, that they couldn't take him in. Whereupon M. Quatrefages, finding himself denied even by his companion, struck his colours, muttered a few words, and regained his seat quite crest-fallen. Certainly, from the very beginning, a word from M. Beaumont would have settled the question of the molar; but he designedly let his colleagues put their foot well into it, and so gave them a lesson which we hope will not soon be forgotten. So ended the comedy.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, April 21st, 1863.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 1st, 3.45 P.M.
MIDLAND. [Annual.]	Board Room of the Infirmary, Derby.	Thursday, July 2nd, 2 P.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 7, 3.30 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 7, 1 P.M.
SOUTH MIDLAND & CAM- BRIDGE & HUNTINGDON. [Annual.]	Infirmary, Peterborough.	Thursday, July 9th, 1 P.M.

### METROPOLITAN COUNTIES BRANCH.

THE Eleventh Annual Meeting of this Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 7th, at 3.30 P.M. President-elect: Francis Sibson, M.D., F.R.S.

The members will afterwards dine together.

A. P. STEWART, M.D., } *Hon. Secs.*  
ALEXANDER HENRY, M.D., }

London, June 11th, 1863.

### SOUTH MIDLAND AND CAMBRIDGE AND HUNTINGDON BRANCHES.

THE Annual Meeting of these Branches combined will take place at the Infirmary, Peterborough, on Thursday, July 9th, at 1 P.M. President-elect: William Paley, M.D.

Gentlemen intending to read papers or cases will oblige by forwarding the titles as early as possible to the Honorary Secretaries,

JOHN M. BRYAN, M.D., Northampton; or  
G. M. HUMPHRY, M.D., Cambridge.

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## Special Correspondence.

### CALCUTTA.

[Letter from S. G. CHUCKERBUTTY, M.D.]

April 2nd, 1863.

It might be interesting to your professional readers to know that in this hot season, with the thermometer ranging above 100° in the sun, and hitherto without any rain, epidemic diseases are exceedingly prevalent in Calcutta. Cholera, small-pox, measles, and chicken-pox are so well known that little need be said about them, except that they are more rife than they have been for some years past. Cholera, as usual, counts the largest number of victims, the admissions into the Medical College Hospital being about twenty a day. Diphtheria, too, has carried off some persons; it assumes here much the same characters as in England, but ignorant practitioners not unfrequently mistake for it other throat-affections of totally different nature. This name just now is uppermost in men's minds; and no sooner is a little whiteness on the palate or ulceration of the tonsils observed, than the conclusion is at once jumped at, "Here is a case of diphtheria"; although the essential conditions of that disease may be entirely wanting. So cases of common cynanche, abscess of the throat, and other allied affections, I have sometimes seen trumpeted forth as cases of diphtheria. A very striking instance of this kind occurred to me only a few weeks ago, of which I shall give here some brief details.

On the 10th of March last, I was called to see a little child, three years old, who had been suffering from fever for two or three days. At this time there was nothing unusual about the case, and a very little medicine sufficed to effect a cure. He had no fever that day, nor the following; and every hope was entertained that he would be all right ere long. In the evening of the second day, however, the mother frantically rushed into my house, imploring me to call on her child, as, she said, she had seen something white in his throat while he was crying, which she was told was diphtheria. I visited him at once, and succeeded, after some difficulty, in inspecting his throat. The tonsils were somewhat swollen, and there was a small ash-coloured slough on the surface of each. The respiration was perfectly healthy every where; and, though he had a slight cough, there were no physical signs of disease of the chest. There was no fever nor restlessness, and no inability to swallow. Considering, therefore, that there was no present necessity for active interference, I left the patient for the night, after prescribing for him a mixture containing chlorate of potash and quinine. At my next visit, the child had become irritable and rather disinclined to open his mouth; but he had slept well, and was still disposed to doze. The sloughs had not grown larger, but the inflammatory swelling was extending downwards. The respiration was good; percussion-note of the chest clear; pulse tranquil; no feverish heat of skin; no diphtheritic deposit in the mouth. A twenty-grain solution of the nitrate of silver was now ordered to be applied to the throat morning and evening, the

mixture being continued along with generous diet. There was no further change this day. The next morning the mother reported that the child was very restless during the first part of the night, but had become quieter and fallen asleep towards the latter part. He had had much cough, and some difficulty of breathing; but, when I saw him, all this was changed. His complexion then was good, inclined rather to be ruddy than otherwise; pulse not much excited; respiratory murmurs healthy; skin not particularly warm; but there was a good deal of thirst, the iced water being taken with considerable avidity; no appetite. Later this day, I was waited upon by a friend of the mother, who told me that the child was then very ill, having a stronger fit than in the night. I immediately called, and found that my patient was breathing with great difficulty, the sternum sinking in with every inspiration. The percussion-note of the chest was clear throughout, but there was an entire absence of respiratory sounds. A mustard plaster had been applied to the neck, but without producing the least beneficial effect. Inferring from the foregoing circumstances that there was closure of the glottis from inflammatory swelling and spasm, I proposed tracheotomy, to which consent was granted after some delay. He was then removed by my advice to the Medical College Hospital. The operation, which was ably performed by my friend and colleague Dr. Joseph Fayrer, first surgeon to the hospital, gave immediate and marked relief, re-establishing normal respiration, and removing every vestige of dyspnoea. The child fell asleep; and we left him with the tube in his windpipe, under the care of a competent assistant. But, although there was no lack of attention, the tube unfortunately became clogged, some hæmorrhage came on in the course of the night, and the poor fellow ultimately died about eight hours after the operation. It seemed very probable in this case that, had not the accident of the stoppage of the tube occurred, the child might have recovered—a circumstance which makes his fate a matter of regret.

I will now relate another interesting case, which is rare, and bears in several points a good deal of resemblance to the cases of malignant pustule recently brought to the notice of the professional public by Dr. William Budd, through the medium of the *BRITISH MEDICAL JOURNAL*.

J. L., aged 34, came under my treatment about ten days ago. He had been suffering from an intermittent fever, with enlargement of the spleen and liver, for some years, and was under my own care for a short time two years before. About a year ago, he had had severe epistaxis, and ever since then had continued to bleed more or less every day. By a sojourn in the Upper Provinces, he had grown apparently much stronger, and his complexion was decidedly redder, though the enlargement of the spleen and liver still remained, and blood flowed from the nose and mouth every now and then. He had come down to Calcutta on business; but, on the second day after his return, he had a violent fit of ague, along with an excruciating pain in the left cheek and eye. There was a bright spot on the skin of the lower eyelid, in which he had a dreadful itching. He fancied this was owing to the lodgment of grains of sand

in the eye during his late railway journey. The eyeball, however, was remarkably clear and sound, and there was nothing notable in the conjunctiva. The lower eyelid was somewhat swollen, and there was bleeding from the nose and mouth to a small extent. The pulse was excited, body warm, and mind unnaturally anxious. I ordered him quinine, with compound infusion of roses and dilute sulphuric acid; Goulard's lotion for the eye, port wine, and generous diet. The following day, the swelling had involved both the eyelids, which could be forced open still, when the eyes themselves were found to be quite healthy, the power of vision being no way affected. The pain, however, was still most agonising; and, as the lotion had done him no good, he was ordered warm fomentation with poppy-heads boiled in water; and solid nitrate of silver was applied around the swelling, which was itself also pencilled over with the same caustic. These measures removed the pain; but the next morning the whole of the left side of the face, from the eyebrow to the chin, was immensely swollen; the lips were much tumefied and distorted; but there was nothing inside the mouth; and the eyelids were still capable of being forced open after persevering fomentation. The same measures were continued, with the free use of food and wine, till the afternoon, when, the swelling of the eyelids having become unyielding, and there being great pressure on the eye, I incised freely both the portions, which gave vent to a good quantity of reddish serum, and afforded great and immediate relief, the tumour subsiding considerably. Another and a freer use of the caustic was now made; and, as diarrhoea had now set in, some laudanum was combined with the quinine mixture, and food and port wine liberally given. Nevertheless, the next day the skin was found still more distended and brawny on the left cheek. There was a hard unyielding swelling on the throat; and the patient was fearfully agitated, complaining that his breath was choking. A longitudinal incision below the chin discharged a considerable quantity of serum, the swelling subsided somewhat, and he felt partial relief. Shortly, however, the distress of breathing returned; and he died about 1 o'clock P.M. on the 30th of March, that being the end of the fifth day of his present illness.

What was the nature of this case? Was it erysipelas, cancrum oris, or malignant pustule? I have seen a good many cases of erysipelas of the face, but this was nothing like them. There was no sloughing of the skin, muscle, or mucous membrane; so it could not be cancrum oris. It possessed, so far as I could make out from published statements, many of the characters of the malignant pustule, modified, no doubt, by the peculiar constitution of this patient. I may be wrong; but I thought it right to communicate these particulars of what appeared to me to be an obscure disease. As far as I can trust my memory, I remember only one other case of this kind in Calcutta many years ago, when a middle aged missionary, up to then in good health, was suddenly taken ill with a similar pain and swelling in the face and neck, and died of suffocation about the third or fourth day.

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 6TH, 1863.

H. OLDHAM, M.D., President, in the Chair.

Six gentlemen were elected Fellows of the Society at this and the April meeting.

*Polypus of the Uterus.* Dr. GRAILY HEWITT exhibited a fibrous polypus, of the size of an egg, which he had lately removed. The case was that of a patient of Dr. Browne, of Kew, married, and 43 years of age. The symptoms had lasted for two years, but only lately advice had been sought. The patient had become excessively weak, and reduced to a condition externally simulating that witnessed in cases of cancer. The growth, hanging just outside the os uteri, was removed by a pair of curved scissors; the pedicle was three-quarters of an inch thick. The recovery was complete.

#### FURTHER OBSERVATIONS ON USE OF ANÆSTHETICS IN MIDWIFERY. BY CHARLES KIDD, M.D.

The present communication was a sequel to a former one in the *Transactions* of the Society; and the author said it was satisfactory to find that all the leading details of that memoir had been highly appreciated, and since then very fully recognised as to their truth, more particularly as to the value of chloroform in cases of malpresentation, or contracted outlet of the pelvis, requiring versional delivery; as also in some bad forms of anæmic and epileptic puerperal convulsions, in tedious exhausting labours after dilatation of the os in women of a "particular age" who marry late in life, etc. The present communication in particular had reference—1. To cases attended with hæmorrhage, where the author wished to suggest caution in the administration, as also to obtain the opinion of the Society if hæmorrhage be encouraged by chloroform. 2. To the use of chloroform in cases of retained placenta. 3. To the usefulness of alternating the administration of ether with that of chloroform where the pulse sinks, as in some exhausting operations, such as ovariotomy. 4. To the vast advantage of using chloroform in puerperal convulsions. 5. To the greater safety of chloroform at present—it being now known that accidents do not occur so much or at all from heart-disease as from simple apnoea, as the result of stoppage of the respiratory muscles, and to direct the profession to the extreme value of the "Faradisation" current to these muscles in such accidents, when other means fail to restore the patient.

As to the tendency of chloroform to superinduce hæmorrhage in ordinary cases, the fear of this was not entirely without foundation; yet the administration could be stopped if hæmorrhage were feared; or the hæmorrhage could be combated by ergot, stimulants, the use of cold, pressure, etc. According as bleeding continued the absorption or endosmosis of the chloroform was slightly increased, if its administration were continued, though, on the whole, the author was not so much afraid of this condition with chloroform as of brain congestion, or of a state observed occasionally—almost of delirium tremens—in some hospital patients, or a state leading to actual effusion in the brain in the worst form of puerperal convulsions; but this latter disease might occur without chloroform at all. The author was certain that chloroform removed unnecessary and often exhausting pain; it rendered "versional" delivery much more easy; it also undoubtedly facilitated the recovery of the lying-in patient. It was not probable at all that chloroform skilfully used ever stopped a labour or caused inertia.

The next division of the paper had reference to the usefulness of chloroform in hour-glass contraction of the uterus, and in some, if not all, cases of retained placenta. A safe and useful rule (having the approval of the Dublin Lying-in Hospital and other institutions) was the following:—If, in efforts at manual extraction of adherent placenta, the uterus be contracted firmly or in "hour-glass" fashion, the condition of the patient fair, and yet much resistance offered to the hand, the administration of chloroform facilitates the removal of the placenta, and changes the firm contraction of the uterus. It was probable in many cases that there might be prostration or inertia; here ammonia must be given, and it acted very well with chloroform or brandy. Retained placenta was fortunately a rare complication in delivery; yet, in 6000 deliveries, 56 of bad hæmorrhage and 28 of retained placenta were noted, and one case was mentioned by the author where portions of a placenta were removed, and uterine phlebitis thus prevented, twelve hours after delivery; the removal being apparently impossible without chloroform. Chloroform was at least one remedy not to be neglected when the other ordinary measures were under trial.

The author here related his experience in the operation of ovariotomy, in about thirty of which cases he has assisted with the anæsthetic. He now preferred ether to chloroform, or, better still, to place the patient first fairly under the latter, and continue the anæsthesia with the former; it was not necessary to use very much of either, but if the pulse should sink, the action of sulphuric ether was very marked in restoring it. If ovariotomy could be performed without one or the other, but with a piece of ice over the linea alba, it might be better still. The chief portions of the operation—breaking down adhesions where they exist, securing the pedicle, etc.—were not very painful, and even the tension of the tumour sometimes stretched the abdominal wall to a thin membrane, devoid of feeling.

Chloroform should never be given in labour-cases before the os uteri had dilated to something like the size of a shilling. The narcotism of chloroform was more marked in the early than in the later portion of the labour; but it was here that chloroform "delayed a labour," as occasionally complained. It was a great mistake to begin it too soon, however, no matter what the entreaties of friends, or attendants, or the patient herself might be. Very many of the popular prejudices against chloroform in these cases arose from catching a fact by the wrong handle, as it were, or losing sight of the relief from pain in charity that it was our duty and privilege to afford the lying-in woman. The effort of the uterus to empty itself was so little related to the true seat of pain, that labour might go on in perfect paraplegia; as in cases where the relations of the spinal and reflex system were totally cut off from the sensorium and ganglia by acephalocysts in the upper portion of the cord. Labour, again, would proceed, though the cervical vertebra might have been fractured in animals, or in the deep apoplectic coma of eclampsia in women, or in the dead insensibility of drunkenness.

Reference was next made to puerperal convulsions, and three cases were mentioned of fatal puerperal convulsions brought on apparently by the excessive reflex irritability excited by passing the hand into the uterus to remove adherent placenta. Both affections might have been prevented by use of chloroform, but could not fail to be aggravated by the lancet. Again, such convulsions were often the result of intense, long continued agony, which nothing would lessen so well as skilful and small doses of chloroform. It was probable, as observed by Schroeder van der Kolk, that in these and all such cases of convulsions direct irritation of peripheral ends of nerves was reflected directly back to the medulla oblongata; this direct irritation, by a sort of induction, acting on other roots of nerves lying side by side.



Hence, passing a hand into the uterus, excited convulsions in parts not apparently connected with the uterus; but all this excess of action, as well pointed out by Dr. Tyler Smith, Dr. Murphy, and others, was controlled, for a time at least, by chloroform. In conclusion, the author directed attention to seventeen women with obstructed labour, where the mothers had had in old times dead children, or eviscerated children, torn away by hook or crotchet, or craniotomy, but where, by means of version subsequently under chloroform, nine living children, and seven with heart-pulsation (but which did not live), were born. Such was one of the vast benefits of this still underrated and cruelly misrepresented agent, chloroform, which now was perfectly safe, as we were aware that the accidents arose not from heart-disease, as previously surmised, but from diminished action of the respiratory muscles and general reflex system, which would be readily excited by electricity when ordinary means failed to restore the patient.

Dr. HALL DAVIS mentioned several instances in which chloroform had acted most beneficially during labour; cases of nervous agitation with rigidity of the passages of the os, vagina, and perineum, and where the chloroform had superseded the use of the forceps or other methods of mechanical delivery, in facilitating version in cross-presentations, where embryotomy had been contemplated. Chloroform frequently gave regularity and uniformity to the labour-pains. On the other hand, he had seen cases in which chloroform gave a lingering character to the labour, and he believed it sometimes left relaxation of uterine fibres and tendency to hæmorrhage. He had met with no death from the use of chloroform in midwifery practice.

Dr. MURPHY stated that, with regard to the use of chloroform in puerperal convulsions, he had found it to be a most valuable agent in controlling the paroxysms. It had succeeded where the more usual remedies have failed. In ordinary cases of labour, where the pains were severe, he had also found it extremely beneficial. For this purpose it was not necessary to put the patient asleep; pain could be controlled, and the patient remain perfectly conscious. The first effect of chloroform was on the sentient nerves, and pain might be relieved long before insensibility took place. Its administration in this manner he had found to give the most complete relief. He knew of no deaths from chloroform in the practice of midwifery. With regard to its use in true puerperal convulsions with albuminous urine, he was called to attend a lady, a year or two ago, pregnant with her first child. She was of middle age. Her labour was not difficult; it lasted about eight hours; her pains were very acute. She would not take chloroform; and, being a woman of much fortitude, she struggled to command herself, but in the contest she became giddy, lost her sight, and convulsions followed. She was bled, without controlling the convulsions. Chloroform was then administered with perfect success, and the paroxysms were at once controlled. Tranquil sleep followed, and the convulsions did not return. He carefully examined the urine, and found it to be albuminous. The lady perfectly recovered.

Dr. ROGERS could not recollect a single case of flooding produced by the use of chloroform. He was careful to give ergot to patients who had previously flooded. He had been able to turn more easily; and had likewise given chloroform to its full extent in some cases of craniotomy; but as a rule he merely soothed and calmed his patients with it. A very small quantity was used at the Samaritan Hospital during the operation of ovariotomy; he did not think it added to the shock of such operation, or diminished the chances of recovery, nor could he say that ether or a mixture of ether and chloroform was preferable in such operation.

The PRESIDENT would like to have the experience of the Fellows present on the effect of chloroform in pre-

disposing to hæmorrhage after labour; the results as to the use of chloroform in puerperal convulsions; and as to the occurrence of death from the employment of chloroform in midwifery practice.

Mr. CUMBERBATCH had never known flooding induced by the use of chloroform in midwifery; and, as far as his experience went, hæmorrhage was not more likely to occur than if it had never been given. No fatal case had come under his notice in which the result could be ascribed to chloroform.

Dr. ROUTH believed that chloroform, when given to any extent, developed a tendency to imperfect contraction after the removal of the placenta, and thus favoured the occurrence of hæmorrhage. Since he had used chloroform he certainly had a larger proportion of cases of hæmorrhage. He was also certain from experiment that it materially lessened uterine contractions during the first stage. In the second stage, except when carried to the absolute unconsciousness of the patient, it did not influence the uterine contractions; but, if given largely, it certainly diminished the force of the contractions. He had heard of one case of death after chloroform in labour. It was that where a practitioner delivered by forceps, a well experienced nurse giving the chloroform while he was using the instrument. As the child was extracted, the woman fell back suddenly and died. The suddenness of the death especially appeared to him to prove the fatal issue was due to chloroform.

Mr. CHAPMAN was desirous of eliciting the opinion of the Society as to the use of chloroform in puerperal convulsions.

Dr. GRAILY HEWITT observed that no rule universally applicable could possibly be laid down as to the use of chloroform in puerperal convulsions. In some cases—a marked instance of which he related—the condition present was caused by very extensive disease of the kidneys. In such cases, chloroform was perfectly useless. In other cases, when the blood-poisoning and the albuminuria were only temporary, and not so dependant on organic disease, chloroform had proved to be very serviceable.

Dr. MARTYN had employed chloroform in painful and difficult labours for many years, and he had met with no seriously unfavourable results from it, but otherwise. Sometimes troublesome sickness appeared to follow, as in other cases; and he had observed some check to pains, but whether this effect was confined to the first stage of labour, he was not able to say. He had never met with serious hæmorrhage after the use of chloroform; indeed, he decidedly believed that it rather saved the patient in this respect. As to its application in severe cases of convulsions in labour, he was most anxious for the opinion of the author and of those who have had experience in such cases. In one case in his own practice which terminated fatally, a considerable amount of blood was lost naturally without any effect in abating symptoms. In watching the records of many cases of puerperal convulsions, he had observed that large bleeding, shaving the head, and the use of ice, had seldom been followed by satisfactory results. He would rather trust to chloroform than to any other known remedy. In many of the minor operations of midwifery, in hour-glass contraction, in the removal of the placenta, etc., excepting to relieve pain, he did not consider chloroform to be required.

Dr. CLEVELAND suggested that in convulsions associated with albuminuria, the specific gravity of the urine, when practicable, should be ascertained, inasmuch as the presence of albumen in that fluid, *per se*, did not necessarily indicate blood-poisoning; but when it coexisted with a low specific gravity there was evidence, in addition to the general symptoms, of the retention of those salts in the blood, which, in a healthy state, were eliminated by the kidneys. Under the latter circumstances he thought that the administration of chloroform was more likely to be injurious than otherwise.

Dr. BRAXTON HICKS had used chloroform in puerperal convulsions to produce quietude during instrumental delivery, and found it to succeed very well, and without untoward result. He had continually examined the urine of patients with puerperal convulsions, and had always found albumen at some time, during or after the attack. It might be present only for a short time, and might be missed if not carefully watched for. The specific gravity was always high, generally with blood-corpuscles, waxy and epithelium casts—in fact, the evidence of acute "Bright's disease." Whether the addition of chloroform to this state was safe, or whether it would add to the blood-poisoning, was not yet determined.

Dr. DRUITT said it was difficult to apportion the amount of danger to be ascribed to the chloroform, or the amount of good in eclampsia. The cases must be judged by a fair analogy with others. He cited an instance of a lady dying in childbirth—so-called—but in reality of scarlet fever superadded. He did not find that hæmorrhage was induced by administration of chloroform, and he agreed with the author generally.

Dr. BRAXTON HICKS wished to know if chloroform and ergot could be combined, and what would be their action in "irregular" labours.

Dr. KIDD had found chloroform and ergot go very well together, especially if used alternately—the effect of one allowed to wear off a little before using the other. He expressed his satisfaction that the experience of the Society was in favour of chloroform even in hæmorrhage cases, and in cases of retained placenta. As to eclampsia, he believed there were three forms, and in two chloroform was a certain remedy rather than the lancet. Even albuminuria was due to pressure of the gravid uterus on the kidneys, not to actual disease. He agreed with Dr. Murphy on this point, but less, perhaps, as to the same speaker's view that the muscular fibres of the uterus were not relaxed by large doses of chloroform. He would say, however, as corroborating Dr. Murphy's opinions, that the muscular fibres of the heart were not acted on by chloroform as was popularly believed. Dr. Kidd preferred ether in tedious exhausting operations like ovariotomy. A mistake sometimes was made to use six or eight ounces of chloroform in such an operation; but six or eight drachms might answer, as the operation, though attended with vast depressing "shock" to the nervous system, was not very painful after the first section of the skin over the linea alba. He has known cases, too, where there was great exhaustion saved by beef-tea and wine injections, especially if sickness from chloroform prevented food from being taken. Chloroform did not lead to inflammation, as supposed by some, because in an hospital, of those not chloroformed, 1 per cent. only die. Of those under chloroform; a larger number have the operation of forceps or craniotomy performed; and this latter part is ingeniously omitted.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 9TH, 1863.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

ON THE ORDEAL BEAN OF OLD CALABAR: ITS ACTION ON THE ANIMAL BODY COMPARED WITH THAT OF WOORARA AND CONIA. BY GEORGE HARLEY, M.D.

The author began his communication by a brief account of the literary history of the ordeal bean. He next alluded to the botanical characters of the plant. It is a long twining shrub, with papilionaceous flowers and leguminous fruit, the kernels of which, both in taste and appearance, resemble the common white haricot bean. The natives call the plant *Esèrè*, and it was by the missionaries named the "ordeal bean," in consequence of it being given to persons suspected of witchcraft, with the view of discovering their innocence or guilt.

The paper was illustrated by diagrams of the plant, specimens of the bean and its preparations; and its effects on the pupil of a human being and of a cat were shown by Dr. Harley. The conclusions drawn by the author were as follows:—1. The ordeal bean may cause contraction of the pupil when taken internally as well as when applied locally. 2. Atropine and the Calabar bean are physiologically antagonistic. 3. The ordeal bean paralyses the motor nerves, and leaves the intelligence and muscular irritability unimpaired. 4. It excites the salivary and lacrymal secretions. 5. It destroys life by paralysing the nerves supplying the respiratory muscles—being, in fact, a respiratory poison. 6. Although it may weaken the heart's power, it neither stops the circulation nor arrests the heart's action. It is not, in fact, a cardiac poison. 7. It is closely allied in its effects to woorara and conia, most closely, perhaps, to the latter; but it differs from both in its tendency to produce muscular twitches, and in its power of inducing contraction of the pupil. Neither woorara nor conia exert, generally or locally, any such effect on the iris. 8. The ordeal bean will prove a most valuable addition to the *pharmacopœia*, by not only giving us a useful myopic, but also a powerful anodyne, capable of soothing nerve-irritation without either destroying intelligence or endangering life by arresting the heart's action.

ACCOUNT OF A PATIENT UPON WHOM OVARIOTOMY WAS PERFORMED TWICE; WITH REMARKS. BY T. SPENCER WELLS, F.R.C.S.

The author believed that this case was unprecedented, but he had lately learned that Dr. Atlee, of Philadelphia, had performed ovariotomy successfully upon a patient from whom Dr. Clay, of Manchester, had removed an ovarian tumour sixteen years before. The patient whose case, before, during, and after operation, was now narrated to the Society, was 42 years of age. One ovarian tumour was removed in May 1862; another in January 1863. The propositions the author believed to be established by the case were:—1. Ovariotomy may be performed twice on the same patient without unusual difficulty. 2. It may be advisable to make the incision, in the second operation, at some distance from the cicatrix left after the first operation. 3. Whenever one ovary is removed, the opposite ovary should be carefully examined. 4. In all penetrating wounds of the abdomen, the divided edges of peritoneum should be brought accurately and closely together.

ON THE INDUCTION OF PREMATURE LABOUR IN CASES OF PREGNANCY COMPLICATED WITH ALBUMINOUS URINE, DROPSY, AND AMAUROSIS. BY ROBERT LEE, M.D., F.R.S.

Dr. LEE related the case of a lady, whom he saw in consultation with Mr. Bowman and Dr. Ferguson, suffering from disease of the retina and albuminuria. From having previously seen a case in St. George's Hospital, in which albuminuria and dropsy, occurring in a pregnant female, had disappeared on the spontaneous expulsion of a dead fetus, Dr. Lee advised the induction of premature labour. This was not at once carried out, but after some delay some convulsion occurred, and it was then determined not to wait any longer. At this time there was amaurosis, albuminuria, and œdema of the face. The membranes having been punctured, labour ensued, and a dead fetus of four months was expelled. After this the albumen gradually diminished, and the vision improved. In a postscript Dr. Lee reported the particulars of an analogous case, for which he was indebted to Mr. Bowman.

DESCRIPTION OF A NEW IRIS-FORCEPS. BY W. R. BEAUMONT, ESQ., OF TORONTO.

The instrument consisted, like Langenbeck's and von Graefe's, of a fixed and a sliding blade; but differed from theirs inasmuch as the point of the hook was not only more concealed, but its concavity was quite filled by the

end of the sliding blade when the blades were closed, so that the whole of the piece of the iris taken up by the hook was securely held. The form of the hook was less curved, and rather larger. The author commented on the disadvantages of the instruments used by Langenbeck and von Graefe, and stated his belief that the instrument he had invented was free from these. The mode in which his forceps were used was next described; and the paper concluded by the relation of some cases of operation in which the forceps was successfully employed. The newly invented instrument was exhibited.

## Medical News.

**UNIVERSITY OF OXFORD.** In a Congregation holden on June 18th, the Degree of Bachelor in Medicine was conferred on

Heaton, Frederick L., Jesus College  
Leeds, Edward, Wadham College

**UNIVERSITY OF CAMBRIDGE.** In a Congregation holden on June 18th, the Degree of Doctor of Medicine was conferred on

Thompson, Reginald, Trinity

**APOTHECARIES' HALL.** On June 18th, the following Licentiates were admitted:—

King, George, Leckford, Hants  
Oliver, John Brown, High Wycombe  
Robertson, John Charles George, Edinburgh  
Smith, William Johnson, Wishech, Cambridgeshire  
Thompson, George Septimus, Newcastle-on-Tyne  
Willes, Joseph, Brighton

At the same Court, the following passed the first examination:—

Weld, Charles Humphrey, Middlesex Hospital  
Wilson, Henry, Charing Cross Hospital  
Wraith, John Hargreave, Manchester

### APPOINTMENTS.

- \*BROADBENT, William H., M.D., elected Physician to the Western General Dispensary, in the room of F. W. Mackenzie, M.D.
- \*COULSON, William, Esq., appointed Honorary Consulting Surgeon to St. Mary's Hospital.
- \*COUPER, John, Esq., elected Lecturer on Physiology at the London Hospital Medical College.
- \*JACKSON, J. Hughlings, M.D., elected Lecturer on Physiology at the London Hospital Medical College.
- JEAFFERSON, Horace, M.B., elected Resident Medical Officer to the London Fever Hospital.
- \*LAWSON, G., Esq., appointed Surgeon to the Middlesex Hospital.
- SHILLITO, Buxton, Esq., appointed Surgeon to the Great Northern Hospital.

### ARMY.

To be Staff-Assistant-Surgeons:—

Wood, Assistant-Surgeon J., Royal Artillery, *vice* W. J. Mullan.

**VOLUNTEERS.** (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

- BEACH, J., Esq., to be Surgeon 3rd West Riding R.V.
- CHATELAIN, S., Esq., to be Assistant-Surgeon London Rifle Volunteer Brigade.
- McWATT, R. C., Esq., to be Surgeon 1st Administrative Battalion Berwickshire R.V.
- NEWSTEAD, G., Esq., to be Assistant-Surgeon 3rd West Riding R.V.
- ROBERTS, E. S., Esq., to be Assistant-Surgeon 1st East York R.V.

### MILITIA.

LOVELL, F., Esq., to be Assistant-Surgeon West Essex Militia.

### BIRTH.

CROSSMAN. On June 13th, at Hambrook, near Bristol, the wife of \*Edward Crossman, Esq., of a daughter.

### MARRIAGE.

WHITE, William A., Esq., Surgeon, Frome Selwood, to Jane Elinor, second daughter of the late J. F. M. REID, Esq., B.C.S., at Stoke-next-Guildford, on June 16.

### DEATHS.

- BODDINGTON, Robert, Esq., Surgeon, at Ditchling, Sussex, aged 69, on June 15.
- GOLDING, Benjamin, M.D., at West Brompton, aged 69, on June 21.
- HOUSTON. On May 9th, at Doornagoodium, Northern Circars, Charlotte, wife of Assistant-Surgeon J. McD. Houston, Madras Army.
- JEAFFERSON. On June 13th, aged 67, Caroline, wife of William Jeafferson, Esq., Surgeon, of Framlingham.
- KAY. On June 18th, at King's Place, Commercial Road, aged 22, Jane, wife of J. W. Kay, Esq., Surgeon.
- LEWIS. On June 18th, at Wiesbaden, Charlotte, wife of George Lewis, M.D.
- O'HERLEHY, Daniel P., M.D., at Madeira, aged 38, on May 20.
- \*PEARSON, John A., Esq., at Buxton, on June 6.

**THALLIUM.** Specimens of thallium, and many of its salts, may be obtained from Messrs. Hopkin and Williams, New Cavendish Street. (*Chemical News.*)

**THE LONDON HOSPITAL.** Dr. Little, the senior physician, and Dr. Ramsbotham, the obstetric physician, have severally signified their intention to resign their appointments at this hospital.

**SIR JOHN LIDDELL.** Sir John Liddell, the present head of the medical department of the navy, was long at Greenwich Hospital, and laboured for the benefit of the pensioners with a splendid philanthropy. (*Times.*)

**A SOLDIER'S HOME.** It is proposed to establish an institution, which, for the soldiers of the State of New York, shall supply the place of the Hotel des Invalides in France, and the Chelsea Hospital in England. (*American Med. Times.*)

**A MEDICAL SOCIETY IN THE FEDERAL ARMY.** The surgeons of all the regiments composing General Granger's army corps (near Franklin, Tennessee) have formed themselves into a regular medical association. (*Amer. Med. Times.*)

**THE CITY OF THE PLAGUE.** It is doubtful if there is a city in the civilised world that contains within its jurisdiction as many sources of that class of diseases known as preventable, or capable of being removed and destroyed, as New York. They are thickly strewn in every street, in every lane, and even in every dwelling and shop. (*American Medical Times.*)

**ADULTERATION OF GERMAN YEAST WITH PIPE-CLAY.** At a recent meeting of the Commissioners of Sewers, Dr. Letheby reported that he had met with some samples of German yeast adulterated with from one-third to half its weight of pipe-clay. The Doctor pointed out how the presence of this latter substance in bread might mislead a baker, and occasion a false charge against him. The fact deserves the notice of chemists.

**VACCINATION OF SHEEP.** In the House of Commons, on Friday week, in reply to Sir J. C. Jervoise, Sir G. Grey said that some experiments had been undertaken with respect to the effect of vaccination upon sheep, with a view of preventing the spread of small pox among them; but the results of these experiments were not known, and when they were, they would be reported to the House.

**THE PRINCIPAL HOSPITAL OF FLORENCE** was founded as far back as 1286, by the father of Dante's Beatrice. It covers a large area of ground, though it has but one court of any great size. It numbers over one thousand beds. In consequence of the fashion to bequeath property to hospitals it became very rich, but in the last century the government seized upon all its possessions, and has since administered them. It contains wards for males and females, divided, as usual, into medical and surgical; a syphilitic ward, one for contagious disorders, one for ophthalmic diseases, a lying-in ward, one for the delirious in fever, and one for cutaneous affections. It also receives children, who, as in most Italian hospitals, are scattered around among the other patients. (*Professor Lee.*)

**DEGREES FOR WOMEN.** George Sand, the famed Madame Dudevant, has published a book, in which the admission of women to universities, or to any examination for degrees, is strongly condemned. "Why Female Academicians?" is its title. She says that women have no more business in the academy than in the army or the senate; that, if they wished for female professors, they should have begun with Mme. de Staël and Delphine Gay, the living Corinne. She then asks, apropos of the contests of the learned bodies: "What would women gain by being enrolled in that phalanx, the flag of which is a standard of war? If their mission is really one of concord and love, let us leave to them the illusion of the purity of the Castalian spring, or tell them frankly that the spring has ceased to flow for them."

**MONS. DU CHAILLU'S COLLECTION.** The museum of this indefatigable adventurer has just been dispersed by auction, and one of the most valuable lots, viz., 93, described as a magnificent series of gorillas, male and female and young, in fine condition, the two adults having been beautifully prepared by Mr. Wilson, the eminent taxidermist, the skeleton of the male being nearly complete, that of the female quite so, and also the skeleton of a young male, was knocked down to Dr. Edwards Crisp, for the sum of £110, being much below its real value. Mr. Flower, the conservator of the Hunterian Museum, and Professor Clark, of the University of Cambridge, made judicious purchases for their respective collections. Several specimens also went to the University of Oxford.

**TESTIMONIAL TO W. MASON, ESQ., OF BURTON-ON-TRENT.** On the 16th inst., a large body of his fellow townsmen assembled together to present Mr. Mason with a token of their esteem and gratitude. Mr. Mason has been long known for his amiability of disposition, his professional skill, his unremitting kindness and attention to his patients, and his fervent sympathy with all classes of the community. The tangible proof of gratitude and respect was represented by a handsome brougham, horse, set of silver-plated harness, and a beautiful silver salver. The following inscription was engraved upon the salver:—"This salver, with a brougham, horse and harness, were presented to William Mason, Esq., of Burton-upon-Trent, on the occasion of his sixtieth birthday, by his patients and friends, in token of their high esteem for his professional skill and his unremitting kindness and attention, and especially for his self-denying services to the poor in times of sickness, through upwards of thirty years of medical practice. Burton-on-Trent, June 1863."

**VACCINATION.** In the House of Lords, on Thursday week, Lord Lyttelton inquired whether it was the intention of the government to bring in any measure for the amendment of the Vaccination Acts. They had just gone through, if indeed they had gone through, one of those panics on this subject well known to those who attended to the administration of the affairs of boards of guardians. There was a great outbreak of small-pox, great attention was excited, union officers were unusually active, many persons were vaccinated and revaccinated, much good was done, the stable door was closed before all the horses were stolen; but, nevertheless, the Act was very imperfect. This Act, like most amateur efforts of legislation, and many that were not, left the law defective. He had brought in an amended Bill the following session, and it passed their lordships' House, but was rejected in another place; and since then very little had been done. Increased powers had been given to the Privy Council, but still that was not enough. It should be borne in mind that there was at this moment some parts of Europe where small-pox had been entirely eradicated by the effect of vaccination. The Council of the Epidemiological Society, who were the highest authority on this subject, had furnished the following suggestions for an alteration of the law:—1. The making provision for the systematic local supervision of vaccination; 2. The pro-

viding more effectual means whereby the local authority or appointed superintendents might ascertain who were and who were not vaccinated; 3. An extension of the age within which vaccination must be performed in those districts in which, from the limited population, etc., vaccination from the arm could only be maintained periodically; and, 4, an extension of the powers of the Privy Council over local arrangements for vaccination, so far as was necessary to secure the more effectual maintenance of local supplies of fresh lymph. He wished to know whether it was the intention of the government to introduce a Bill for an amendment of the law in this or the next session of parliament. Earl Granville said that the government were fully alive to the necessity of something being done, and were considering the best means of effecting an improvement in the law.

## Varieties.

**PROCESS FOR THE DECORTICATION OF SEEDS.** M. Le-moine suggests the use of moderately strong sulphuric acid, which he agitates with the barley, for instance, for fifteen or twenty minutes, and then washes away, using in the last washing a little carbonate of soda. In the case of barley he assists the operation by the application of a gentle heat. After the grain is dried the husk is easily separated. (*Chemical News.*)

**BARBER-SURGEONS AND THEIR HALL.** The pole, which even now, in country places, projects over the shaver's shop door, indicated at first that persons might be bled there, as the patient, when phlebotomy was performed, grasped a tall rod, to keep the arm steady. Of course clever men soon appeared amongst the barbers, and in no long time began to practise as medical men—on the whole no doubt with advantage to the humbler classes; their right to do so was quickly recognised by custom, and Henry VIII granted them a charter of incorporation, which for several centuries was the sole document which made their occupation legal. On entering from Monkwell Street, the building shows signs of neglect and disrepair, and first you come into a rather spacious hall, which is not often used, and, though elegant in its proportions, is bare and dirty. Quitting this, you enter an inner hall, probably sixty feet long by thirty wide, full of objects of the highest interest. There are several windows at the back, but the light is principally derived from a circular lantern in the centre, and this is a singularly beautiful specimen of the architect's talent. It is very lofty, and is encrusted at every point with exquisitely delicate carvings of fruit and flowers in every possible variety, "not done in plaster," said our cicerone, "but cut out of the solid wood." The walls are covered with extremely fine original paintings, and they look wonderfully fresh and well preserved, scarcely any of them showing the slightest appearance of decay. (*London Scenes and London People.*)

**Bologna Hospitals.** Dr. Lee, of Philadelphia, writes thus of the Bologna hospitals:—"In connection with the university are several hospitals; a clinical hospital, a veterinary college, botanical garden, etc.. The *Ospedale della Vita*, or *Ospedale Grande*, is the largest in the city, containing probably fifteen hundred beds. It is situated just on the borders of the city, at its southern suburbs, and is bordered on one side by extensive grounds and gardens, to which convalescent patients are admitted. The buildings are large, and surround a court in which are the usual fountains, etc. Though probably constructed for monastic purposes, they are admirably adapted for hospital uses. The wards are very spacious, clean, and perfectly ventilated, and the same may be said of nearly all hospitals I have seen in Italy, as at Venice, Padua, Vicenza, Verona, Mantua, Reggio, etc. It

is beautiful to see with what tenderness, assiduity, and skill the poor patients are treated, and we learn many useful lessons from these people, whom we are apt to regard as ignorant, superstitious, and bigotedly attached to all sorts of delusions and errors. I have never seen so much time spent by the visiting physicians in their daily rounds as in Italy, nor such intense devotion to their duties, nor such extreme caution in forming a diagnosis, nor such carefulness in writing out prescriptions, nor such tenderness on the part of nurses. Were I to seek for a cause to explain all this, I should certainly not fail to find it in the cultivation of a deeper religious spirit, a more profound conscientiousness, a quicker sense of duty, a feeling of greater responsibility; and I shall leave Italy with a full conviction that in all that concerns humanity, benevolence, and charity, she stands in the van of nations, and deserves the plaudits of mankind. I observed some typhoid and typhus fever cases in the wards, but the house-physician remarked that the city was unusually healthy, and that they had fewer patients than usual at this season of the year. As to Italian practice it seems to me generally judicious and skilful. Some think they carry the depletory practice too far in some cases, and considering the kind of patients they chiefly have to treat in hospitals, viz., the poorer classes, who often suffer for want of sufficient food, there is probably some foundation for the opinion. The physicians of Italy, however, are well read and habitually studious; they are keen observers, and have logical, philosophical minds, and no one can believe they would pursue a course of practice which their own experience and observation show to be prejudicial. I believe the fact to be, that they deplete far less than is generally supposed. I know from examining the books in different Italian hospitals, that wine is habitually given to more than two-thirds of their patients."

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.  
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Dr. Clay (Manchester), "On the Treatment of Various Obliquities and Prolapsus of Uterus"; Dr. Mariuy, "Case of Face Presentation, Sloughing of Bladder, etc."; Mr. Tomlinson, "Tuberculosis of Uterus"; Cases by Dr. Barnes.  
FRIDAY. Archaeological Institute.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—JUNE 20, 1863.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 938 Girls.. 941 }	1879 1191
Average of corresponding weeks 1853-62 .....		1864 1143

**Barometer:**  
Highest (Sun.) 29.87; lowest (Fri.) 29.38; mean, 29.705.

**Thermometer:**  
Highest in sun—extremes (Th.) 112.3 degs.; (Tu.) 83.3 degs.  
In shade—highest (Th.) 72.7 degs.; lowest (Tu.) 66.3 degs.  
Mean—58.8 degrees; difference from mean of 43 yrs.—0.6 degs.  
Range—during week, 27.3 degrees; mean daily, 18.2 degrees.  
Mean humidity of air (saturation=100), 79.  
Mean direction of wind, Var.—Rain in inches, 1.66.

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Several articles are unavoidably postponed this week for want of space.

MR. EVAN THOMAS was on the 23rd instant expelled from the Royal Medical and Chirurgical Society of London.

EXPULSIONS FROM THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY. Dr. O'Connor remarked, on the occasion of the expulsion of Mr. Evan Thomas from the list of Fellows of the Medical and Chirurgical Society, that he was the second who had been removed in a similar way. The first was Mr. Want, a surgeon of some standing in London. He was admitted in 1810; and his name was removed on the 24th of May, 1815, by vote of the society. The cause of his removal was reporting for publication the proceedings of the society.

THE ARTICLE "EXCISION OF JOINTS," IN THE SYSTEM OF SURGERY. The writer of the article on Excision of Bones and Joints, in the *System of Surgery*, complains that no credit is given to him, in our allusion to the value of his labours, for the possession of "actual experience in the great surgery of the resection of joints." (See BRITISH MEDICAL JOURNAL, June 6th, 1863.) We have it now, on the best authority, that in drawing this conclusion from the general tone and character of that article, we formed an opinion that was incorrect—a very considerable practical experience on the subject having already been the good fortune of the author. But, whilst we thus admit that our inference cannot be sustained on this point, we assert our right to maintain the other expression of our opinion.

THE WING WOMAN'S SUCCESSOR.—The following is the announcement of the successor to the wise woman of Wing, who did a very large "practice" in her neighbourhood. It is taken from the *Leicester Advertiser*.

"Mrs. Sarah Mould (sister of the late Mrs. Woodcock, of Oakham) will be happy to attend to any of her late sister's patients. Mrs. Mould begs to intimate that she was with Mrs. Woodcock when residing at Wing, likewise at Oakham, and assisted her sister, and had the dispensing of the medicines, thereby having an opportunity of obtaining a knowledge of her sister's treatment of all the numerous maladies which came under her notice. Mrs. Mould will continue to give every possible attention to all who may seek her aid. Oakham, June 1st, 1863."

ADVICE AND MEDICINE GRATIS.—SIR: In a market-town in a central county of England, there lives a medical man who is registered as M.R.C.S.E., L.S.A.L., and M.D. He is also a fellow of a learned and scientific society. This man gives "advice gratis," with "medicine" included; and, in order not to allow the poor patients to think he does it on his "own hook," he requires a certificate from a clergyman to inform him that the patient is a respectable person. In the same town there are other practitioners, who, for the large sum of one-and-twenty-pence attend an ordinary case of confinement. I have known midwifery cases where they have attended for this magnificent remuneration six miles distant from their own residences. Are not such things a disgrace to our noble profession? Well may parents and guardians seek to deter their sons, and those committed to their care, from entering it, when men condescend to do such low and shabby work. Should not such persons be exposed, and held up to the scorn and derision of all right minded men? Doubtless, some of your readers may corroborate the above statements, which have been truthfully delineated by  
June 1863. HOMO LIBER.

COMMUNICATIONS have been received from:—Mr. THOMAS JONES; Mr. S. TOWELL; Mr. R. PROSSER; Mr. H. MARSHALL; Dr. F. K. FOX; Mr. J. N. RADCLIFFE; Mr. A. G. OSBORN; AN OLD LOCAL SECRETARY; Mr. E. CROSSMAN; Dr. W. H. JAY; Mr. JOHN FERGUSON; Dr. W. B. HERAPATH; Mr. T. MARTIN; Mr. RICHARD GRIFFIN; Dr. R. H. CRISP; Mr. HIGGINSBOTTOM; C. DE CINQ MAISONS; Mrs. CULHANE; Dr. MITCHINSON; Dr. RADCLIFFE; Dr. W. NEWMAN; Dr. F. WHITWELL; Dr. S. MARTIN; Dr. LIONEL BEALE; Dr. W. H. O. SANKEY; Dr. T. R. MITCHELL; Dr. WILLIAM PRICE; Mr. T. M. STONE; Dr. OGLE; THE HON. SECS. OF THE OBSTETRICAL SOCIETY; Dr. MILLER; and Mr. T. T. GRIFFITH.

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